

Autism Sussex Limited

The Warren

Inspection report

23-25 The Warren
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection at The Warren on the 17, 18 and 22 June 2015. Breaches of Regulation were found and the service was placed in special measures. As a result we undertook an inspection on 7 April 2016 to follow up on whether the required actions had been taken to address the previous breaches identified. Although we found significant improvements had been made there remained some areas that required improvement.

The Warren provides accommodation and support for up to three people. Accommodation is provided in two semi-detached houses at the end of a residential cul-de-sac. There were two people living at the service during our inspection, each had their own defined living space. There were also areas which were communal, such as a lounge, kitchen and garden. The age range of people living at the service was 29 – 39.

The service provides care and support for people living with autism and other learning disabilities. People presented behaviours that could challenge along with self-harming behaviour. Both people had been living at the service for over six years. The provider leased the properties from a third party and had not renewed this arrangement. Therefore the service was scheduled to close at the end of June 2016. There were transition plans in place for the two remaining people to move to other services the provider ran locally.

A registered manager was in 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 and associated Regulations about how the service is run.

Records identified an occasion when guidance put in place to keep a person safe had not been followed by a staff member; this failing had resulted in the person presenting behaviours that challenged which may have been avoided.

Not all hazards associated with fire had been considered in the providers risk assessment in regard to an emergency exit.

People's mental capacity had been assessed for a range of daily living requirements, however not all restrictive practice had been considered in accordance with the principles of the Mental Capacity Act (MCA).

Although there were a range of quality assurance processes designed to assess and improve the effectiveness of the service these had not consistently identified shortfalls in administration. For example in regard to historic information in care plans not being updated or removed.

Risk assessment had been completed for a broad range of areas. These provided clear descriptions and

guidance for staff to deal with perceived and apparent risks. Appropriate checks and routine servicing to the building and equipment were undertaken to keep people safe.

There were sufficient numbers of suitably qualified, competent staff deployed to meet people's needs. These staff had the skills and experience to support people effectively.

Medicines were managed safely in accordance with current regulations and guidance. Medicines had been stored, administered and reviewed appropriately.

People had access to healthcare professionals when required. This included GP's, dentists, opticians and chiropodists. Staff were aware of their responsibilities to monitor people's changing health care needs.

Care was responsive and met people's individual care needs. There was clear guidance and strategies in place for staff to support and manage people's behaviours that challenged.

People were provided with opportunities to take part in their chosen activities 'in-house' and to regularly access the local and wider community. People were supported to take an active role in decision making regarding their own routines and those of the home. Staff offered clear explanations to people in ways they understood. Staff were seen to be kind and caring to people.

Relatives and staff spoke positively of the leadership of the service. Staff had regular supervision and told us the registered manager listened and responded to their concerns and they felt supported.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Not all risks associated with fire had been appropriately assessed.

Staff had a clear understanding of the procedures to safeguard people from abuse.

There were appropriate staffing levels to meet the needs of people.

Medicines were stored, administered and disposed of safely by staff who had received appropriate training.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Mental capacity assessments had not consistently recorded the steps taken to reach a decision about a person's capacity for specific decisions.

People's nutritional needs were met and people had choices in relation to the food they ate.

People were supported to routinely access services from health care professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff knew people well and displayed kindness and compassion when supporting people. People's dignity and privacy was promoted.

People had been consulted about their choices and preferences in all aspects of their daily lives, these were respected.

Systems were in place to ensure that records were stored safely and documentation was kept confidential to each person.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Comprehensive transition plans were in place to support people to move to new accommodation. These had been based people's needs and wishes.

Support plans contained guidance to ensure staff knew how to support people.

There was a robust complaints policy in place which was available in appropriate formats.

Some people were supported to have clear structured involvement in activities that were appropriate and engaged them effectively.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

People's support plans contained some out of date information.

Not all of the provider's policies were updated to reflect latest legislation.

There were a range of effective systems to assess the quality of the service which were used to improve the service.

People spoke positively about the management and staff told us they were well supported.

The Warren

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.

The inspection took place on 7 April 2016. It was undertaken by one inspector. This was an announced inspection. We provided 24 hours' notice, because the service is small and we wanted to ensure that people we needed to speak to were available.

We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at two care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at all areas of the service, people's bedrooms, bathrooms, lounge and dining area. During the inspection we spoke with one person and two relatives to seek their views and experiences of the services provided at The Warren. We also spoke with the registered manager, and three care staff.

Is the service safe?

Our findings

At the last inspection in June 2015, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people's safety by having suitability skilled and experienced staff. The provider sent us an action plan stating how they would meet the requirements of the regulations by November 2015.

At this inspection we found significant improvements had been made and the provider had met the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However despite these improvements, we found some areas related to people's safety required improvement.

People and their relatives spoke positively about the Warren. One relative said, "Things have improved on all fronts, definitely feel confident my relative is safe."

At our last inspection one person was being supported regularly by staff who were unable to ensure their safety. Staff did not have the skills and confidence to support this person which resulted in everyone's safety being placed at risk of harm. The provider had previously needed to use agency care staff to cover care shifts; some of these staff did not have the skills or experience to consistently keep this person safe. Since our last inspection this person no longer lived at The Warren. As a result the provider had not been required to use any agency care staff. Staff were knowledgeable about people's support needs and how to keep them safe. However, we saw an incident report that demonstrated one staff member had failed to follow a person's care plan in respect to managing their behaviours that challenged. As a result this person walked away from the member of care staff who had supported them and presented behaviours that challenged in a public area. The registered manager told us this could have been avoided if the staff member had followed their support plan. The registered manager told us this staff member had read this person's care plan but had not followed its guidance on this occasion. The incident form stated this staff member had been provided with additional time to re-familiarise themselves with this person's care plan. Staff rotas identified this staff member did not routinely support this person, but on this occasion had assisted with transporting the person back to the service.

The registered manager had undertaken a fire risk assessment which brought together risks and associated control measures. However the assessment had not considered a risk related to leaving the property in an emergency. For example, the rear doors were opened by a key. This key was kept in a draw and could be moved by a person or staff member, and if not replaced may compromise a rapid exit from the property. We spoke to the registered manager regarding these concerns and they committed to work with the providers maintenance personnel to seek an interim solution. The registered manager also took actions to update the fire risk assessment to mitigate the risk of a key being unavailable.

There were other risk assessments for a broad range of environmental areas such as cleaning products and burns. They provided clear descriptors and guidance for staff to deal with perceived and apparent risks. Where risks were linked to people's behaviours there was additional guidance regarding prevention and

reactive strategies. Where risks or strategies had changed there was evidence these documents had been routinely updated.

Accident and incidents were clearly recorded and it was evident what actions had been taken in the short, medium and long term to resolve the concern. Reports identified what steps were taken to reduce the likelihood or prevent a reoccurrence. For example one person had recently had a medical incident and staff had recorded in detail the timeline associated with the events, this information had been used to inform their GP of the events. The registered manager told us they signed off all documentation related to accident and incidents. One staff member told us, "Things have continued to improve; any accident or incident is logged and investigated.

There were appropriate systems for routine PAT testing and servicing of equipment such as boilers and fire alarm. We reviewed documentation that identified checks and servicing were taking place. Routine maintenance was undertaken by the provider's maintenance staff. Staff told us when they reported faults; these were addressed in a timely manner. Routine health and safety checks were undertaken by care staff on a daily and weekly basis. For example both houses had fire checks such as alarm testing on a weekly basis.

The home had appropriate arrangements in place for the safe receipt, storage, administration and disposal of medicines. We looked at people's medicine records, recording was clear and accurate. Staff told us that any errors would be recorded and reported to senior staff, such as when staff signatures were missing. There was clear guidance for staff for people who had medicines which were given 'as required' (PRN).

Staff were able to describe different types of abuse and what action they would take if they suspected abuse had taken place. There were policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. Records confirmed all care staff had received safeguarding training.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. Staff files had a completed application form listing staffs previous work history and skills and qualifications.

Is the service effective?

Our findings

At the last inspection in June 2015, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received training which effectively enabled them to support people living at the Warren.

An action plan was submitted by the provider that detailed how they would meet the legal requirements. At this inspection we found significant improvements had been made and the provider was meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had received training on its principles. However not all restrictive practices on people's daily lives had been fully explored and recorded in regard to the MCA. For example one person had restrictions in place in relation to their use of electronic equipment. There had been no mental capacity assessment completed and there was no clear rationale identified as to how the arbitrary timings connected to the use of the electronic equipment had been reached; such as by a best interest discussion. It was evident staff knew this person well and had been supporting them for an extended period of time; however the MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. There was no clear evidence this had taken place.

However there were clear mental capacity assessments evident for a range of areas such as medicines and in regard to where more complex decisions needed to be made. For example in regard to moving out of the Warren into another of the providers services. Records showed these had been discussed fully with people, various care professionals and next of kin in a best interest meeting.

The registered manager had made DoLS applications for people living at the service. One had been authorised and its conditions were adhered to by staff. Their care plan clearly stated why this was in place. DoLS protects the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by a supervisory body, to protect people from harm.

Staff were up-to-date with basic training which included areas such as safeguarding, infection control, medicines and epilepsy. In addition, they received training specific to understanding autism and how to support people and meet their individual needs. Staff told us they felt confident to support people, one staff member told us, "My training is all current; it has been useful to refresh parts and get updates as things can change."

All people's food and drink was prepared in one of the kitchens. There was a planned rolling menu. Menus were designed by staff in line with peoples identified preferences and choices. People's routines indicated they were regularly involved in food preparation. One person was overheard asking what was for dinner and expressed pleasure when they were reminded what they were having. Care staff undertook the purchasing of food and groceries. We saw the fridge was full and a wide selection of ingredients available. One relative

told us, "Never had any concerns with the quality or quantity of food available."

The service had systems in place to provide staff with supervision. We looked at minutes from supervision meetings and saw a range of areas had been discussed such as, training, updates on specific people they supported, and developmental areas. One staff member told us, "I have felt totally supported by the manager, can't speak highly enough of how they helped me." All staff told us they felt supported in their roles.

People received effective healthcare support from external health professionals. Relatives told us GP appointments were scheduled when required. We saw other health care appointments such as chiropodist and dentist were booked by staff on behalf of people on a regular basis. Staff recognised that people's health needs could change quickly. One staff member told us, "Knowing our residents as well as we do we are able to pick up if something is not quite right."

Is the service caring?

Our findings

At the last inspection in June 2015, the provider was in breach Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not had their privacy or dignity protected.

An action plan was submitted by the provider detailing how they would meet the legal requirements. At this inspection we saw improvements had been made and the provider had met the requirements of Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they liked the staff they were supported by. One relative said, "I can't speak highly enough about the carers that support our daughter, they know her inside out."

At our last inspection one person's privacy and dignity had not been respected as a result of their bedroom being used as a thoroughfare for staff, visitors and another person. At this inspection we found the provider had taken significant steps to adapt the premises to enable this person to have their own bedroom, bathing facilities and living space. Their relative said, "Very pleased with the work they have done to the house, so much better for them." Staff told us these adaptations to the physical environment had had a positive impact on the person. One staff member said, "They really love their own shower room, it's a great motivator for them in the morning." Another staff member said, "Just been fantastic for them since the changes in the building."

People were supported by staff who knew them well as individuals. Some of the staff had worked at the service and with people living there for in excess of six years and were able to talk to us in detail about people's needs, choices, personal histories and interests. Staff told us they used behavioural management strategies in line with people's care plans. We observed staff talking with people in a caring and polite manner and in a way they understood. Staff spoke with genuine care, warmth and affection about the people they supported. One said about the person they supported, "She makes me smile everyday about something or another, such a fun character." Staff told us about the regular 'tenants meeting'. One person chose not to sit in the communal room the meeting was held, however liked to listen and contribute to the meeting from upstairs in their room. Staff had been creative in how they had facilitated their involvement; and all staff spoke with enthusiasm at how these meetings were positive. They told us people had chosen to end these meetings with a group 'singalong'. One staff member said, "The meetings are so great, I can feel a bit emotional at the end after the singing."

People had timetables for each day, however they were supported and encouraged to make choices within the timetables. During our inspection one person had an routinely allocated period of time being supported 'one to one' by a staff member; it was evident the person was able to choose what they wanted to do during this time. People's likes and preferences were documented in their care plans. One staff member told us, "Having worked so closely with them for a long time I know them well and have the confidence to encourage their independence."

People's care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidential records. A relative told us they could visit at any time and were always made to feel welcome. They said, "We don't go to visit as often now but when we do we are always made welcome."

Is the service responsive?

Our findings

At the last inspection in June 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people did not receive responsive care that met their needs.

An action plan had been submitted by the provider detailing how they would meet the legal requirements. Improvements had been made and the provider had met the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found one person had not received responsive care due to the provider's failure to establish a stable, consistent staff team to support their complex individual care needs. We identified the pre-assessment process had not been robust. We spoke with the registered manager regarding the previous shortfalls with the provider's pre-assessment of this person. They told us, "The whole pre-assessment process has been revisited; it has been a positive point of learning for us as an organisation." They told us about the importance of them now being confident they can meet a person's care needs before they move in to one of the provider's services. They said, "Errors of judgment were made and we have looked at how we can improve and knowing which staff lead the whole pre-assessment process."

As the service was scheduled to close at the end of June 2016, staff had been working to ensure the remaining people had smooth transitions to other services the provider operated. The transition plans were comprehensive and contained evidence there had been a multi-agency approach. Discussions had included how the transitions should be undertaken, for example a phased or immediate move. It was evident decisions had been made with people's best interests and included a range of care professionals, staff and family who knew people well. People had been involved in making choices about colour schemes for their future rooms. Transition plans included actions and timescales, for example one identified that photographs of the new service needed to be taken so these could be shown to the person to initiate discussion and familiarity. Staff who would be working with people more regularly at the new services were being introduced into people's daily routines to encourage positive relationships to develop before their move.

Staff had a good understanding of people's individual support needs. Care plans contained detailed information and guidance about people's routines, activities, goals and training plans. There was guidance to ensure staff knew how to support people if they displayed behaviours that may challenge. For example behaviour support plans clearly identified people's triggers along with prevention, early intervention and reactive strategies. In addition, there was guidance on how people's autism may affect their day and routines. This information ensured staff supported people appropriately and consistently. For example how to manage when a person got caught in a cycle of repetition.

People's care plans identified they responded to clear and defined routines. Staff told us about a recently introduced method they were using with a person to assist with reducing anxieties with this. A staff member told us how they used the 'night time' routine to go through the plans for the next day. They said, "A really

simple innovation has been so effective to reassure them about what will be happening the next day." One person liked to know which staff would be supporting them on the 'next shift' and as such this information was clearly displayed as a prompt for them.

Both people living at the service routinely attended the provider's day centre facility. Staff told us about the activities people were involved in whilst there. One staff member said, "The drama and singing activities have been really positive" A relative told us, "My daughter really enjoys going there, chance to meet up with other friends, she can be so sociable." A staff member told us about one person's 'love' of trampolining and how the positive relationship they had formed with another person they went with made this a 'great session' for them.

The provider had allocated the service its own vehicle. The registered manager told us, "As we are quite remote it has been important for us to have our own transport." During our inspection people arrived back for the day care centre and relaxed into their own chosen routines. A staff member said, "There is a really nice flow and feel to the days and service." People's daily routine timetables identified what was planned but staff told us these were flexible. One person was spending time in their room reading and another using their computer. People's daily routines had been clearly recorded in daily records. These captured information on people's health, moods and behaviours and the activities they had taken part in. These were broken down into 'planned' versus 'actual.' Staff told us these were a useful tool when handing over information to other care staff.

There had been no complaints since our last inspection. The provider had a complaints policy and systems in place to track and respond in a timely manner. There were notices displayed within the service, in an accessible format, informing people what to do if they were unhappy or had a concern. A relative told us they would have, "No hesitation to raise concerns with the manager."

People and their relatives were asked for their views and opinions on the quality of service. All feedback reviewed was positive. People's comments in regard to activities they wanted to do in their free time had been implemented. The registered manager told us that if any issues raised required attention or action they would respond to these themselves.

Is the service well-led?

Our findings

At the last inspection in July 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Health and Social Care Act 2008 (Registration Regulations 2009). This was because the provider had not established systems or processes to drive up the quality of the service and was not consistently notifying the CQC of incidents where injury, harm or abuse had occurred to people.

An action plan was submitted by the provider detailing how they would meet their legal requirements. Improvements had been made and the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Health and Social Care Act 2008 (Registration Regulations 2009) had been met. However at this inspection we found not all these improvements were, as yet, fully embedded.

Since our last inspection there was a different registered manager in post. They were not new to the provider's organisation and had previously worked at the service in the capacity of deputy manager and as such knew people and the service well. Staff and relatives spoke very highly of the registered manager. Despite these positive comments we found there were areas which required improvement.

Although care plans contained a wide range of guidance for staff on how to support people; they also contained significant amount of historic documents which had been superseded. This made them more difficult to navigate and quickly identify information. For example both people's care plans identified they used Makaton as a means to communicate. Makaton is a language programme using signs and symbols to help people to communicate. However staff told us this was not current and people had used verbal communication effectively for many years. As both people were scheduled to move to other services, and would be supported by some staff who would not be as familiar with their needs, the content of care documentation would be used more frequently for reference. We spoke with the registered manager about this issue who agreed this was an area that required improvement.

At the time of our inspection the registered manager provided evidence the provider's head office function was undertaking a review of several policies and procedures. The MCA/DoLS was one of these being reviewed. The MCA/DoLS policy dated 2010, which was used at the time of our inspection, was not up-to-date with changes in legislation and provided limited guidance for staff in respect of the MCA. However staff had received training in this area and demonstrated a clear understanding about the principles of MCA and when a DoLS application was required. This is an area that requires improvement.

At our last inspection we found the acting manager did not have clear oversight of the service and quality assurance systems were not consistently effective at identifying areas that required improvement. At this inspection the registered manager had established routine quality assurance processes that either they, or care staff, completed on a daily, weekly or monthly basis. For example audits related to medicines, infection control and health and safety such as fire alarm testing. Quality standard audits were undertaken six monthly by the providers area manager. The most recent was November 2015. This had identified areas that

required attention, for example staff had been requested to sign care reviews. The actions were colour coded to identify importance and a clear timescale was set. The registered manager told us these audits were helpful to, "provide a fresh perspective."

At our previous inspection we found the acting manager had not been fulfilling their obligation to notify the CQC of events where injury, harm or abuse had occurred to people. At this inspection we found all reportable notifications had been submitted.

The registered manager told us they felt "very well supported" by the both their area manager and senior management. They said, "I can pick up the phone at any point and get support and guidance or just run something past them." The registered manager told us they were encouraged to engage in their own professional development and routinely undertook additional course and attended manager 'away days' where they could share best practice and request support. They said, "I have work for the organisation a long time; it's a great place to work."

Staff meetings were held monthly. These meetings provided an opportunity for staff to raise and discuss issues about key operational issues. Staff told us they found meetings constructive and could speak openly and share ideas. We reviewed minutes from recent meetings and a range of topics had been discussed from individual people's changing support needs to health and safety. One staff member told us about a recent 'team away day' which they said was, "really positive." Another staff member said, "The manager is so upbeat, they really listen. I think it's great they work some shifts on the floor as they have a real understanding our job." A relative told us, "The current manager has done well lifting morale; the staff seem much happier."