

The Kent Autistic Trust

The Kent Autistic Trust - 52a River Drive

Inspection report

52a River Drive
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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	

Overall summary

The inspection took place on 28 September 2015 and it was unannounced.

The Kent Autistic Trust – 52a River Drive is a care home providing personal care and accommodation for up to six adults with an autistic spectrum condition. The home is set out over two floors. There were five people living in the home, when we inspected.

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

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People were unable to verbally tell us about their experiences. People were relaxed around the staff and in their own home. We received positive feedback from relatives about all aspects of the service.

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

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

The premises and gardens were well maintained and suitable for people's needs. The home was clean, tidy and free from offensive odours.

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

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

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

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people were subject to a DoLS, the registered manager had made appropriate applications.

People had access to drinks and nutritious food that met their needs and they were given choice.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner and took appropriate action.

Relatives told us that staff were kind, caring and communicated well with them. Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect. People's information was treated confidentially and personal records were stored securely.

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

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

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

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

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

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

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

Summary of findings

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

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

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

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

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

Medicines had been appropriately managed, recorded and stored.

Good



Is the service effective?

The service was effective.

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

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

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

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

Good



Is the service caring?

The service was caring.

The staff were kind, friendly and caring.

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

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

Good



Is the service responsive?

The service was responsive.

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

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

The complaints policy was prominently displayed in the home.

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

Good



Summary of findings

Is the service well-led?

The service was well led.

Records were well maintained and stored securely.

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

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

Good



The Kent Autistic Trust - 52a River Drive

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 28 September 2015 and was unannounced.

The inspection team consisted of one inspector.

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

During the inspection we spoke with one person, three relatives, and four staff including the registered manager. We also spoke with the service quality compliance manager of the home. We received feedback from health and social care professionals during the inspection.

Some people were unable to tell us about their experiences, so we observed care and support in communal areas. We pathway tracked two people's care records which included medicines records. This is when we looked at people's care documentation in depth; obtained their views on their experiences of living in the home and observations of the support they were given. We looked through management records including four staff files.

We asked the registered manager and service quality compliance manager to send us information after the inspection. We asked for the training matrix, manager's audit and quality assurance audits. These were received within the agreed timescale.

We last inspected the home on the 03 May 2013 and there were no concerns.

Is the service safe?

Our findings

People were unable to verbally tell us about their experiences. We observed that people were carefully monitored to ensure they were safe but had their own space to be able to relax. People were relaxed and comfortable with staff.

Relatives told us their family members were safe and well looked after. One relative told us, "There is always enough staff on, even on Christmas day". Another relative said, "I think they are marvellous with him, they look after him very well".

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. Staff had access to the whistleblowing policy and had confidence that if they had concerns these would be dealt with appropriately.

There was a clear plan in place outlining steps that should be taken in case of an emergency, including detailed steps that should be taken if an emergency happened at night. Each person had a detailed personal emergency evacuation plan (PEEP) that described how to safely support each person to evacuate in the event of a fire. A risk assessment outlined how environmental issues such as a power failure at the home should be managed and the assessment included contact information for utilities suppliers. Steps had also been taken to ensure that people were safe in case of bad weather.

Risk assessments had been completed for tasks and activities that could pose a risk for people, such as activities such as horse riding, trampolining, accessing the community and road safety. Staff explained how they would ensure risk assessments would be developed for new activities such as visiting a theme park or travelling to

London on public transport to see a show. This meant that staff had the necessary information to enable them to safely support people in the home and out in the community.

The premises and gardens were well maintained and suitable for people's needs. Bedrooms had been decorated and furnished to people's own tastes. Any repairs required were completed quickly. The fire extinguishers were maintained regularly and fire alarm tests were carried out regularly. The handyperson visited the home regularly, and was present during the inspection carrying out small jobs including cutting the lawn.

Regular health and safety meetings were held at the trust and we saw that one of the standing agenda items was accidents, incidents and near misses. This showed that accidents and incidents were being monitored to ensure that if preventative measures were possible they would be identified and implemented.

There were suitable numbers of staff on shift to meet people's needs. Some people had been assessed to receive additional staffing to support them to do activities on a one to one basis. Daily records and our observations showed that people had received this additional support. The provider had put systems in place to ensure that people were suitably monitored 24 hours a day. One person had a CCTV camera in their bedroom which enabled night staff to monitor the person to ensure that they were safe without waking the person by repeatedly going into their room. This decreased the level of disturbances for this person during the night. The person was not able to consent to the CCTV camera, so a best interests meeting had been held with the relatives and it had been agreed that installing the camera would be the safest option for the person. Relatives told us that there was always enough staff working in the home and this included when people were supported to go out into the community. Relatives told us that their family members were supported to visit them regularly, one relative explained that their family member was supported regularly to visit their grandparent as well. All the staff we spoke with told us that there were enough staff on duty to care for and support the people at the home.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files

Is the service safe?

held at the providers Human Resources department. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

Medicines were securely stored in locked cabinets. Temperatures of all medicines storage was checked and recorded daily, and these records were up to date. We checked each person's medication administration record (MAR) against medicines stock. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The records showed that people had received their medicines as prescribed.

Staff with responsibility for administering medicines were clear about their responsibilities and understood the home's medicines policy. Only staff who were trained to

administer medicines carried out this task. Staff competence to administer medicines had been assessed and reviewed in January 2015 and this was documented. The pharmacy had carried out an independent audit of medicines in June 2015. The audit found no major concerns and no urgent actions. The action plan showed that minor actions as suggestions had been made which had been followed and completed by the registered manager in July 2015. This meant that medicines were well managed.

The provider was due to trial a new monitored dosage medications system in October/November 2015. The new system will ensure that medicines are individually packaged in a way that reduces the chance of error and is person centred to meet the individual needs and preferences of people. For example, liquid medicines will be already measured out and sealed. Medicines will be checked five times by the pharmacy before they get to the home.

Is the service effective?

Our findings

Not everyone was able to verbally describe their experiences. We observed that people had the freedom to move around the home and spend time alone in their rooms as well as in communal areas. People seemed relaxed. We observed staff members responding to people's medical needs in a timely and responsive manner.

Relatives told us their family members' health needs were well met and they were involved with decision making. One relative said, "Staff support with appointments, they have lots of experience with Autism". Another relative told us, "We are always involved in best interest meetings". Another relative told us how staff had supported their family member to frequent hospital appointments.

All staff had received training and guidance relevant to their roles. Training records evidenced that staff had attended the provider's mandatory training such as health and safety training, first aid and medicines training. The provider had also listed 'required training' that staff should attend which included Autism training and nutrition and diet. The registered manager had attended additional training which included managing disciplinary proceedings and carrying out investigations. Staff had good knowledge and understanding of their role and how to support people effectively.

Staff had a good understanding of managing behaviours that may challenge, staff had attended training to give them skills which enabled them to divert and distract people when they showed signs of becoming emotionally aroused. This training and support enabled staff to do this without using restraint. The staff had access to a behaviour support manager should they need help and support to work with people.

New staff had completed training and worked with experienced staff during their induction period. This enabled staff to get to know people and learn how to communicate with each person effectively. We viewed the new induction workbooks that evidenced the provider had imbedded the Care Certificate into the induction process. This meant that new staff had adequate support and supervision to carry out their roles.

Staff received regular supervision from their line manager. Supervision records evidenced that staff had opportunities to discuss concerns, practice and request additional

support and guidance. Supervision records also evidenced that staff had been supported to learn and understand the role of CQC. Staff were given clear guidance over their roles and responsibilities during an inspection.

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

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member told us, "You must assume capacity, all the guys make their own choices and decisions" which showed they worked in accordance with the MCA. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had access to nutritious food that met their needs. They had a choice of two different meals at dinner time and could ask for another option if they wished. People were supported to make cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. Weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

Is the service effective?

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. For example, one person had epilepsy. We saw that their plan had specific instructions concerning how to manage their condition and

keep them safe. This included what staff should do if they had a seizure. Records evidenced that staff had contacted the epilepsy nurse, consultant, GP, community learning disability nurses, social services, community psychiatric nurse and relatives when necessary. Records also evidenced that people received treatment regularly from the chiropodist, dentist and had regular opticians appointments. People received effective, timely and responsive medical treatment when their health needs changed.

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. We observed that staff were kind, considerate and aware of people's individual communication needs. There was a calm and friendly atmosphere. People's bedrooms were decorated to their own tastes.

Relatives told us that staff were kind, caring and friendly. One relative said, "It's a nice place, we are made to feel welcome". Another relative said their family member's, "Privacy is respected".

People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past.

People were supported by staff who understood their needs and how they communicated. Information about likes, dislikes and preferences were outlined in communication passports. We saw that when staff interacted with the people they asked them about things that they liked to do and this was consistent with what was in their communication passports. For example, a staff member asked about the football results relating to a person's favourite football team. Pictures and symbols were used in the home to help people communicate. Staff knew people well and were able to adapt their communication to meet their needs.

Interactions between people and staff was positive and caring. People responded well to staff and engaged with them in activities such as writing, choosing a take away, washing up and having a conversation about what they had done that day and at the weekend.

People and their relatives had been involved with planning their own care. There was evidence of this within care plans, through photographs. Where people had made decisions about their lives these had been respected. For example, one person had chosen not to attend day services, they received their day service from their home with support from a member of day centre staff.

One person had an advocate who worked with them. This advocate had been put in place as a condition of the Deprivation of Liberty Safeguards (DoLS) authorisation made by the local authority. The provider's policy stated that if it was identified that an advocate was needed, information was available to support staff to find a suitable advocate. This included details concerning local advocacy services and how to access support from an independent mental capacity assessor (IMCA) if this was required.

Staff treated people with dignity and respect. Privacy was observed. For example, staff knocked on people's door before entering. One person's CCTV was only switched on in their bedroom at night. Relatives told us they had discussed the installation of the CCTV with the staff and registered manager.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff.

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

Is the service responsive?

Our findings

People were unable to verbally tell us about their experiences. We observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks.

Relatives told us they knew who to contact if they have any concerns or complaints. Relatives confirmed they had been involved with the care planning process and took part in regular reviews. Relatives told us that there were plenty of activities on offer to keep people stimulated and active. One relative said, "I've had a survey, we are very happy". Another relative told us, "They do a lot with him such as shows, horse riding, golf, trampolining and have been to the circus". Another relative said their family member, "Goes out more than me".

The service was responsive to people's needs. One example of this was that staff had recognised that one person was not coping with living in a shared environment. The registered manager had discussed with the person, their family and the person's care manager and found a temporary solution. This person lived at the home part of the week and with their relatives part of the week. This enabled them to cope with a shared environment until something where more suitable could be found.

People took part in a number of activities based on their individual preferences. This included horse riding, golf, trampolining, shopping, walking and bowling. People were supported to access leisure activities in the local community and to go on holidays. Staff told us how they had supported people to go to a special theatre show in London which was an autism friendly production. Relatives told us that their family members had really enjoyed this.

People had regular timetables based on their preferences. If a person had chosen not to take part in a particular activity, it was documented that they had opted for a different activity on that day. This showed that the home was responding to the wishes of the people and respecting their right to change their mind. One person was unable to cope with attending day services with other people. The provider had arranged for this person to receive their day service from the home. Day service staff supported the

person to participate in planned activities during the day inside and outside of the home. For example, the person spent time using the internet to research and went out to the local library.

People had positive support and behaviour strategies in place. These plans document what makes people happy and outlines how a person shows that they are happy. The plans also included information about how people communicate and anything that would make them anxious. Relatives told us that staff communicated effectively. One relative said, "They [the staff] communicate well, they have worked out how to speak". They went on to explain that their family member understands plain, simple words. This meant staff were aware of how they should support people in a positive manner.

Relatives were encouraged to provide feedback about the service provided to their family members. We viewed a completed feedback questionnaire, which showed that the relative was extremely satisfied with the service their family received. A healthcare professional told us the service was, "Well run and planned to meet the needs of the residents. Those needs are very complex and they make a comfortable home that supports their development". People were able to feedback about the service in reviews and in regular 'Service User Meetings'. We looked at the minutes of the last meeting and saw that people had discussed the food, planned trips and people were asked if they had any concerns.

People's care packages were reviewed regularly. Review records evidenced that relevant people had attended the reviews including relatives, staff, day service staff and local authority care managers. Relatives told us they were given a survey to complete following each review.

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

Is the service responsive?

There had not been any formal complaints about the service. The service had received several compliments. One

read, 'Had a lovely visit to your property in River Drive yesterday, (the registered manager) made us very welcome'. Another said, 'We both want to thank all the staff of KAT for their help and support'.

Is the service well-led?

Our findings

People were unable to verbally tell us about their experiences. People clearly knew the registered manager and the staff team.

Relatives told us that the service was well run. They knew the management team and felt confident that their family members were well supported. One relative said, "The home is well run, I feel very lucky that we found a place there" and "The manager is good". Another relative told us, "Quality of life is excellent in the home".

A healthcare professional told us, "I regard KAT (The Kent Autistic Trust) as the most intelligent service we have for autism. They really do have a person centred focus".

Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to. One member of staff said, "We get 100% good support" they said the registered manager was, "Easy to talk to" and "The CEO comes in quite often to see everyone, she's involved".

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

Staff told us they felt valued and they understood the vision and values of the organisation. They felt there was an open culture at the home and they could ask for support when they needed it. The home had a statement of purpose that set out clear values for the organisation. This included the objectives that people should be given respect, privacy, dignity, choice in activities offered, to be independent, achieve their dreams and aspirations. We observed that the staff had embedded these values in to their work.

Management of the home was overseen by a board of Trustees for The Kent Autistic Trust. We saw that information about how to contact the trustees was displayed for staff, visitors and people. Trustees and the chief executive officer for the trust visited the home regularly. They were able to engage with people and monitor the management and operation of the home.

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

The provider had carried out a staff survey across the organisation. Survey results showed mixed feedback from staff regarding their roles. The survey results showed that 100% of staff were supportive of the ethos of the organisation. The survey highlighted some challenges that staff felt they faced. The provider had written to staff to provide feedback about the survey results and to set an action plan to deal with the challenges, such as meeting with individual staff members with specific concerns and changing the recruitment process so that it is now led by the manager who is assisted by HR. This meant that the recruitment process would be sped up and streamlined to relieve the stress caused by staff shortages.

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

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and Deprivation of Liberty Safeguards (DoLS), as these had been made in a timely manner. The registered manager explained that they had good support from their manager and the provider. They said, "I definitely have good support". The registered manager had been supported to develop their role within the organisation and had taken on additional duties.

Policies and procedures were in place for staff to refer to. The policies and procedures were in the process of being updated and amended. The new policies and procedure had been submitted to a printing company to print and produce.

The quality assurance procedure set out key responsibilities of the board members, operational managers, finance, positive behaviour support team and service quality compliance manager and clarified the frequency of meetings and quality checks. The service quality compliance manager told us that they completed a quality audit on the service every three months. They

Is the service well-led?

explained that the audits were themed. We viewed two completed audits. One had been completed in July 2015 and looked at safeguarding, complaints and included an audit of one person's care records and one had been completed in April 2015 which looked at staffing ratios and accidents. The audits had identified minor concerns which the registered manager had already been working on, such as updating staff training plans. The audits also reflected that the service quality compliance manager had observed good practice.

A number of other audits were carried out by the registered manager in order to identify any potential hazards and ensure the safety of the people. This included health and safety audits. One property audit had identified overhanging trees at the front of the property. These had been cut back. The registered manager completed a monthly manager's audit which looked at health and safety, risk assessments, finance, staffing, training, care plans and care documentation. Actions identified were time limited and allocated to individuals, actions had been completed.