# Autism East Midlands

# Linby Drive

## Inspection report

14 Linby 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

This inspection took place on 16 July 2015 and was unannounced. Linby Drive provides accommodation and personal care for up to eight people with autism and learning disabilities. On the day of our inspection seven people were using the service.

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 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.

Staff ensured people were safe living at the care home and understood their responsibilities to protect people from the risk of abuse. Action was taken following any incidents to try and reduce the risks of incidents happening again. People received their medicines as prescribed and they were safely stored.

# Summary of findings

People were supported by a sufficient number of staff and staffing levels were flexible to meet people's needs. Effective recruitment procedures were operated to ensure staff were safe to work with vulnerable adults.

Staff were provided with a wide range of knowledge and skills to care for people effectively and staff felt supported by the registered manager. People received support from health care professionals when needed. People had access to sufficient quantities of food and drink and were able to choose the food they wanted.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and how this might affect the care they provided to people.

Positive and caring relationships had been developed between people and staff and staff had developed individualised communication techniques. Staff ensured people's views were taken into account when making decisions about their care. People were supported to make day to day choices. Staff treated people with dignity and respect and staff ensured their privacy was respected.

People were provided with care that was responsive to their changing needs and personal preferences. Staff encouraged people to be as independent as possible. There was a comprehensive and individually tailored programme of activities available. Staff took pride in the achievements people made. There was a clear complaints procedure in place and any complaints received had been appropriately responded to.

There were systems in place to monitor the quality of the service and these were well utilised and resulted in improvements being made. The registered manager led by example and staff felt able to speak with them about any concerns. There was an open and honest culture in the home.

# 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.

People received the support required to keep them safe and reduce risks to their safety.

People received their medication when required and it was stored and recorded appropriately.

There were sufficient numbers of staff to meet people's needs.

Good

**Is the service effective?**
The service was effective.

People were cared for by staff who received in depth support through training and supervision.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected and promoted.

People had access to sufficient food and drink and access to healthcare professionals such as their GP and dentist when needed.

Good

**Is the service caring?**
The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

Staff took account of people's views and involved people in making decisions.

People's privacy and dignity was respected.

Good

**Is the service responsive?**
The service was responsive.

People received the care and support they required and staff responded to changes in their needs. There was a comprehensive programme of activities which were individually tailored.

Complaints were responded to appropriately and relatives felt comfortable making a complaint.

Good

**Is the service well-led?**
The service was well led.

There was an open and transparent culture in the home.

The registered manager led by example.

Systems to assess the quality of the service were well embedded and resulted in improvements.

Good

# Linby 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.

We visited the service on 16 July 2015, this was an unannounced inspection. The inspection team consisted of two inspectors. Prior to our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications. A notification is information about important events which the provider is required to send us by law.

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 service, what the service does well and improvements they plan to make. We also reviewed the most recent report from the commissioners (who fund the care for some people) of the service.

During our inspection we spoke with two people who were using the service, three relatives, two members of care staff, the cook, a representative of the provider and the registered manager. We also observed the way staff cared for and interacted with service users in the communal areas of the building. We looked at the care plans of two people and any associated records such as incident records. We looked at four staff files as well as a range of records relating to the running of the service, such as audits, maintenance records and six medication administration records.

Good

# Is the service safe?

## Our findings

People were protected from the risk of harm and staff worked proactively to maintain people's safety. One person told us that they felt safe and that they were 'looked after' by staff. Although the majority of people had limited communication we observed people were very comfortable with staff and the registered manager. The relatives we spoke with felt their loved ones were safe living at the home and felt that staff took appropriate action if any incidents occurred. One relative said, "I know (my relative) is safe, they don't want to leave the home when I come to visit." We observed that the atmosphere in the home was calm and relaxed and staff supported people in an inclusive way.

The staff we spoke with were aware of different techniques they could use to support people to stay safe and reduce the risk of harm. For example, staff were aware that some people may respond to the behaviour of others by attempting to hit them. Staff told us how they recognised this may be about to happen and tried to distract people in order to prevent an incident. This was backed up by information in people's care plans about how to support them to stay safe. When incidents had occurred, the registered manager worked with staff to understand why it had happened and what could be done differently next time.

People and staff had access to information about safeguarding which was displayed in the home in prominent places. The provider had ensured staff received appropriate training and development to understand how to protect people. Staff were able to describe the different types of abuse which can occur and how they would report it. Information had been shared with the local authority about any incidents which had occurred in the home. The relatives we spoke with also confirmed that they were informed should any incidents occur which involved their loved one.

The relatives we spoke with felt that any risks to their loved one's safety were well managed. One relative said, "(My relative) has some mobility issues. Staff have managed this well." Another relative commented that staff recognised when their loved one was distressed and they worked to reduce any risks to people.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. We saw from the records of one person that there was a possibility of the person displaying behaviour that could cause harm toward themselves or others when they were agitated or distressed. A detailed care plan was in place which identified potential triggers for behaviour and what strategies staff should use to reduce risks to the person and to others. When we spoke to staff they displayed a thorough understanding of what techniques they should use to manage risks.

Staff worked to reduce the number of incidents that happened by analysing incident records to identify any patterns or trends. This information was used to identify if the care and support provided to people could be adapted. We saw that the number of incidents had greatly reduced since our previous inspection.

People were cared for in an environment which was well maintained and appropriate safety checks were carried out. Routine maintenance tasks were reported to a maintenance provider in a timely manner. Regular safety checks of the building were carried out such as testing of the fire alarm and gas safety checks.

The relatives we spoke with felt there were enough staff to meet people's needs. One relative said, "There always seems to be enough staff around when I visit." Another relative told us, "(My relative) is always going out with staff so I think that would mean they have enough staff to do this."

We observed that there were enough staff to meet people's needs. People received the support they needed at all times and staff were quick to respond to any requests people made. Five people were supported to attend activities outside of the home as well as activities being provided within the home. The staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people and to ensure they could take their planned rest days.

Whilst staffing levels were generally set to a particular level, there were systems in place to adjust staffing levels to meet the changing needs of people. For example, one person had required staff support to attend a healthcare appointment and the registered manager ensured extra

Good

# Is the service safe?

staff were available to support this. The provider was also in the process of recruiting a number of flexible support workers to work at the service to cover staff shifts or provide additional staffing as required.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The relatives we spoke with were satisfied with how medicines were managed. When people visited their relatives away from Linby Drive, staff ensured they took any medicines they required with them. Staff checked that people had taken their medicines on their return. We observed staff following correct procedures when administering people's medicines.

We found that there was good information about each person in respect of their medicines including any allergies, how the person preferred to take their medicines and how they should be supported to be as independent as possible. Staff received training in the safe handling and administration of medicines and had their competency assessed. The medicines people had taken were appropriately recorded and ordering was carried out in a timely manner. We saw that the temperature of the medicines storage room had exceeded the recommended limit on several occasions in recent weeks. The registered manager told us they would purchase equipment to cool the area during periods of warmer weather.

Good

# Is the service effective?

## Our findings

People were cared for by staff who were provided with the required skills and support. The relatives we spoke with felt that staff were well trained and competent. One relative said, "Staff get training in understanding (my relative's) condition. That really helps them to understand." We saw that staff received a wide variety of training covering areas such as safeguarding and first aid. Staff were also provided with training to help them understand the needs of the people they cared for, such as autism and learning disability. We observed staff supporting people and we saw that they were confident in what they were doing and had the skills needed to care for people effectively.

The staff we spoke with told us that they received the training they required for their role. One staff member said they had received, "Loads of training in every aspect needed." Staff demonstrated that they were knowledgeable about the people they were supporting. The provider had a plan in place to further develop staff using the recently introduced Care Certificate. The Care Certificate is designed to ensure all care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The provider told us prior to our inspection that they had recognised the need to provide training outside of normal working hours. This had enabled night staff and those working occasional shifts to receive the same level of training as all other staff. The provider told us they were a member of the 'Autism Alliance', a group of providers that specialise in caring for people with autism. As part of this, the provider attended focus groups aimed at identifying areas of best practice and where improvements can be made to further improve the effectiveness of the care staff provided.

We saw evidence that staff had undergone a comprehensive induction comprising of shadowing experienced colleagues and attending various training courses. The competency of new staff was assessed prior to them providing care and support to people. Staff also received regular supervision and an annual performance appraisal. Staff told us they felt very well supported through supervision and also that they felt able to approach the registered manager at any time.

People were supported to provide consent to the decisions they were able to make themselves. Staff understood that people's ability to make certain decisions varied and people were empowered to give consent where they were able. For example, one person had been assessed as lacking capacity to make many decisions themselves. However, staff recognised that this person had the capacity to vote in a recent election and supported them to do so. The views of other people such as relatives and healthcare professionals were taken into account where applicable.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). The staff we spoke with had a comprehensive understanding of the MCA and described how they supported people to make decisions. Staff had been provided with training in understanding the importance of the MCA. When people had been deemed to lack capacity to make a decision there were completed MCA assessments and best interest decision assessments in place. These clearly showed the nature of the decision that was being assessed.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and had followed appropriate procedures where it had been deemed necessary to restrict people's freedom to leave the home. People were supported to leave the home when they wished to and we observed staff taking people out of the home at various points during the day.

People who sometimes communicated their feelings through their behaviour were supported effectively by staff. There were occasions where staff had to restrain people in order to maintain their safety. Staff had received training in the use of appropriate techniques and one of the care plans we looked at detailed the type of holding technique to be used. In their Provider Information Return (PIR) the provider told us that they were looking at ways to reduce restrictive practices across all of their services. We saw that this was the case at Linby Drive and staff supported people in a person-centred way which reduced the need to restrict people's freedom.

People were supported to eat and drink enough to help keep them healthy. The relatives we spoke with told us their loved ones got enough to eat and drink and enjoyed the food. One relative said, "The staff have to be careful what they give (my relative) but I know they get enough to eat."

We observed the lunch time meal and saw that people were supported to make choices about what they ate and

Good

# Is the service effective?

to be as independent as possible by collecting their meals from a serving hatch. Where people needed support to eat, this was provided in an informal and supportive manner. The staff sat and ate with people and spoke with them during the meal and the atmosphere was relaxed. One person chose to eat their meal in their bedroom and we saw that this person was supported by a staff member to collect their meal from the kitchen.

The staff we spoke with told us people got enough to eat and that there was 'plenty of choice of food for people' and this was confirmed by our observations. There was information about people's likes and dislikes in the kitchen and the cook was aware of any specific dietary requirements people had. Where staff had concerns that one person was underweight and not eating enough food they had contacted a healthcare professional for advice. The person was provided with supplements to boost their intake and staff ensured these were provided as necessary.

People had regular access to a range of healthcare professionals when required. The relatives we spoke with also confirmed that their loved one regularly saw professionals such as their GP or a nurse. One relative said, "I accompany (my relative) to their appointments and staff will arrange whatever appointments are necessary." The registered manager told us they worked hard to ensure people could access the services they needed and were not discharged from a service too early.

The staff we spoke with had a clear understanding of the system in place for people to access external professionals. One staff member said, "If there is anything that needs addressing, it will get addressed straight away." Staff accompanied people on their appointments to ensure that any information was understood and properly recorded. The registered manager invested a lot of time and made detailed plans for one person to attend a hospital appointment with the support of three members of staff to provide the reassurance they needed. Where it was required, staff arranged for professionals to visit people in the home.

People were provided with swift access to services such as their GP and dentist. The provider had also recently employed various healthcare professionals, such as a psychiatrist, to ensure that people had fast access to services they may need. Whilst people still had access to community based healthcare professionals, they could also contact those professionals employed by the provider for additional support when required. Staff responded to any changes in people's needs by contacting the most appropriate healthcare service. For example, one person had been referred to the dietician due to concerns about their weight. The advice given by the dietician was recorded in the person's care plan, had been reviewed and was being acted upon by staff. The person's weight was being regularly monitored and a detailed care plan was in place which told staff when they should refer to healthcare professionals. We witnessed the person's care plan being followed by staff at lunchtime and appropriate support was provided.

Good

# Is the service caring?

## Our findings

One person told us that they were 'happy' at the service and felt that staff 'looked after' them. The relatives we spoke with were highly complimentary about the relationships staff had formed with people. One relative said, "It is more than just a job for them, the staff really do care." Another relative told us that their loved one was so happy at the home they did not want to leave when they arrived to collect them for a visit. Linby Drive had received two recognised accreditations for the way in which people who used the service were cared for, from CARF International and the Gold Standards Framework for end of life care. CARF International assists providers to demonstrate that they meet internationally recognised standards in caring for people. The Gold Standards Framework involves a continuous assessment over a two year period.

We observed many positive interactions throughout our visit between staff and people who used the service even though many people had limited communication. We saw one person being supported with an activity and staff used gestures and signs to encourage and praise the achievements of the person. Another person was supported by staff using positive and enthusiastic verbal prompts to come downstairs and collect their lunch from the kitchen. This person had previously relied on staff to take their meals to them upstairs and had only more recently been coming downstairs into more communal areas with staff support. Staff spoke about people in a positive manner and were clearly proud of the achievements the person had made in becoming more independent.

People were supported by staff who knew them well and understood their individual needs. Staff gave detailed information about how people preferred to be supported which matched the information in care plans. We witnessed staff talking with people about their interests, actively engaging with them to pursue these. Staff told us that they felt all staff were caring towards people who used the service. One staff member told us that there were 'definitely' caring relationships between staff and people and that it was 'impossible not to be [caring]'. We were told by staff that they got plenty of time to engage in activities and individual interests with people throughout the day and we observed this to be the case.

Whilst people were not always able to be involved in making decisions about the care they received, staff used innovative techniques to ensure their views were taken into account. For example, staff would monitor people's reaction when receiving care or being supported with activities. This information was used to inform the review of people's care plans to determine whether any alterations needed to be made. The relatives we spoke with confirmed they had been involved in providing information about their loved one and were kept up to date when any changes needed to be made to their care.

We observed staff help people to make choices, such as what they wished to eat, by communicating in a way that they could understand. Staff ensured they made eye contact with people and were able to use alternative communication techniques such as sign language. One person did not respond to conventional verbal communication and all staff were aware of the best way to engage with them. We saw the positive impact that this communication had on the person who would smile when engaged with.

Staff encouraged people to go into the community or access some fresh air each day, however respected people's wishes if they chose not to. The staff we spoke with also told us they involved people in making decisions about their care and support. There had been an assessment of people's needs, likes and dislikes upon admission to the home. This information was used to form their care plans and people's wishes were taken into account in the way they were cared for.

Information was on display about advocacy services and the manager gave us an example of when a person had been referred to the advocacy service. Advocates are trained professionals who support, enable and empower people to speak up.

The people we spoke with confirmed that they liked the staff who worked at the service. The relatives we spoke with were complimentary about staff and the way in which their loved ones were treated. One relative said, "The staff all seem to be very respectful and patient with (my relative)." Another relative commented, "As far as I am aware the staff treat people very well."

We observed staff respecting people's privacy and dignity when supporting them. For example, staff made sure that people were dressed in a way which protected their dignity.

Good

# Is the service caring?

This support was carried out by staff in a professional and unobtrusive way. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this such as knocking on people's bedroom doors and ensuring that the door was closed if they needed the bathroom. Information about what dignity meant to people was contained on the front pages of care plans and it was embedded in the support that we saw being provided to people.

Staff had an appreciation of the importance of people's independence and we saw examples of staff supporting people with this throughout the day and especially at mealtimes. Consideration had been given to people's individual needs in relation to accessing their bedrooms and people were supported to do so in a range of ways from being independent in using their own keypad to being able to communicate to staff that they wished to access their room. People also had access to quieter areas should they require some private time.

Due to the needs of people using the service, visits by family members were usually pre-arranged, however there were no unnecessary restrictions on people visiting the home.

Good

# Is the service responsive?

## Our findings

The relatives we spoke with felt their loved one received the care and support they needed and that staff were quick to respond to any changes. One relative said, "(My relative) is very happy and I am sure staff provide the care they need." Another relative commented, "They do lots of activities and (my relative) goes out a lot, they seem to know what activities (my relative) likes."

Activities within and outside of the home took place on a daily basis and we saw people coming and going with the appropriate support throughout the day of our visit. A dedicated activities room was available and we saw that activities were tailored towards individuals. Each person had access to their own items which staff engaged them with. On the day of our visit four people were supported to attend crazy golf, one person was supported to go out with external staff support and two people were supported to engage in activities with a visiting activities co-ordinator. People were provided with activities tailored to their needs and things they enjoyed. For example, some people were supported to attend an autism appropriate pantomime show and others enjoyed regular hydrotherapy sessions.

Staff had an excellent knowledge of people's preferences and how they liked to spend their time and how they preferred to be supported. Information about how people had responded to activities was recorded and used for the future planning of activities; the activity timetable had recently been updated to reflect this. Detailed information was in care plans about how staff should support someone if they declined to take part in an activity, including exploring possible reasons for this and offering alternatives. Staff had worked with a Speech and Language therapist on a project to better identify the activities that people wished to take part in. This resulted in person centred activity plans being created for people.

We saw information about people's preferred daily routines and how they liked to be supported was in their care plan. Each person had time set aside when they were supported to carry out independent living skills such as baking, doing laundry and shopping. Although the cook brought most of the food items required, people were supported by staff to purchase a few items from the shopping list each week.

All of the staff we spoke with, the registered manager and the visiting activities co-ordinator described how staff had worked positively with one person who had developed in a positive way since moving to the service. The person had initially declined to spend their time in communal areas of the home and had spoken to visitors and staff through their bedroom door. Staff spoke of the achievements of the person who was supported to spend time in the garden engaging in an activity they enjoyed and that they had come into the office to speak with a visiting professional. The person was now coming into more communal areas of the home on a daily basis to collect their meals and return their dishes at the end of mealtimes. We witnessed the positive impact that this gradual approach to building the persons' confidence and relationship with staff had on the person, who engaged with us briefly on several occasions throughout the day.

The relatives we spoke with told us they were aware of how to make a complaint and would feel comfortable in doing so. One relative said, "I have a copy of the complaints procedure or I could go through the website. I would have no hesitation making a complaint." Another relative said, "I feel able to talk to the manager and would resolve any issues with her. She seems very approachable."

An easy read complaints guide was visible at the home and staff displayed good knowledge of how they would respond to any complaints made. One staff member told us, "It might be easily fixable. If not our complaints procedure is on the noticeboard or people can use the website." The staff member gave us an example of when a complaint had been responded to and the outcome shared with the staff team.

People could be assured their concerns would be responded to. There was a clear procedure for staff to follow should a concern be raised. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the manager. The complaints received had been responded to in a timely manner and resolved to the satisfaction of the person making the complaint.

Prior to our inspection, the provider told us the ways in which they wanted to further improve the service by responding to the feedback people and their relatives provided. This was also confirmed by the registered manager and provider during our inspection, who demonstrated their wish to continually respond and improve the quality of the service.

Good

# Is the service well-led?

## Our findings

The relatives we spoke with told us they felt the culture of the home was open and transparent. One relative said, "If anything happens they are straight on the phone to tell me. They don't try to hide anything." Another relative said, "It always seems relaxed when I visit and staff are very happy to talk to me."

People benefitted from an open and transparent culture in the home. One staff member said, "It really is an open environment – you feel comfortable that you can say what you think and it will be considered by the manager and acted upon as necessary." Staff told us that they would feel confident that they would be treated fairly if they made a mistake and would be willing to tell the registered manager. One staff member told us that 'help would be there if I needed it' and that they would report any concerns.

Staff told us that they felt confident speaking to management on an informal basis. We saw that staff had regular supervision and staff told us that team meetings were held regularly and were a two way process. Records confirmed that staff were asked how they were doing, whether there were any problems and whether they needed further support or training. We could see that staff enjoyed working in the service, they looked happy and they told us they enjoyed their job. We observed them working together as a team and they were organised and efficient.

People had a good relationship with the management team and this was evident during our visit. We saw the registered manager interacting with people and they clearly knew people's personalities very well and engaged in an open and inclusive way. One person spoke with the registered manager about which staff were on shift and we saw the registered manager responding appropriately and calmly. The person told us that the registered manager was in their 'office clothes'. The registered manager dressed differently depending on whether they were carrying out office duties or providing care to people. This was an effective way of communicating to people what role she was carrying out on any given day.

Staff told us the registered manager led by example and had a 'hands on' approach to running the home. One staff member commented, "If [the manager] hears an incident she will come out of the office to support." We observed this to be the case during our inspection. Different staff told us that the registered manager sometimes worked shifts providing care and support to people. Staff felt this enabled them to better understand people's needs and the work staff were doing.

There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were delegated to staff to carry out, such as the ordering of medicines and responsibility for auditing people's finances. Resources were provided to enable staff to meet people's needs, for example the provider had recently awarded the home a sum of money to purchase more equipment for activities.

There was a registered manager in post and she understood her role and responsibilities. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The relatives we spoke with told us they were aware of different ways in which they could provide feedback about the service and felt their views were taken seriously. One relative said, "I received a survey and I am in regular contact with staff anyway." The other relatives we spoke with confirmed that they were regularly asked for their views about the quality of service being provided to their loved one.

There were systems in place to monitor the quality of the service provided. Audits were carried out internally by the manager such as regular medication audits, care plan and finance audits. Where any issues were identified issues these were addressed by the registered manager with staff immediately. An unannounced visit by the provider had taken place recently which recommended that relatives were kept updated of people's support and activities. This had been embedded by the time of our inspection. Suggestions received from staff, people and relatives were taken on board and acted upon where possible. For example, one staff member had suggested that the staff team would benefit from the use of a 'sat-nav' when taking people out in the community and told us that this had been acted upon.