

Education and Services for People with Autism Limited

Holly House

Inspection report

Hall Lane
Houghton Le Spring
Tyne and Wear
DH5 8DA

Tel: 01915165080
Website: www.espa.org.uk

Date of inspection visit:
27 March 2018

Date of publication:
13 June 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 inspection took place on 27 March 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Holly House is a care home. People in care homes receive accommodation and personal care as single package under contractual agreements. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is provided from a large, older building and an adjoining flat which accommodate up to eight people with autism spectrum or associated conditions. Eight people were using the service at the time of inspection.

Although the building did not comply to the model of care proposed from 2015 and 2016 guidance that people with learning disabilities and/or autism spectrum disorder which proposed smaller community based housing. The provider was making some physical changes to the building to ensure it met the needs of the people who lived there. The care service had been developed and designed in line with best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism spectrum disorder using the service can live as ordinary a life as any citizen.

At our last inspection in January 2016 we rated the service good. However, we had found there was a breach of regulation 18 as staff were not receiving regular supervision.

At this inspection we found the service was meeting all of its legal requirements and the service was no longer in breach as improvements had been made with a system of supervision in place for all staff. We found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Due to their health conditions and complex needs not all of the people who used the service were able to share their views about the support they received.

People appeared safe and comfortable with the staff who supported them. There was an open, relaxed and friendly atmosphere around the service. The staff team knew people well and provided support discreetly and with compassion. People's privacy was respected and people were supported to maintain contact with relatives and friends.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Staff were well supported due to regular supervision, annual appraisals and a robust induction programme,

which developed their understanding of people and their routines. Staff also received a wide range of specialised training to ensure they could support people safely and carry out their roles effectively.

Records were personalised. They provided staff with detailed information to enable them to provide effective care to people who may not be able to communicate their needs verbally. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

Staff were informed and enthusiastic. There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with dignity and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were encouraged and supported to go out and engage with the local community.

Staff spoke well of the registered manager and they said the service had effective leadership. Systems were in place to enable people to raise complaints. The provider undertook a range of audits to check on the quality of care provided.

Further information is in the detailed findings below.

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.

Holly 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 checked 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 27 March 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with one person who lived at Holly House, the registered manager and five support workers. After the inspection we telephoned two relatives to collect their views about the care provided. We observed care and support in communal areas and looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for three people, recruitment, training and induction records for three staff, three people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

Some people who lived at the home had complex needs which meant they could not express their views about the service. During the time we spent with people we saw they appeared comfortable with staff. One relative commented, "I think [Name] is quite safe at Holly House."

Staff spoken with and training records looked at confirmed safeguarding training took place. Staff were able to explain the services available in relation to the safeguarding of adults. They told us they would know how to take the appropriate action to protect the individual and other people who could be at risk.

We considered there were sufficient staff to support the people at the time of inspection. Seven staff including management were on duty to support eight people during the day and two waking night staff and one sleep in staff member were on duty overnight. The registered manager told us staffing levels were flexible and they were monitored to ensure they were sufficient to meet people's identified needs at all times.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, from seizures or the risk of choking. The risk assessments were also part of the person's support plan and there was a clear link between these plans and risk assessments.

A written protocol was not in place for the use of any listening devices which were used to keep people safe, where they may be at risk from seizures when they chose to spend some time in their bedroom. The registered manager and staff were aware of their use balancing people's privacy and dignity. The registered manager told us that this was currently being addressed as it had been identified at another of the provider's services.

Staff had received training to give them some insight into the management of distressed behaviour. They also used positive support behavioural guidance specific to each person which advised distraction techniques and other measures to calm and help reassure the person. One staff member told us, "I feel safe working here, I love it here."

Positive behaviour support plans were in place for people who displayed distressed behaviour. Support plans contained detailed information to show staff what might trigger the distressed behaviour and what staff could do to support the person. Where an accident or incident did take place these were reviewed by the registered manager or another senior staff member to ensure that any learning was carried forward.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced.

Medicines were given as prescribed. People received their medicines when they needed them. Staff had completed medicines training and the registered manager told us competency checks were carried out. Staff had access to policies and procedures to guide their practice.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Staff confirmed that checks had been carried out before they began to work with people.

Is the service effective?

Our findings

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

People 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that eight people were currently subject to such restrictions.

There was evidence of mental capacity assessments and best interest decisions in people's care plans. Records showed that where people lacked mental capacity to be involved in their own decision making the correct process had been used. We advised best interest decisions should be made with regard to people's personal care and support requirements. This was to ensure appropriate gender arrangements were in place where personal care was carried out by support workers so people's privacy and dignity were respected. We discussed this with the registered manager who told us it would be addressed.

We were told the organisation was currently appointee for four people who lived at the home but plans were being made to change this. This meant the organisation was responsible for decisions with regard to their finances as they did not have mental capacity. It had been recognised by the provider this was a conflict of interest as the provider was not independent as they provided the care to the people as well as being responsible for managing their finances.

People were supported by skilled, knowledgeable and suitably supported staff. There was an on-going training programme in place to make sure staff had the skills and knowledge to support them. The staff training records showed staff were kept up-to-date with safe working practices.

Staff received induction, supervision and appraisal. Improvements had been made as all staff received regular supervision. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. One staff member told us, "I had a three week induction and received training about autism." Another staff member commented, "We get lots of training." A third staff member said, "We've had training about dysphagia (swallowing difficulties.)"

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions,

dietary requirements and their daily lives.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from a different health professionals. One relative commented, "They (staff) keep me informed and they were very supportive when [Name] was in hospital."

People enjoyed a varied diet. They were offered regular drinks throughout the day in addition to the main meal. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet.

Is the service caring?

Our findings

Staff knew the people they supported very well. We observed staff providing support with compassion and kindness. One relative told us, "There is a core staff team who know [Name] very well. [Name] trusts them as well. Staff are all very supportive and caring." Staff interacted well with people, sitting with them and spending time with them.

Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. Support plans were written in a person-centred way, outlining for the staff how to provide individually tailored care and support. The language used within people's care records was informative and respectful.

Staff respected people's privacy and dignity. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. We saw staff knocked on a person's door and waited for permission before they went into their room.

The management team promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

The service supported some people with very complex needs. Staff and management had a very good understanding of how people communicated. One staff member said, "[Name] will give a thumbs up or push the item away." Staff ensured people had ways of expressing themselves to communicate their wishes and emotions. Support plans also provided detailed information to inform staff how a person communicated.

People were encouraged to make choices about their day-to-day lives and staff used pictures, signs and symbols to help people make choices and express their views. Support plans provided information to inform staff how a person communicated. For example, 'I answer yes and no with a hand gesture.'

Support plans also included details about people's choices. Examples, 'I have a choice of two meals which are placed in front of me' and 'Everyday at 1:00pm I choose my clothing.' This encouraged the person to maintain some involvement and control in their care. Support plans contained details with regard to how people liked and needed their support from staff.

Staff were very knowledgeable about people's personal qualities, passions and personalities as well as their likes and dislikes. People were supported to follow these interests and hobbies. Detailed information was available in people's records. Examples included, 'I like listening to Abba', 'I can do jigsaws' and 'I love clothes shopping.'

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The registered manager told us one person was supported by an advocate.

Is the service responsive?

Our findings

People were supported to follow their interests and hobbies. They all went out and spent time in the community. Staff members could describe and care records detailed people's activities and interests. Some people received one-to-one staff support in the home and this may be increased when they went out to keep them safe. One staff member told us, "[Name] likes to go out for walk or for a drive every day." Another staff member said, "[Name] loves textures such as plasticine and Play Dough." Other staff member's comments included, "[Name] likes to do pottery and cookery", "[Name] loves to blow bubbles", "[Name] used to go horse riding but prefers the hydro pool for relaxation."

One relative commented, "[Name] enjoys going out to restaurants and for walks." People were supported to go on holiday with staff. A relative told us, "The service has a caravan at Wooler and [Name] is going there in the summer for three nights, as they're not keen on being away longer."

Records showed pre-admission information had been provided by relatives, outside agencies and people who were to use the service. This ensured that staff could meet their needs and the service had any necessary equipment for their safety and comfort. Support plans were developed from assessments that provided guidance of how these needs were to be met. For example, with regard to nutrition, personal care, epilepsy, mobility, continence and communication. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans.

People's care records were detailed and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

There was a system of reviewing care records and people's care and support. Records we looked at showed not all evaluations and reviews were up-to-date. The registered manager told us this was being addressed as they were receiving support from another registered manager three days a week to make sure all records were up-to-date. They told us due to a shortage of staff the management team had been providing direct care to people each day but this was now resolved as more staff had been recruited.

Written information was available that showed people of importance in a person's life. One record stated, 'My Mum comes to visit me each week.' Staff told us people were supported to keep in touch and spend time with family members. Relatives were involved in discussions about their family member's care and support needs and they could approach staff at any time.

A copy of the complaints procedure was displayed. A record of complaints was maintained. No complaints had been received since the last inspection.

Is the service well-led?

Our findings

A registered manager was in place who was registered with the Care Quality Commission.

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 understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. They were open to working with us in a co-operative and transparent way.

The atmosphere in the service was relaxed and friendly. Staff and relatives were positive about the management. Staff said they felt well-supported. They told us the service was well led. One staff member told us, "The registered manger is very approachable."

The culture promoted that each individual was to receive care in the way they wanted. Information was available to help staff provide care the way the person may want. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The registered manager was supported by staff that were experienced, knowledgeable and familiar with the needs of the people they supported. They told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the home. Regular meetings were held where the management were appraised of and discussed the operation and development of the home.

There was an ethos of continual improvement and keeping up-to-date with best practice across the Education and Services for People with Autism (ESPA) organisation.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues.

Systems were in place that continuously assessed and monitored the quality of the service. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action

was taken as required. Regular visits were carried out by a representative from head office who also audited and monitored the results of previous audits.

The registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service and their relatives.