

Autism Hampshire

Bassett 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

This inspection took place on 6 July 2017 and was unannounced. Bassett House is a care home that provides accommodation for up to five adults with a learning disability. There were five people living at the home when we visited. The home is based on two floors. The second floor was accessible via stairs. There were communal rooms and a garden which people could access. All rooms were single occupancy.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider notified CQC about significant events that happened in the care home and had acted in line with regulatory requirements. People's relatives and staff told us that the registered manager was effective in their role and had a positive relationship with people living at the service.

People's relatives told us that Bassett House provided individualised care for their family members. Staff used a range of different communication aids and strategies that were bespoke to people, which encouraged them to make choices about their everyday lives and activities, and communicate their needs. The service had a focus on working with people to develop their independent skills. This was both domestically and socially and was planned in conjunction with people and their families.

People's care plans were detailed and contained information which helped staff to keep people safe. People's privacy and dignity were clearly considered and documented and staff understood the steps required to follow this guidance. There were policies and procedures in place to ensure that people's rights and freedoms were respected and staff understood the need to gain consent before providing care.

There were sufficient numbers of staff in place to meet people's needs. Staffing was a mixture between permanent and agency staff. The service was in the process of recruiting more permanent staff at the time of inspection. Both permanent and agency staff had undergone robust recruitment checks to help ensure they were appropriately skilled and of good character.

Staff received a training programme which was suitable for their role. They also received a structured induction when they started working with people, which helped them understand people and their role. The registered manager monitored staff's working practice and behaviours through observation, supervision and team meetings. People's families spoke positively about the standard of care provided by staff to their relatives.

There were systems in place to manage people's medicines including detailed guidance for staff to follow if people required medicines for anxiety. This led to a reduction in the need for people to take these medicines. The provider had a process to analyse the causes of incidents which occurred, this had resulted in a reduction of anxiety related incidents for some people living at the home.

The registered manager was responsive in putting in place processes to improve their system to monitor the temperature of medicines storage areas, after it was identified during inspection that improvements could be made.

There were quality assurance systems in place to monitor the quality and safety of the service. The registered manager and senior managers had oversight of these audits and areas where the service needed further development were formulated into an action plan and shared with staff.

People had access to healthcare services when required. Staff had worked with people creatively to ensure they were prepared for health appointments, which reduced their anxieties around these events. People were given choices around their diet and were encouraged to participate in the selection and preparation of their meals.

People followed a range of activities which were in line with their interest. Staff worked with people and their families to help ensure that activities were suitable and enjoyable. The registered manager regularly met with people and families to review people's needs and ask for feedback about the service. There was also a complaints policy in place.

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

There was a system in place to manage people's medicines. The registered manager was addressing issues about storage temperature of medicines at the service.

There were sufficient staff in place that had gone through relevant pre- employment checks.

Risks to individuals were assessed and monitored to help keep people safe.

Staff had received training in safeguarding which helped to keep people protected from harm.

Is the service effective?

Good ●

The service was effective.

Staff received a programme of training; induction and supervision which helped them become effective in their role.

People's legal rights and freedoms were respected.

People had access to healthcare services when required.

People followed a diet in line with their preferences and were encouraged to participate in the planning and preparation of meals.

Adaptations had been made to make the environment suitable for people living with autism.

Is the service caring?

Good ●

The service was caring

People's relatives told us staff were kind and caring.

Staff promoted people's privacy and dignity.

People were given choices about their care and encouraged to develop their independent skills.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were individualised and tailored to their needs and preferences.

People were supported to follow their interests and participate in activities.

There was a complaints policy in place and the registered manager regularly met with people and their families to gain feedback about the service.

Is the service well-led?

Good ●

The service was well led

People's relatives and staff felt the registered manager was effective in their role.

There was a programme of audits and quality assurance in place which monitored the safety and quality of the service.

There was a whistleblowing policy in place.

Incidents were analysed to reduce the likelihood of recurrence.

Bassett 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.

This inspection took place on 6 July 2017, was completed by one inspector and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with one person living at the home, three relatives and one social worker. We also spoke with the provider's area manager, the registered manager, the quality manager and three care staff.

We looked at care plans and associated records for three people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed support being delivered in communal areas of the service

Is the service safe?

Our findings

People and their families told us they felt safe living at Bassett House. When asked if they felt safe and comfortable at Bassett House, one person told us, "Yeah, it's all right." A relative told us, "[My relative] seems happy and settled at Bassett House." Another relative said, "[My relative] feels very safe at the home." A third relative reflected, "I know [my relative] is happy at Bassett House."

There was a medicines management system in place for the ordering, administering, storage and disposal of medicines. The level of support, reason people took prescribed medicines, preferred routines people had for taking medicines and possible side effects were all clearly identified within a medicines management plan. The service managed the reordering and disposal of unused medicines with the dispensing pharmacy and had a system in place where staff would check the amount of medicines in stock against expected levels. This helped to ensure that staff could keep an accurate record of whether people had received the correct amount of medicines and the service had sufficient and correct amounts in stock.

Manufactures recommend that standard medicines (which do not require specialist storage arrangements) need to be stored in settings that do not exceed temperatures above 25 degrees. This is in order to maintain their effectiveness. The service stored medicines in a locked cupboard in the registered manager's office. Staff monitored this cupboard on a daily basis by recording the temperature inside the cupboard where medicine was stored. We reviewed temperature recordings between 4 June 2017 and 6 July 2017. We found that on 14 occasions, the temperature recorded had exceeded the recommended 25 degrees. On each occasion staff took action to reduce the temperature of the environment by using ice packs, opening windows or using fans. However, there was no evidence that staff checked the effectiveness of these measures by taking the temperature at a subsequent time on that day. There were also seven days when no temperature recordings were recorded.

We brought this to the attention of the registered manager who showed us records of audits, team meetings and supervisions where the importance of temperature recordings were addressed. They also put into place a new procedure that instructed staff to check the effectiveness of their cooling measures one hour after they had put them in place. This was in order to measure whether their actions in reducing the temperature of the storage cupboard were effective. The provider's area manager also confirmed to us that they were looking for an alternative storage area for medicines in a cooler part of the building.

People had plans in place in if they were prescribed 'when required' (PRN) medicines for pain or anxiety. The registered manager showed us how staff had worked with some people to reduce their need for these medicines by creating an environment which helped reduce their anxieties. People were only administered 'when required' medicines for anxiety after staff had followed a specific protocol of strategies personalised to them to help them remain calm. One person had significantly reduced the amount of medicines they needed to manage their anxiety. A relative told us, "The use of PRN medicines has significantly decreased since my relative has moved to Bassett House." The registered manager also showed us how they had referred one person to the doctor after changes in their behaviour meant they required an increase in frequency for their 'when required' medicines.

There were sufficient staff available to meet people's needs. Staffing was arranged through care hours allocated to people after assessment of their needs from a funding authority. The registered manager regularly reviewed these hours to ensure that they were meeting people's needs and enabling people to carry out their planned activities inside the home and out in the community. The service had vacancies for permanent staff which were filled by agency workers. The registered manager told us, "We go through the same checks and induction for agency staff as permanent staff and request the ones which suit the people living here best." They also confirmed they were in the process of recruiting more permanent staff.

Safe recruitment procedures ensured that staff with the appropriate experience and character supported people. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people who are vulnerable as a result of their circumstances. Records seen confirmed that staff members were entitled to work in the UK. The registered manager told us the provider had a separate human resources team which ensured that candidates had all relevant recruitment documentation before they were given a start date to work at the service.

Risks to people were assessed and monitored to help ensure people were safe. Some people could become very anxious when out in the community and required the support of staff during these outings. Where some people had high anxieties, they were at risk of displaying behaviours which may injure themselves or others. Staff used techniques identified in people's risk assessments to help keep people calm and avoid identified triggers which could heighten their anxieties. These were identified as a set of 'do's and don'ts' in their care plans. Staff also carried 'alert cards' with them. These cards were designed to give members of the public information about the service and contact details for the registered manager. Staff told us they were used if members of the public were involved in an incident with people and by handing the card to the member of the public, it allowed the staff to concentrate their efforts in supporting people to keep safe and calm.

Staff had the knowledge to identify safeguarding concerns and act to help ensure people were safe. All staff received training in safeguarding which helped them identify, report and prevent abuse. Staff told us about how they would safeguard people and actions they would take if they thought someone was experiencing abuse. One staff member told us, "We are told that when there is an incident we have to write an accurate report and ensure it gets reported." Another member of staff said, "The registered manager is the first port of call if I had concerns. There is also a safeguarding lead I can contact if I needed to raise concerns." Records of safeguarding concerns showed that the registered manager had reported incidents appropriately in line with the local authority's safeguarding policy. This helped to ensure that people were protected from harm.

Is the service effective?

Our findings

New staff undertook a training programme before starting their role which reflected the needs of people. Staff new to care received training that was in line with the Care Certificate. This is awarded to staff that completed a learning programme designed to enable them to provide safe and compassionate care to people. Other staff received training in; safeguarding, moving and handling, The Mental Capacity Act (2005) (MCA), medicines, first aid, health and safety and infection control. One member of staff told us, "We have had training in many different areas. It makes us quite knowledgeable. I particularly found the practical elements good. The bits where you use role play to learn are really effective." Staff had received additional training in behaviour that challenges. This training taught management and intervention techniques to cope with escalating behaviour in a safe way. One member of staff told us, "The training has helped us pick up the early warning signs which mean we can help avoid people getting to a heightened state." The provider had also designed a course about providing effective support for people living with autism. This training was carried out over a number of sessions and covered areas such as; background to Autism and Asperger Syndrome, autism and sensory perception, autism and the environment and autism and communication. This training helped to give staff a deeper knowledge about autism and how people living with autism experience the environment around them.

Staff received appropriate induction and supervision within their role. New staff received a structured four week induction which included: reading of policies and procedures, competency assessments in areas such as medicines administration, competency assessments around people's needs, preferences and routines, observation at work by the registered manager and one to one meetings with the registered manager. This induction helped the registered manager assess the competency, behaviours and working practices of new staff. Post induction, staff received supervisions which were scheduled on a rolling basis. Discussions in supervision included work performance, training needs and discussions about how to promote best practice.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to consent to their care plan. In these situations the registered manager had made a decision which documented why decisions had been made in the persons best interests and who was involved in making that decision. These action were in line with the MCA.

Staff sought consent from people using a range of communication strategies before providing support by checking they were ready and willing to receive it. Staff told us they referred back to guidance in people's care plans around how people make and communicate choices. One person used a communication board with picture symbols to articulate their choice. One member of staff told us, "[Person] communicates by pointing at symbols and referring to their daily schedule."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found Bassett House was following the necessary requirements. The registered manager had applied and received back authorisations for some applications, but was waiting for other applications to be processed by the local authority.

People received a diet in line with their preference and dietary requirements. The level of support people required with their eating and drinking was clearly defined in their care plan. Most people were able to eat independently and were encouraged to participate in the preparation of their food. There was a picture menu on display in the kitchen which people chose options from with the help of staff. Staff confirmed that alternative meals were always available if people did not want to follow the menu chosen.

People had access to healthcare services when required. People's health records were stored in separate folders which enabled staff easy access if they were liaising with medical professionals or people had to attend appointments. People attended regular appointments with doctors, dentists and opticians and were supported to access other healthcare services such as neurologists, speech and language therapists and art therapists. People had a 'hospital passport'. This was a document which contained information about people's health and medicines. It was designed to be taken to hospital with people so medical professionals could understand people's needs.

The decoration of the home was supportive of an autism friendly environment. Many people living with autism have sensory sensitivity. This is where a person's senses can be under-developed or over-developed, affecting either one or all of the five senses this can have an impact on how people experience different environments. The home had a mixture of open and more secluded spaces which enabled people to socialise with others or have quieter time in communal areas without having to go to their room. There was flexible garden space available where areas were covered to shelter from the weather. This enabled people to access the space freely and follow their routines within the home environment. There were symbols on walls and cupboards to help people plan their day and find things in the home. Some symbols were bespoke to people to prompt them to manage their own anxieties. Whilst some signs were used for communal use, such as a sign on the office door that instructed people where they could locate staff if nobody was in the office.

Is the service caring?

Our findings

Staff were caring and compassionate to people's needs. One relative told us, "The staff are tremendous, I'm very happy". Another relative said, "The staff seem friendly and always make me feel welcome." A third relative reflected, "I know [my relative] is happy as he always asks to go back when he is at home!" A social worker with recent experience of working with the service commented, "The care that they [staff at Bassett House) provide is exemplary."

Staff respected people's privacy and dignity. People were free to move around the home as they chose. Staff knocked on doors and waited before entering people's bedrooms and doors were kept shut whilst staff were supporting people with their personal care to protect their privacy and dignity. One member of staff told us, "[Person] prefers [member of staff] to help them around their personal care, so if they are available, that staff member will help them. Where people required private time. This was clearly identified within their care plans and staff told us that this was respected. The level of supervision that people required overnight was clearly defined in their care plans too. The registered manager told us that this was because they wanted to ensure that people were only checked at night if there was an agreed reason to do so. This helped to promote people's privacy.

People were given choices about their care. The quality manager had developed an easy read 'support agreement'. This was a document which outlined the services that the provider would offer people. It was presented in simplified language and supplemented by pictures. This helped people understand its content. The quality manager told us either people's relatives or staff could go through this document with people and it helped them make choices and decisions related to their care. One member of staff told us, "No day is the same and you have to make sure that you are always giving people a choice rather than make a presumption about what people want."

People were supported to explore their religious and cultural beliefs. One person had explored a range of different religions whilst staying at the service. Staff supported them to research information about their area of interest on the computer and had also arranged for visits to a range of religious places of worship, so the person could explore their faith further.

People were encouraged to build their skills and be as independent as possible. The registered manager told us, "Our long term goal is to help people build their skills so they can go into supported living environments. Sometimes this is a very long term goal and sometimes this is not possible, but we look to maximise people's skills." People were encouraged to develop their life skills domestically in the home. One person was developing their confidence when making hot drinks. Staff provided hand over hand support whilst handling the kettle to help the person gain confidence until they felt comfortable doing this independently. Other people were encouraged to help with cooking and cleaning within their home environment.

Is the service responsive?

Our findings

People's relatives told us the service was responsive to people's needs. One relative said, "I think [my relative] is well suited to the home. The staff have invested a lot of time into getting to know him and it has paid off." A second relative reflected, "[My relative] has calmed down a lot since moving to Bassett House. I think the environment there is better suited to their needs, which encourages [my relative] to be more outgoing."

People's care plans were detailed and followed their preferences around their routines. One member of staff told us, "Each person is an individual and each person deserves an individual plan of care." Another member of staff said, "Care plans are quite detailed about people's likes and dislikes. It helps to give you a picture of a person by knowing their background." One person found it difficult to carry out tasks without becoming anxious. In their care plan, specific tasks were broken down into 'micro schedules', which broke down activities into sequential steps. As the person completed each step, they ticked off the task as completed on their 'micro schedule'. This helped the person carry out their daily routines in a way which they were comfortable with and they could follow at their chosen pace.

Where some people had communication difficulties, staff were responsive to their needs. People each had a 'communication passport'. A communication passport is a way of sharing information about a person that has been put together by people that know them very well. It gives a brief snapshot about the person's likes, dislikes, how they communicate and how best to communicate with them. In one person's communication passport it detailed how the person likes to have a visual representation of the sequence of events for the day. We saw that staff had made a visual timetable with pictures of activities which the person would select to communicate what they would like to do. This was an effective way of supporting the person to communicate their needs.

Staff introduced new activities and routines to people in a way which was personalised to their needs. Some people could become anxious around new activities or changes to routines. Staff designed 'social stories' in the lead up to events to help prepare people and familiarise them with upcoming events. A Social Story can be a written or visual guide describing social interactions, situations, behaviours, skills or concepts. They are developed in order to support individuals living with autism to better understand and engage with social situations. In one example, staff had designed a social story about a person going to the hospital for a healthcare appointment. The 'social story' included pictures and information about the upcoming appointment. Staff worked with the person to read through the story prior to the event, so they could become accustomed to what to expect on the day. The person attended the appointment without incident. One member of staff told us, "Social stories help people plan out things. It helps them relax about situations because they understand about what is happening."

People had access to a range of activities which suited their interest. One relative told us, "[My relative] has a range of different things each week, it's terrific!" Each person had an individualised programme of activities which took place both inside and outside the home. Some people participated in activity based day services, whilst other people enjoyed accessing leisure facilities or shops with staff. Activities were regularly

reviewed with people and their families to help ensure they were tailored to their interests.

The registered manager held regular review meetings with people and their families to gain their feedback about the service. One relative told us, "We have regular review meetings with the registered manager where we discuss how things have gone and what the next steps should be." Another relative said, "We had a review, the manager seems nice and caring, they have made some health referrals for my relative and now we are looking at sourcing some new activities." The area manager also periodically telephoned relatives of people to gain feedback to ensure they were happy with the service provided. This helped to ensure that the provider received regular feedback about the quality and safety of the service from people and relatives.

There was a complaints policy in place. The service had not received any complaints but had a policy outlining the procedure people could follow if they had concerns. People at the service had access to a complaints policy in an 'easy read' format. This included pictures and simplified wording which meant that they would find it easier to understand. People's relatives told us that if they had any issue they would address them with the registered manager and that they had confidence that they would be dealt with appropriately. One relative told us, "I have regular contact with staff and the registered manager and will let them know if there are any issues."

Is the service well-led?

Our findings

People's relatives felt the registered manager led the service effectively. One relative told us, "I was a bit daunted when there was a change in management last year, but I have to say, it has all round been a very positive move forward." Another relative said, "The registered manager is approachable and he has a wonderful approach when working with people."

Staff also told us that they felt supported in their role by the registered manager. However, they did tell us the temporary absence of the deputy manager meant the registered manager was often very busy. One member of staff told us, "The registered manager is great, really supportive and good with people, but he does seem snowed under with paperwork, I guess that is because there is no deputy manager at the moment." The registered manager told us that the deputy manager had been seconded to help out at one of the provider's other services, but was due to return to Bassett House in July 2017.

The registered manager had a clear vision of the provider's ethos and promoted this throughout his staff team. The registered manager told us, "We work really hard to promote people's independence, develop their skills and hopefully support them to live full and active lives". One member of staff told us, "We have a really strong staff team here, we work together, support each other and you never feel alone. We do the very best for the people we support". The registered manager held regular team meetings with staff where the service's performance was reviewed, reflected on and staff were asked for feedback for improving the service. One member of staff said, "Staff meetings are open. If you put your point across, then the registered manager will listen. We come up with a plan and develop ideas as team." Records from recent staff meeting showed the registered manager had discussed improvements since implementation of cleaning rota, updates regarding levels of permanent staff and accuracy and consistency in recording of care documentation.

The provider had a quality assurance programme that monitored the quality and safety of the care provided. The provider arranged a rolling programme of auditing. This included audits from the registered manager and the quality manager which were then collated to an overall action plan for areas which required development. The audits focused on aspects of the service including; medicines, safeguarding, health and safety, consent, privacy and dignity, care documentation, staffing, recruitment, training and infection control. The overall action plan was reviewed with senior managers from the provider monthly to identify progress on identified actions. From the latest updated action plan, there were 15 areas out of 56 assessed which required development from the registered manager. The quality manager told us, "The registered manager is pretty harsh on himself when it comes to auditing, but I believe that's in recognition that he wants everything to be perfect." The manager also completed weekly audits around accidents, incidents, medicines and health and safety. These audits had picked up the inconsistencies around temperature monitoring for medicines storage areas and these had been addressed with staff.

The provider had also arranged for periodically recurring tests of fire, gas and electric equipment from external companies and also for a company to come in to check they were following the correct procedures around Legionnaires' disease. From previous fire audits, the provider had made changes to ensure that their

fire doors met current legal requirements.

The provider had a system in place to analyse incidents to help reduce the likelihood of recurrence. The registered manager reported all incidents to senior management and the provider's behavioural specialists, who analysed incidents to look for causes or trends within incidents. Learning and strategies staff could employ to reduce likelihood of incidents were then implemented and reviewed to gauge their effectiveness. One person's relative told us, "Incidents have definitely decreased gradually since [my relative] lived at Bassett House." Incidents involving one person reduced significantly after staff were able to make the link between the person's anxieties and a previous experience they had in a care setting. By identifying this they were able to avoid the specific trigger to the person's anxieties and subsequently incidents involving the person becoming highly anxious significantly reduced in frequency.

There was an open and transparent culture within the service. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation. Staff told us they felt confident raising concerns to the registered manager and referred to the provider's whistleblowing policy as guidance to follow if they had further concerns. The service's whistleblowing policy provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. The policy was clearly displayed. One member of staff said, "The whistleblowing policy says you can always go higher up to someone in the organisation, the police or local commissioners."