

# Living with Autism Limited Haddon House

## Inspection report

Brickburn Close, Hampton Centre,  
Peterborough, Cambridgeshire, PE 7 8NZ  
Tel:01733 315793

Date of inspection visit: 07 April 2015  
Date of publication: 11/06/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

Haddon House is a registered care home providing accommodation and personal care for up to 15 adults who live with autism. There were 10 people living at the home at the time of our visit. The home has accommodation provided on two floors. Accommodation consists of single occupancy bedrooms with en-suite facilities and on the first floor there are two, two bedroom flats. There are internal and external communal areas, including a kitchen, lounge/ dining areas, conservatory and a garden for people and their visitors to use.

This unannounced inspection was carried out on 07 April 2015. At our previous inspection on 28 July 2014 the provider was meeting all of the regulations that we assessed.

There was no registered manager in place. There was an interim manager and the operations director overseeing the day-to-day running of the service whilst arrangements were being made to fill the registered manager post. 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)

# Summary of findings

and report on what we find. There were formal systems in place to assess people's capacity for decision making and when appropriate applications were made to the authorising agencies for people who needed these safeguards.

People who lived in the service were supported by staff in a respectful and kind way that maintained their safety, but also supported their independence. People had individualised care and support plans in place which recorded their likes and dislikes, needs and wishes. These plans gave staff guidelines on any assistance a person may require.

Risks to people were identified by staff. Plans were put into place to minimise these individual risks to enable people to live as safe and independent a life as possible. There were arrangements in place for the safe storage of people's prescribed medication. However accurate and detailed records of medicines and medicine administration were not always kept.

Staff cared for people in a kind way. Staff took time to reassure people who were becoming anxious in an understanding manner. However, there were missed

opportunities at times for staff to engage and interact with people they were supporting. Relatives were able to raise any suggestions or concerns that they might have had with staff members and feel listened too.

There were not a sufficient number of staff on duty and as such people were not always able to be supported to take part in their interests or activities. Staff were trained to provide effective care which met people's individual support and care needs. Staff understood their role and responsibilities. They were supported by the manager and operations director to maintain their skills through supervision and training.

There was an on-going quality monitoring process in place to identify areas of improvement required within the home. Where improvements had been identified there were actions plans in place which documented the action taken.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People's support and care needs were not always met by a sufficient number of staff. Staff were recruited safely and trained to meet the care and support needs of people who lived at the home.

Systems were in place to support people to be cared for safely and to make sure that any identified risks were reduced. Staff were aware of their responsibility to report any safeguarding concerns.

Medicines were stored safely and staff were trained to administer medication. Medication administration records were not always accurate or detailed enough.

Requires improvement



### Is the service effective?

The service was effective.

DoLS applications had been made to ensure that people's rights were protected.

People's care and support needs were reviewed to ensure that staff were able to meet their current care and support needs.

People were supported to eat a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns around people's food intake were acted on.

Good



### Is the service caring?

The service was not always caring.

Staff were kind and respectful in the way that they supported people. Staff sometimes missed opportunities to engage and interact with people they supported.

Staff encouraged people to make their own choices about things that were important to them and to maintain their independence.

People's privacy and dignity were respected by staff.

Requires improvement



### Is the service responsive?

The service was not always responsive.

Due to a lack of staff on occasions, people were not always able to maintain their interests and take part in activities.

People's care and support needs were assessed, planned and evaluated. People's individual needs and wishes were documented clearly and met.

Requires improvement



# Summary of findings

There was a system in place to receive and manage people's suggestions or complaints.

## Is the service well-led?

The service was well-led.

Although there was no registered manager in post, arrangements had been made to ensure that appropriate management arrangements were in place.

People and staff were asked to feedback on the quality of the service provided.

There was a quality monitoring process in place to identify any areas of improvement required within the home. Plans were in place to act upon any improvements identified.

Good



# Haddon 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 07 April 2015, was unannounced and was completed by one inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of working with or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this

information as part of our inspection planning. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law. We asked for feedback from the Fenland Disability Team and a Peterborough social worker. We also looked at reports completed by the local authority and Healthwatch Peterborough following their recent visits to the service.

We observed how the staff interacted with people who lived in the service. We spoke with six people who used the service and four relatives of people using the service. We also spoke with the operations director, interim manager, administrator, and six care staff. We received feedback about the service from a visiting senior care manager from the local authority.

We looked at two people's care records and we looked at the systems for monitoring staff supervisions, appraisals and training. We looked at other documentation such as quality monitoring records, compliments and complaints and medication administration records.

# Is the service safe?

## Our findings

On the day of this inspection the operations director told us that there were staff members short on the shift due to unforeseen absences of some permanent staff. Agency staff had been requested to cover the shift and they were waiting for them to arrive. Staff we spoke with confirmed to us that there were not always sufficient staff on duty particularly when unplanned short notice absence was taken. One staff member told us that they had come in on their day off to help administer people's medication. Due to a shortage of staff during our visit, we found that a member of staff in one of the flats had to leave to assist another staff member. This meant that an agency member of staff was left on their own to support people with complex and sometimes challenging care needs.

Staff also told us that a shortage of staff meant that they did not always have the time they needed to undertake activities with people in the service. This was confirmed by our observations during our visit where due to lack of staff, very few activities were taking place inside of the service. Staff said that as well as their care and support duties they also carried out domestic tasks. To reduce the risk of social exclusion staff told us that people went out of the service most on days. However, staff felt that having more permanent staff available in the service would mean that they could spend more time with people supporting them on an individual basis. Relatives we spoke with voiced some concerns about staff as they, "Come and go," and that this was not their preferred choice. They also told us that they were, "Confused as to why so many staff had changed." They said that they felt that the management should have informed them when their family member's assigned staff member had left the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with had no concerns around their family member's medication. Staff who administered medicines confirmed that they received regular training and that their competency was assessed by the manager. This was confirmed by the records we looked at. At the time of this inspection no one living in the service was able to administer their own medication. We saw that there were suitable facilities for the safe storage of medicine. Some people were prescribed medicines to be administered on an 'as required' basis. We saw that there were clear

protocols in place for staff for when this medication should be administered. However, records of prescribed medicines to be administered showed that not all had been completed in full. We found that there were gaps in the records which meant that it was not possible to know if all prescribed medicines had been administered. We also noted that records of medicines held in the service were not always detailed or accurate enough. This was because we found that some liquid medication was documented in records as being a 'part bottle' with no explanation on how much volume a 'part bottle' of medicine was equal to. This meant that there was an increased risk of misinterpretation of these records by other staff members.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives of people we spoke with told us that they felt that their family member was safe living at Haddon House. Staff demonstrated to us their knowledge on how to identify and report any suspicions of, or actual harm. They told us that they had undertaken safeguarding training during their induction and then yearly. We saw evidence of staff being trained in safeguarding in the records we looked at. Staff we spoke with were clear about their responsibilities to report poor care practice. They said that they would raise concerns immediately if they had any. This showed us that staff knew the processes in place to reduce the risk of abuse.

People had individual risk assessments undertaken in relation to their identified support and care needs. We saw that specific risk assessments were in place for people at risk. Risks identified, included people maintaining their own personal care, using the kitchen, financial abuse, community access, and social vulnerability. Risk assessments gave guidance to staff to help assist people to live as safe and independent a life as possible, and reduce the risk of people receiving inappropriate or unsafe care and assistance. Staff spoken with were aware of the risk assessments and confirmed that they were updated as soon as required.

Staff we spoke with said that pre-employment safety checks were carried out on them prior to them starting work at the service. This demonstrated to us that there was a system in place to make sure that staff were only employed if they were deemed safe and suitable to work with people who lived in the service.

## Is the service safe?

We found that people had a personal emergency evacuation plan in place. This showed us that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

Areas of the service we noted had a malodour. A relative told us that there was, "Sometimes a urine smell in the

bedroom." We also found that areas of the service such as the communal kitchens were not as clean as they needed to be. We saw dirt collecting in the corners of the kitchen floor and fridge shelves had some debris on them. This meant that the risk of potential cross contamination had not been reduced.

# Is the service effective?

## Our findings

Staff told us that they were supported with regular supervisions. Most staff had not been working long enough at Haddon House to have received an appraisal. However, we saw that there was an appraisal system in place. Staff said that when they first joined the team they had an induction period and were on probation for three months. This was until they were deemed competent and confident to provide effective and safe care and support.

We found that staff were knowledgeable about people's individual support and care needs. A senior care manager we spoke with confirmed to us that staff were managing people with complex care and support needs well. Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. One staff member told us about the training they had received in autism and that this, "Helped them to understand the needs of people living in the home better." They also told us that they had received, "Lots of training to help them do the job." This was confirmed by the manager's record of staff training undertaken to date. This showed us that staff were supported to provide effective care and support with regular training and personal development.

We spoke with the operations director about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions. We saw that DoLS applications had been made to the supervisory body (local authority) to ensure that people's rights were protected.

Care records we looked at showed that documents including 'things I like and don't like', 'service user booklet' and the 'service user agreement'. These were in an easy read/pictorial format to aid with people's understanding.

Records showed that people's care records were reviewed on a monthly basis. Reviews were carried out to ensure that people's current support and care needs were documented.

People made positive comments about the meals provided. One person told us that they were having, "Tomato soup for lunch today, I like tomato soup." We saw that people, where appropriate, were involved in preparing their meal with the support of staff, to help maintain a level of independence. Menus were prepared weekly in consultation with people living in the service. Staff said that they supported people to visit the local supermarket to purchase food. This was confirmed by a person we spoke with. Where people were on a special diet, we saw that details of these diets were recorded for staff as guidance. Fresh fruit was available and we saw that drinks and snacks were available throughout the day. This showed us that people were supported with their nutritional and hydration needs.

External health care professionals were involved by staff if there were any concerns about people living in the service. People said that they were taken to see the doctor and staff confirmed that doctors visited people in the service when needed. Staff also accompanied people to attend health care appointments. A relative told us of a time when their family member had been admitted to hospital and that, "A member of staff was always present," to support them. Staff said that other health care professionals visited the service when needed and that they had, "Good support from the learning disability teams." This was confirmed by the senior care manager we spoke with, who told us that staff made referrals to health care services. We saw that dieticians provided guidance when needed and this was confirmed by the records we looked at. For people at risk and identified as needing support from staff, we saw that individual diet plans were in place to help monitor and guide people's food intake.



# Is the service caring?

## Our findings

A person who was able to speak with us, told us said that staff were, “Nice.” A relative told us that they felt staff spoke to their family member, “Nicely.” Our observations showed that staff supported people in a kind and unrushed manner. Staff took time to reassure people who were becoming anxious in an understanding manner to help them settle. A staff member told us that the person they were supporting was able to make their own sandwich and a, “Good cup of tea.” However, we also saw that there were times when there were missed opportunities for staff to communicate and engage with people when they were sitting or walking about the service.

A person we spoke with told us that although they had only been at the service for a short period of time, they had made a friend in the service. They said that, “This is home for the now.” Two people were able to tell us that a family member had been to visit them in the service and that this was enjoyed. One person went on to tell us that they are also taken by staff to visit with family. However, three out of the four relatives we spoke with said that they felt there was not an ‘open door’ policy for visiting their family member. One relative told us that, “I get the impression that I have to book,” as they felt they could not turn up giving short notice.

Observations showed that people were dressed appropriately for the temperature of the service and in a manner which maintained their dignity. We saw that people were able to personalise their bedrooms and close their bedroom doors if they wanted privacy. This was confirmed during this visit. We noted one person being supported by a staff member to print off posters from the internet to help decorate their room. This meant that staff supported people to make their personal rooms more homely.

Staff confirmed that they received a handover at the start of their shift. This handover was used to update staff starting their shift on the events of the day so far and updates on people they supported. A keyworker (people would be assigned a designated staff member) system operated in the service and keyworkers were involved in the review of people’s care records. The care records we looked at showed that staff reviewed and updated support and care plans regularly and as needed. This helped ensure that people were provided with care and support by staff based upon their most up-to-date care needs.

Advocacy information was available for people if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw that some people had formal legal processes in place to help them manage their finances.

# Is the service responsive?

## Our findings

People talked to us about their trips outside of the service. We noted that they maintained their links with the community by visiting local shops, seeing films at the cinema and going bowling, with the support of staff. A relative told us how staff had supported their family member to have a card and flowers ready in response for a family occasion. However, our observations showed that due to lack of staff during our visit there were very little activities happening within the service for people to enjoy. A relative told us that they felt that their family member was, “Not stimulated enough,” and another told us that they felt there was, “Very little activity.”

Prior to living at the service, people’s health, care, and support needs were assessed, planned and evaluated to ensure they had an individualised plan of care and support. Staff we spoke with demonstrated to us a good

understanding of each individual persons care and support needs. This was confirmed by a senior care manager we spoke with told us that the two people they supported had never been so settled in a care service.

Care records showed that people’s care and support needs, and personalised risk assessments were known, documented, and monitored by staff. A staff member told us that if they felt that a care record needed updating they would inform their team leader. The team leader would then review these records and update them as required.

We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns and that they would raise these concerns with the person in charge. In the care records we looked at we saw that the complaints policy was in an easy read/pictorial format to help aid people’s understanding. A relative said that they felt staff, “Will listen to complaints,” if they needed this support. Records of complaints that the manager and operations director held showed us that complaints were recorded and responded to appropriately and in a timely manner.

# Is the service well-led?

## Our findings

The service did not have a registered manager in place. An interim manager and the operations director were supported by a team of care staff. We spoke to the operations director about their plans to fill the registered manager vacancy and they told us that recruitment for this role was in progress. They told us that a person had been appointed and that they were due to commence employment at the end of April 2015. We saw that the new manager's photo had been placed onto the notice board so people would be able to recognise them when they started. We were told that they had been visiting the service to get to know people, the service and the staff who worked there before they formally joined the organisation. This was to help the smooth transition of the new manager into their role.

Relatives told us that staff listened to them and one relative said that, "Any concerns are made to staff on duty." Relatives told us that they were concerned about the turnover of staff. One relative said, "We don't remember names as they change so fast." We spoke with the operations director about low staffing levels and staff morale. They told us that they had already identified this as a concern and were working to fill staff vacancies and improve staff morale. We saw that staff meetings were held regularly and those areas to improve on were discussed and documented within the minutes. We noted that these staff meeting agendas also included the heading 'any other business'. This was a part of the meetings where the management opened up the meeting to staff for them to share any concerns that they may have and make any suggestions.

Staff we spoke with demonstrated to us their knowledge of their roles and responsibilities. They said that they knew and understood what was expected of them. They told us that they were motivated to undertake their role as a care worker, but that staff morale was low at times due to having to cover shifts for other staff to help fill short term

absences. One staff member said that, "Staff were shattered." However, they went on to tell us that they had never felt pressurised by the management to cover these shifts.

Staff showed us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so.

People and staff were given the opportunity to feedback on the quality of the service provided via a survey. Information from the feedback was used to improve the quality of service where possible. The feedback showed positive comments about the quality of the service provided with areas of improvement noted.

Links to the local community were established so people using the service could attend social clubs go shopping at the local shopping centre and make use of the different social venues close to the service. During our visit we saw a staff member support a person to write a shopping list for a shopping trip they would be supporting them with later on that day. This meant that people were supported by staff to be socially inclusive.

The interim manager notified the CQC of incidents that occurred within the service that they were legally obliged to inform us about. They had always done this in a timely manner. This showed us that the manager had an understanding of their role and responsibilities.

An on-going quality monitoring process was in place to review the quality of the service provided. This process included reviewing any themes to come out of complaints, incidents, medication administration and any changes to people's behaviour. Any improvements required as a result of learning from this analysis was recorded in an action plan to be worked on. As a result of recent quality monitoring around incidents, a new protocol had recently been put in place by management around medication administration to reduce the risk of administration errors.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Regulation 18 (1) HSCA 2008 (Regulated Activities) Regulations 2014: Staffing.**

How the regulation was not being met:

There were not sufficient numbers of suitably qualified staff to meet people's care and support needs.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Regulation 12 (2) (g) HSCA 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.**

How the regulation was not being met:

Accurate and detailed records of people's prescribed medicines and medicine administration were not always kept.