

Autism Anglia

Coldwell Villa

Inspection report

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Date of inspection visit:
03 October 2018

Date of publication:
01 November 2018

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 unannounced inspection took place on the 3 October 2018.

Coldwell Villa provides care and support for up to five people with either a learning disability and or autistic spectrum disorders. At the time of our inspection only one person was using the service.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager. 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 registered manager also had oversight of another six residential care homes and supported living services run by the provider. They told us of plans in progress to close Coldwell Villa. We saw that in the planning of this transition the priority was to ensure people moving on to alternative placements were involved in this process as much as they were able to with additional advocacy support.

Systems were in place to ensure the person remained safe whilst promoting their independence. Risks to the person had been adequately planned for and measures were in place to reduce these risks.

Staff had the knowledge, skills and training to meet people's needs and keep them safe. Staff understood their responsibilities in relation to reporting accidents and incidents. Staff were provided with training in how to recognise abuse and report issues of concern appropriately.

The person using the service received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). The person using the service was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The person was treated with kindness and respect by staff who knew them well. They were enabled to remain as independent as possible.

There was a system in place to receive and manage complaints. People were made aware of how to express their views, opinions and how to complain.

The person using the service was provided with personalised care and was supported to engage in meaningful activity. There were regular opportunities for social inclusion with supported access to the community and annual holidays.

Regular ongoing health checks were in place with access to specialists for advice and support to support people's health and wellbeing.

There were systems in place to monitor the quality and safety of the service. This included systems to ensure that people continued to receive care that met their needs, protected their rights and ensured their wellbeing. This included annual reviews of the person's care requirements.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Coldwell Villa

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 comprehensive inspection was carried out by one inspector on the 3 October 2018 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 spoke with the one person using the service. We also spoke with the registered manager, one member of support staff and one relative.

We reviewed the care records for the one person using the service and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Staff received training in safeguarding people from the risk of abuse and demonstrated good knowledge of how to keep people safe.

The person using the service told us they were, "Safe with all the staff" and "I do not worry about any of the staff. They are all ok and nice to me. I feel safe here."

The provider continued to manage risks well and was proactive in reducing risks and protecting people from the risk of harm. Risk assessments in place guided staff in the steps they should take to reduce risks whilst mindful of ensuring that measures in place to reduce risks did not impact on the person's independence.

Systems were in place to protect the one person using the service from avoidable harm and abuse. This included systems to keep track of the person's finances and protect them from the risk of financial abuse. Staff had also been provided with positive behavioural management plans which guided them with steps to keep the person and others safe. The provider understood safeguarding and their responsibility in protecting the person from abuse.

There were systems in place to respond in the event of emergency such as fire. Personal evacuation plans (PEEPS) identified the support needed. We saw that regular fire and environmental health and safety checks were carried out. Staff were trained in health and safety and risk management to equip them with the knowledge they needed to keep people safe from the risk of harm.

Incidents and accidents were monitored and analysed. Learning and actions for improvement following incidents were discussed at team meetings and with individual staff in supervision meetings when required.

The person was provided with one to one care at all times and we saw that there was sufficient staff available on the day of our inspection to meet their needs.

The service recruited staff in a way that protected people. For new staff recruited since our last inspection we found job application forms had been completed which identified any gaps in applicant's previous work history. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this type of setting. References and DBS checks had been confirmed before staff started working at the service.

Medicines continued to be stored, managed and administered safely. Protocols were in place in relation to the administration of 'as and when' (PRN) medicines. A review of medication administration records and stock showed that people received their medicines as prescribed.

Staff received training in infection control. Staff completed cleaning duties and the person using the service

was encouraged to help with this. This they told us helped them to, "feel useful" and "keeps me fit".

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Staff had been provided with training appropriate for the roles they were employed to perform. Training provided included understanding and supporting people with autism, positive proactive intervention, epilepsy awareness and core training such as infection control and health and safety, including risk management. Staff told us that they were provided with equality & diversity, dignity & respect training.

One to one supervision meetings provided staff with the opportunity to identify and plan for their training and development needs as well as the opportunity for the manager to review work performance. A review of staff meeting minutes showed us that these meetings provided opportunities for staff to raise issues of concern. However, staff told us they would value more regular updates as to the plans to close the service.

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included daily handover meetings. We saw from a review of the handover communication book that staff had been supported with guidance to enable them to meet people's needs and evidence when tasks had been completed. This also provided an audit trail for management reference.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where restrictions were in place for example, to limit access to cigarette lighters and other substances this had been assessed appropriately and was in the best interests of the person to keep them and others safe.

Staff told us they had received training in positive behavioural support and intervention. They said this gave them the skills to work with people safely and appropriately. Staff recognised potential restrictions to people's freedom of movement and these were appropriately managed.

People's dietary needs had been identified as part of their plan of care. We saw the individual was supported to improve their daily living skills and encouraged to help with shopping and the preparation of their meals. Staff told us that people's individual's needs were assessed in the planning of weekly menus. People's weights were regularly monitored and recorded.

Support was provided to access healthcare as required. Care and support plans included details of planning and support needed to maintain the person's physical, mental and emotional health and wellbeing. The service had good links with other healthcare professionals and specialists such as; intensive support learning disability professionals, psychiatrists, psychologists, GPs and dentists.

People were supported to attend annual health checks with their GP when required. Staff were observant of people's changing health conditions and sought prompt medical advice for them. Hospital passports had been developed to provide clinical staff with detailed information about each person should there be a need for them to be admitted to hospital. The person's relative told us they were sometimes communicated with regarding changes or incidents that had occurred but not always.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The person using the service told us, "All of the staff are kind." The person's relative we spoke with said, "The staff on the ground are good, they do their best, I think they treat [relative] well, I have not had reason to be concerned. There are occasions when they use agency staff and whilst this is not ideal they appear to understand [relative] well, come across as caring and there is no negative impact."

Staff understood people had the right to be treated with respect and their dignity maintained. The person told us staff treated them with kindness and showed them respect. They said they were provided with emotional support when needed. We observed apparent bonds between staff and the person who used the service. The person who used the service told us "Staff are kind and they understand me, they are alright."

We saw that staff interacted with the person in a calm and considerate way. Staff and the registered manager were also observed to be affirming, reassuring and praising the person. This impacted positively on their sense of wellbeing.

The service used person-centred planning tools to work with people and understand their support needs. Positive behavioural support plans were tailored to the individual and updated when required or as needs changed.

The person had access to a phone, internet and tablet devices to enable them to make private contact with family members and for recreational purposes.

Care was personalised and provided by staff who knew them well. We saw staff worked to ensure that where possible they had been involved in decisions about their care and how they lived their daily lives. Staff described to us and their support plan confirmed how they identified the person's needs and wishes.

The person's bedroom was personalised and contained, artwork and personal items, which reflected their individuality and personality. They told us staff respected their private space, for example waiting for a response from them before entering their room.

The person receiving the service told us their privacy and dignity was maintained. It was evident that the staff were there for the person cared for and wanted to make a difference to their lives.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The provider continued to ensure that the person's care records were kept up to date and personalised to their individual needs. There was detailed information including guidance for staff in supporting the person's physical, psychological, social and emotional needs. Records included information about the person's past history, their interests, likes and dislikes.

Staff including the registered manager knew the person using the service well. Care plans were regularly reviewed and reflected the person's current care and support needs.

The provider was in the process of closing the service and four of the five people previously living at the service had moved into alternative accommodation run by other service provider's. The person still living in the service told us they were being supported to look at alternative accommodation. They told us they did not feel rushed in this process and were involved in the decision making process as much as they were able. This transition was being managed with support from a designated social worker. It was evident from discussions with the registered manager that there were clear aims and objectives to ensure the person's needs were the priority in the planning to ensure a smooth transition to an appropriate placement where their needs would continue to be met.

We observed and saw from a review of records staff encouraging the person to be involved in making decisions about how they lived their lives and to be as independent as possible through enabling and empowering them to complete tasks and take part in chosen activities. For example, in accessing public transport, food preparation, housework and the planning of their weekly activities.

The person had a health action plan and daily observation and shift handover records were maintained. These provided information about each individual and ensured staff, were kept up to date at each shift. Newly employed staff told us they had been given time to read each person's care records, which they said, provided them with sufficient information for them to meet people's needs.

The provider continued to support the person to engage in activities they enjoyed reducing the risk of under stimulation. It was evident that staff planned with the person what they wanted to do and enabled them to have choice with their daily routines. The person told us they were supported to follow their own interests as much as resources allowed. They told us they enjoyed access to activities such as canoeing, bowling, working on an allotment and attending a day centre. They said staff supported them to maintain regular contact with their relative and how this relationship was important to them.

The registered manager had effective systems in place for people to use if they had concerns or wanted to complain formally if they wished to do so. People were provided with regular reviews of their care. This system enabled people's care to be reviewed and any concerns to be discussed. Issues raised which

required action had been recorded into action plans with a description of actions taken.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The service had a registered manager who also had oversight of another six residential care homes and supported living services run by the provider. They told us of plans in progress to close Coldwell Villa. We saw that in the planning of this transition the priority was to ensure people moving on to alternative placements were involved in this process as much as they were able to. People had access to advocacy support and this transition was managed in partnership with the local authority and appointed social worker.

At our last inspection we found shortfalls in that the provider did not operate a system of regular audits to assess the quality and safety of the service with action plans and timescales to evidence continuous improvement of the service. At this inspection we found some improvement. A review of audits showed improvement in the quality and regularity of quality and safety monitoring with governance and oversight of the service improved.

Staff were positive about the management of the service describing the support they received as 'supportive' and 'often present', but also said they would value more regular updates as to the changes taking place with the closure of the service.

The provider had a formal complaints system in place with appropriate timescales for responding. There had been no formal complaints received since our last inspection. The person using the service and their relative told us they would have no hesitation in raising concerns and felt any issues would be responded to and addressed appropriately.

Systems were in place to receive people's feedback about the service. The provider sought the views of the person through annual reviews of their care and meetings with their keyworker.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on their public website where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating on either their website but not at the residential location for people who used the service and their visitors to view. We discussed this with the provider who told us they would rectify this immediately.