

Salisbury Support 4 Autism Limited

Holt Road

Inspection report

28 Holt Road
Wembley
Middlesex
HA0 3PS

Date of inspection visit:
21 March 2018

Date of publication:
08 May 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

Holt Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Holt Road is a care home providing personal care support and accommodation for up to five people with autistic spectrum conditions, complex communication needs and behaviours that challenged the service. At the time of our inspection, five people lived in the home.

At our last inspection on 31 March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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.

Holt Road had robust system, processes and practices to safeguard people from abuse and avoidable harm. Potential risk to people was assessed and their safety was monitored and managed to ensure people stayed safe and their freedom was respected. Sufficient staff were deployed to meet people's needs and safe recruitment practices ensured only staff suitable to work people was employed. Medicines were managed safely and people can be confident that they received their medicines as prescribed. Appropriate infection control prevention ensured people lived in a clean home. Lessons were learned from incidences and accidents to minimise the risk of these happening again.

People's needs were assessed to ensure Holt Road was able to meet their complex needs. Care staff had access to a wide range of training, which also included training specific to people's needs. People had a choice of a nutritious and well balanced diet, which was freshly prepared by care staff. Holt Road accessed specialist support if needed. People lived in a well maintained and decorated home, which provided space to relax and socialise. 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 did support this practice.

Relatives told us that people were treated with respect and kindness and care staff demonstrated compassion and understanding for people's complex needs. People who used the service were encouraged and supported to express their views. People's privacy, dignity and independence was respected and promoted.

Peoples care was personalised and responsive to their needs. Complaints and concerns were taken seriously and responded to appropriately. The service does not provide end of life care.

Relatives and staff spoke positively of the changes in management and practice. Staff were motivated and felt supported by in their role and were on board with the registered manager's vision for the service. Relatives, people and staff were provided with the opportunity to give feedback on the service, which was then acted upon. A variety of audits were in place to assist the registered manager in driving improvement across the service. The registered manager and staff group worked alongside other agencies in order to obtain the appropriate care and support for people.

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.

Holt Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 21 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one inspector. Prior to this inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

People who used the service had complex needs and were not able to communicate with us verbally. We therefore used observations to assess the quality of care provided to we observed interactions between staff and people who used the service. We contacted relatives and received feedback from three relatives. We spoke with three staff members, the registered manager and the head of care.

We looked at three people's personal care and support records, personnel records for four staff and records relating to the management of the service such as staff training and supervision records, meeting minutes, records of checks and audits, action plans and safeguarding records.

Is the service safe?

Our findings

Risks to people had been assessed and were reduced through their plans of care. One member of staff told us, "Care plans and risk assessments provides the staff with the necessary information and tell us what we need to do to keep residents safe." One relative told us, "[Persons name] is very safe at Holt Road, the staff are excellent, I am so happy with the care he receives."

People had detailed plans of care and risk assessments to guide staff in maintaining their safety. People were encouraged to be as independent as possible and the risk management plans within the home supported this practice. Detailed guidance had been developed for staff to follow in reducing the known risks to people. A number of people living at Holt Road displayed behaviours that may challenge services. People were supported through consistent scheduling of their day and interaction from staff to provide reassurance and reduce the likelihood of people becoming unsettled and displaying behaviours that may challenge.

People were supported by sufficient numbers of staff deployed that had been subject to safe recruitment procedures. These included two references, criminal records check, proof of address, the right to work in the United Kingdom and proof of identification. One member of staff told us, "We have most of the time enough staff available and can always speak to the manager if we require extra help." We reviewed the staff rota and found that sufficient numbers of staff were deployed to meet people's care and support needs safely. The staff rota considered people's leisure and recreational routines to ensure that they could be supported to be active members of the local community.

People were protected from harm and the risk of harm because staff were confident in the action that they should take to maintain people's safety. One member of staff told us, "I always report any concerns I have and [registered manager name] will be dealing with it." All staff had received training in how to safeguard people from harm and were confident in applying the learning from this training. Information on how to report concerns was readily available for staff to follow. The registered manager had not been required to investigate any safeguarding concerns. However, systems had been established to enable them to do so if required.

People could be assured that they would receive their prescribed medicines safely. One member of staff told us, "I had training and my competency was assessed before I was able to administer medicines to residents." We reviewed the Medication Administration records (MAR) charts for the people living in the home and found that these were completed accurately. People had detailed plans of care to guide staff in how to administer their medicines. People who were required medicines to be given 'when required' had comprehensive guidelines to support staff to know when they should administer this medicine.

Accidents and incidents were reported and analysed by the registered manager and action was taken to reduce the likelihood of accidents or incidents reoccurring. For example, in response to one person demonstrating an increase in behaviour that challenged the service. The registered manager made contact with the internal behaviour specialist to have the person's behaviour intervention plan reviewed and

updated with more appropriate guidance for staff to respond to such behaviours. As a result the person had become more settled.

The home was well maintained and cleaning schedules were completed to ensure that all areas of the home were clean and protected people from the risk of infection. Staff who prepared meals within the home had received food hygiene training and the home had a five star food hygiene rating.

Is the service effective?

Our findings

One relative told us, "[Persons' name] has lived at Holt Road for a long time. They really know him well and understand what he needs. If he is happy, I am happy." Relatives told us they were involved in discussions about the care offered and the registered manager or key worker would contact them and update them of any changes. One relative told us, "They call me once a week, without fail and tell me what has happened." We saw that detailed and comprehensive assessments were completed with the person and other health care professionals prior to moving in to Holt Road. The admission also included a well thought through transition plan. The transition plan enabled prospective people to test Holt Road and see if they want to live at the home, and gave staff the opportunity to assess and judge if Holt Road was able to meet the prospective persons need.

People told us they were supported by staff who knew how to care for them in the right way. Staff told us that the training they had received and were offered was useful and related well to the people they cared for. For example, one staff member told us, "The training is good and it has helped me to understand the people much better, in particular why they behave in certain ways." Another staff member told us, "The manager is very encouraging and will always look for opportunities to help me to progress." We saw that care staff received regular one to one supervisions and annual appraisals to review their performance and discuss their development.

Since our last inspection Holt Road had developed new creative ways to enable people who had verbal communication difficulties to choose their menu. The home had developed three large lever arch folders with pictures of varies hot and cold meals. Every Sunday people who used the service met to plan their menu for the coming week. One staff member told us, "We show each person two different pictures, once the person has made their first choice, we come back five minutes later to confirm if the person is still happy with their choice. This helps us to understand the person's choice much better." People had access to the kitchen and were able to make snacks and drinks on their own with the help of care staff. The menu was varied, but also had a strong emphasis on cultural dishes. For example people were provided with Asian, Indian, Halal and West Indian dishes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's views and wishes were respected and staff sought peoples consent before they provided care and support. Staff we spoke with understood their roles and responsibilities in gaining people's consent and what this meant or how it affected the way the person was to be cared for. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their wishes.

We saw people were supported to access health care professionals when they needed this. The team had

built very positive working relationship with the local learning disabilities partnership, in particular in respect to the management of behaviours that challenge the service. This was in addition to the provider's internal behaviour intervention team, which was providing support in form of training to the staff team. The behaviour intervention team was also working in corroboration with staff, team, people, relatives and health care specialists in developing proactive behaviour intervention responses with the aim of reducing behaviours that challenge the service. We noted improvements from our last inspection in particular how settled people were and how positively they related to staff they clearly knew, respected and liked.

People had their own private bedrooms and had access to a communal bathroom and separate toilet facilities. People were seen to access communal areas freely and independently. People had access to a garden area where they had access to a large trampoline, a separate annexe building which can be used for activities and vegetable patches to grow their own fruit and vegetable in the summer.

Is the service caring?

Our findings

Relatives told us all staff that supported people were kind and caring towards people who used the service. There was a strong, person centred culture within the home and people's wishes and choices were respected by staff. We saw people were relaxed around staff, staff chatted about things they had done, and what they were looking forward to doing. Staff empowered people to take control of their daily lives, make decisions and maintain their independence as much as possible.

We found that people using this service had varying degrees of ability and we saw that some could challenge the service. The staff approach and ethos of the service was focused on people's strengths and talents. People were treated as individuals and had outcome focused care plans which they were involved in completing and reviewing on a monthly basis. They included information about people's areas of strength, special interests and how they made choices. We saw that people's goals had been agreed with them and their choices respected. We also saw that people could have access to an advocate if they felt they were being discriminated against under the Equality Act, when making care and support decisions.

Staff told us that they always tried their best for the people they supported, as they wanted them to receive good quality care. One staff member said, "I really enjoy what I am doing, it's more than just a job. You have to enjoy it. I always try to give 100%." Staff responded to people in a proactive way that enabled them to predict people's mood and behaviours and reduce the likelihood of any behaviour that may challenge the service. The registered manager informed us that having staff with the right values and skills was essential and during the interview process questions and tasks were designed to highlight individuals values and attitudes to ensure they matched the values that were at the heart of the service. Staff interactions with people were kind and respectful. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them.

Staff told us and gave us example of how they promoted people's dignity and privacy. For example staff said that it is important to give people their own personal space to enable them to do what they want on their own. People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs. Staff understood their responsibilities for maintaining confidentiality, in particular the importance of not leaving confidential information lying around where people who were not authorised to do so could read it.

Is the service responsive?

Our findings

Care plans were person centred and comprehensive, identifying people's background, preferences, communication and support needs. Relatives told us that they were invited to care plan reviews and that their contribution mattered. Each plan was tailored to address any identified areas of need and to play to each person's strengths, ensuring optimum progress to reach their goals and achieve positive outcomes. For example, the registered manager told us that the home was working closely with parents to find better ways of communicating more effectively with people who used the service.

People and their relatives were involved in the assessment and planning of their care through regular review meetings. Throughout our inspection we observed that staff supported people in accordance with their care plans.

People were supported to follow their interests and take part in social activities. Each person had an activity plan that included support with life skills and leisure and recreational activities. During the day of our inspections we saw that people went to different planned and unplanned activities. This included walks, shopping, swimming and day centre. We saw in people's care plans and daily records that people go regularly to the park to play football, horse riding and swimming.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they were given. The registered manager showed us good examples of work already been done, for example the picture menu cards, but acknowledged that there was further room for improvement.

Relatives and staff we spoke with did not express any concerns or complaints to us. Everyone felt listened to and felt the registered manager and provider were receptive and responsive to any concerns. The provider shared information with people about how to raise a complaint about the care they received. There was a complaints procedure in place and this was available in pictorial form if required. The complaints log showed that two complaints had been received in the last year. There were procedures in place to deal with complaints effectively and records were fully completed with a lessons learned section so that the service could use the outcome of the complaint to make improvements at the service.

Is the service well-led?

Our findings

Relatives and staff we spoke with felt involved in the service and felt able to share ideas with the registered manager. We saw that regular resident meetings were held, which covered topics such as meals for the following week, up and coming activities and what people would like to do in the near future. Staff told us they felt supported and had regular meetings to discuss any changes. People and staff we spoke with told us they were happy with the way things were run and would not make any changes to the service.

At the time of our inspection there was a registered manager 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 2008 and associated Regulations about how the service is run.

The registered manager told us that she was currently in the process of recruiting a new deputy manager to fill the vacant post. The registered manager was supported by an operation manager and compliance manager to implement strategies and policies to improve the running of the home and the quality of care. Staff told us that managers were approachable and regularly visible in the home. All staff we spoke with told us they felt a sense of pride and felt listened to and valued by the provider's organisation.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning.

There were systems in place which gave staff responsibilities for the checks and running of the service, such as maintenance checks within the service. These were reviewed and where necessary actioned by the registered manager and escalated to the head office if the home was not able to resolve the issue. The quality of care was regularly monitored and continuous improvements made to ensure sustainability. Audits were carried out and included infection control practices, medication, environmental checks, care plans and daily records and health and safety. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.