

Autism & Aspergers Support Ltd

Autism & Aspergers Support Ltd

Inspection report

3 Hampden Terrace
Latimer Road
Eastbourne
East Sussex
BN22 7BL

Tel: 01323720871

Date of inspection visit:
11 May 2016

Date of publication:
25 July 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

3 Hampden Terrace provides personal support for up to three people with Autism and Asperger's. The home is a terraced property in a residential area of Eastbourne, within walking distance of the town centre and bus routes to access other areas. People living at 3 Hampden Terrace are supported to be as independent as possible, make choices about all aspects of their daily lives and maintain strong links with the local community.

A registered manager was not at the home at the time the inspection. A manager had been appointed they were at the home for the inspection and said they would be applying to register as manager with Care Quality Commission (CQC). 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.

This inspection took place on 11 May 2016 and was unannounced.

The quality and monitoring system was not effective in all areas and had not identified some issues, such as the removal of medicine records that were no longer required. The operations manager was aware of these shortfalls and action was being taken to address them.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected.

People were assessed before they moved into the home to ensure staff could meet their needs, and support plans, including risk assessments to ensure their safety, were developed from this information. Support plans had been reviewed and people and their relatives were involved in discussions about the care and support provided. Staff showed they understood people's needs and provided the support people wanted.

There were enough staff working in the home to meet people's needs and appropriate recruitment procedures were in place to ensure only suitable people worked at the home. Staff supported people to be independent and as such the routines of the home included people being responsible for their washing and keeping the home clean and tidy.

People said they felt safe and staff had attended safeguarding training. They demonstrated a good understanding of how to protect people from abuse and what action they would take if they had any concerns.

The home was clear and comfortable, people had personalised their rooms with pictures and had their own

TVs and music centres with CDs and DVDs of their choices. They were encouraged to take part in activities that interested them and continue with hobbies if they wanted to and people said staff supported them to do things they were interested in.

People told us the food was good. They decided what they wanted to eat; shopping was arranged on this basis and some people cooked their own and other people's meals.

People had access to health professionals as and when they required it. The visits were recorded in the support plans with details of any changes to support provided as guidance for staff to follow.

A complaints procedure was in place. People said they knew how to complain, but they did not have anything to complain about.

Feedback was sought from people, their relatives and other visitors to the home and people said they had regular meetings when they could discuss anything.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

System for the management of medicine records was not always appropriate and did not ensure people's safety.

Risk to people had been assessed and managed as part of the support planning process. There was guidance for staff to follow.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

The premises were well maintained and people were involved in the running of the home.

Is the service effective?

Good 

The service was effective.

Staff had received fundamental training and provided appropriate support, to meet some people's needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

People had access to healthcare professionals when they needed it.

Is the service caring?

Good 

The service was caring.

The staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with respect.

People were encouraged to maintain relationships with relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they moved into the home.

People's support was personalised and reviewed and updated as required.

People decided how they spent their time, with support from staff.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The system for monitoring the quality of the service was not effective.

Staff were aware of their roles and responsibilities, but felt there had been no clear lines of accountability for some time.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

Autism & Aspergers Support Ltd

Detailed findings

Background to this inspection

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

This inspection took place on the 11 May 2016 and was unannounced. The inspection was carried out by one inspector.

We looked at information we hold about the home including previous reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at complaints and notifications. A notification is information about important events which the home is required to send us by law.

As part of the inspection we spoke with all of the people living in the home, three staff, the manager and the operations manager.

We observed staff supporting people and reviewed documents; we looked at two care plans, medication records, two staff files, training information and some policies and procedures in relation to the running of the home.

People were fully involved in the inspection and spoke positively about the support they received from staff.

Is the service safe?

Our findings

People told us they felt safe living at 3 Hampden Terrace and were complementary about the home itself and the staff who supported them. They said, "Yes I like my room here and staff are here all the time" and, "I have everything I need." Staff had attended training in supporting people safely; they had a good understanding of their needs and enabled people to be independent as much as possible. There were enough staff in the home to provide the support people wanted and there was a 24 hour on call system in place for support or advice if needed. However, despite people sharing positive views, we found that improvement was needed to make sure people were safe at all times.

The records in the care plans with regard to prescribed medicines were not clear. Records showed that people were prescribed medicines and that they should continue to have them; However people had completed the course or no longer needed them, therefore these records should have been removed. The operations manager said staff were aware of this. However, there was the potential for medicines to be continued when they were no longer needed, particularly when staff were on holiday or sick and staff from another home were supporting people, which may put people at risk.

Medicines were kept in a locked cupboard in the office and were checked at the beginning of each handover, by the staff member who had completed their shift and the one starting theirs. The records were clear, demonstrated staff carried out regular checks and were signed by both staff. Medicine prescribed on an as required basis (PRN) was recorded and there was clear guidance for staff to follow to ensure these were given when needed, such as paracetamol for pain. Staff said the guidance was very clear and PRN medicines were only given when necessary and after discussions with the manager, such as Lorazepam, which can be used to reduce anxiety. One member of staff said, "We ring the manager if they are not here and discuss the person's behaviour and what we have done to support them and only if have been agreed do we give the medicine. It is very rare that we have to do this."

The ordering and storage of medicines was appropriate and each person was supported to take their medicines, depending on their specific needs. For example, one person's goal was to remember to go to the office to have their medicines within a fifteen minute timeframe. Staff said they were reminded at times, but the aim was for them to be independent and take responsibility for asking for their medicines. The MAR included a photograph of each person, information about allergies and guidelines for staff and were signed when medicines had been taken by each person.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood the different types of abuse and described the action they would take if they had any concerns. Staff had read the whistleblowing policy and stated they would report any concerns to the manager. If they felt their concerns had not been addressed to their satisfaction they would contact the local authority or CQC. Staff said the contact details for the relevant bodies were available in the office and they could all access these if they needed to. Staff said they had not seen anything they were concerned about and people told us they felt, "Very safe."

Risk assessments had been completed depending on people's individual needs. They were specific and included guidance for staff to follow to ensure people were supported to be independent in a safe way. A risk profile identified an area where a person was at risk. For example, they may not be aware of their own or other people's safety in the home. Risk reduction measures were in place to support people to maintain a healthy lifestyle and to ensure they remained safe at all time in the home. Such as switching off electrical equipment in their bedroom. This meant they were able to decide how they spent their time in their room watching TV or listening to music safely. Staff said it was important for people to be independent. One said, "We are here to support people to be independent and to help them develop the skills to enable them to make safe decisions."

People were cared for by a sufficient number of staff to meet their individual needs. One person told us, "There are enough staff." Staff told us they had enough time to support people without being rushed and staff had a good understanding of people's needs; they spoke confidently about the support they provided for each person living in the home. One member of staff said, "We offer calm support, we know what may make people anxious, and we know how to support people to remain calm." We saw that staff were not rushed, there was a relaxed atmosphere and staff provided the support people wanted.

Recruitment procedures were in place to ensure that only people suitable worked at the home. We looked at the personnel files for two staff; they included relevant checks on all prospective staff suitability, including completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK.

Accidents and incidents were recorded and staff told us they reported these to the manager and discussed them to understand why they had occurred to prevent a re-occurrence. Staff were aware of people's needs through the risk assessment process and they ensured people understood what the risks were and how they could be reduced. Such as a person whose balance was sometimes compromised and they were at risk of tripping up if the floors were not clear. People and staff knew the floors should be kept clear of any wires and objects and this was recorded in the care plan.

There was a system in place to deal with any unforeseen emergencies. Staff were aware that people needed different levels of support to leave the building, if there was an emergency, and staff were confident people could be evacuated quickly and safely. The manager or one of the staff were on call each night if they were needed and staff felt this system worked well, although they did not usually need to contact the on call person, they were confident that support systems were in place if they needed them.

There was on-going maintenance in the home, staff said health and safety checks were completed regularly and the records supported this. These included lighting, hot water and legionella, call bells, windows and door locks monthly and electrical equipment yearly. A fire alarm system was in place, fire safety equipment and extinguishers were checked and fire training was provided and included a practiced evacuation with people and staff leaving the building. Staff said they had all attended. External contractors maintained the electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details. First aid boxes were checked regularly and a cleaning schedule ensured the home was clean; records showed there were regular temperature checks on the fridge and freezer and cooked meats to ensure they were safe to eat.

Is the service effective?

Our findings

People said staff provided the support they needed. They told us, "I like the staff, they look after us." "They are always doing training" and, "I like the food, I have what I want." Staff said they had the training they needed to understand people's needs and provide the support they needed.

People were being supported by staff who had the opportunity to maintain their skills and knowledge. Staff said they had to attend the training, which enabled them to have an understanding of people's need and the skills to offer appropriate support. They told us, "We do all the usual training, like safeguarding, infection control, food hygiene and medication." "We know what training we have to do and there is always a list of training in the office so that we know what is available" and, "We all do positive behavioural support training, which looks at triggers and reducing anxiety in a positive way rather than negative comments."

Staff had attended training and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to freedom and liberty, these had been authorised by the local authority as being required to protect the person from harm. Staff explained that people living in 3 Hampden Terrace were able to make decisions about the support provided, but there may be times when the choices they made were not safe. Staff said as far as possible they discussed any safety issues with each person, and their representative if necessary, and agreement was generally reached this way. Staff were aware that an application for a DoLS had to be made to the local authority and would only be agreed if it was felt to be in the person's best interest. Staff demonstrated an understanding of mental capacity. One said, "We assume people have the capacity to make decisions" and, "People make decisions about everything unless what they want to do puts their safety at risk, then they are assessed and support is included in the care plan." One person told us, "I can make decisions myself."

New staff were required to complete induction training. This included completing the required training and working with more experienced staff to learn about the day to day running of the home and people's different support needs. The operations manager said the Skills for Care and Care Certificate programme was being introduced for all new staff. This certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. This involves a programme of observation and assessments to ensure staff have the skills and knowledge to understand people's needs and provide appropriate support and care. Staff said they could work towards professional qualifications if they wanted to and were encouraged to do so. One member of staff told us, "We learn a lot shadowing more experienced staff, in addition to the training, until we are confident to support people."

Staff told us they had had regular one to one supervision with the previous registered manager and they said this gave them a chance to sit down and talk about anything, and find out if there were areas where they could improve. Supervision records showed staff attended regularly and it was evident that work based and personal issues were raised and addressed. One member of staff said, "We work really well as a team and the relationship between staff and people is open and relaxed; which helps us provide the support people need." The current manager said they would continue with the supervision with support from the

operations manager.

People told us they liked the food and were able to make choices about what they had to eat. Staff told us each person decided what they wanted to eat and there was a flexible menu, based on people's preferences, and what they wanted to cook for themselves or each other. Staff recorded if people missed meals, including the reason, such as going out to lunch with relatives, so that they were aware how much people ate. People's dietary needs and preferences were documented and known by staff; records were kept of their likes and dislikes and staff assisted people to cook the meals they wanted. Staff said shopping was arranged on a daily basis, with staff and people doing the shopping and cooking. On the day of the inspection staff found that the shopping for the evening meal had not been done the day before. This meant the food people wanted to have was not available for the evening meal. People and staff discussed what they should do, there was an additional member of staff at the home and they went shopping and the meals people wanted were provided. This showed that people were involved in discussion about how to deal with a problem and agreed the action that would be taken. People's ability to cook and make drinks had been assessed and recorded in their care plans and staff provided the support people needed which enabled them to be independent in a safe way. For example, if a person was not aware of the risk of burns from the cooker or hot water staff were with them at all times when they cooked or washed up.

People had their health needs assessed. Support plans were in place to meet their needs and they visited healthcare professionals as and when they needed to. Such as GP, dentist, optician, podiatrist and chiropodist and physiotherapist, as well as hospital appointments if required. Records of their visits were kept and the outcome of each appointment was recorded in the support plans so that staff knew if changes had been made to the support provided. This ensured that staff responded effectively when people's health needs changed. An information sheet was available for people to take with them if they were admitted to hospital. This was a précis of their support plan, their needs and the support required with guidelines for identifying indicators of increased stress, tiredness and how to support them.

Is the service caring?

Our findings

People living in the home were relaxed and comfortable, they talked to staff on first name terms and communication between them was friendly. People spoke positively about the staff and the support they provided. One person said, "I like them they let me do what I want to do." Staff treated people with respect and demonstrated a clear understanding of people's support needs and how people were encouraged to make decisions about the support provided. One member of staff said, "Each person has their own personality, their likes and dislikes and areas where they may be at risk, but with calm support they make decisions about all aspects of their lives. And any support we provide is always with their consent and agreement."

Each person had a timetable of things to do each day. Although they and staff said they were flexible depending on how each person felt, the weather, if opportunities were available for people to do something different or if they chose to stop doing something. One person said they worked most days of the week and another told us they went shopping each day for drinks they liked. Staff said they involved people in making decisions about how they spent their time, what they wanted to eat and drink and what was going on in the home. Staff said, "It is their home and they should be involved in decisions about what happens here, as well as keep them safe." "We discuss with them what they want to eat the next day so they can decide what needs to be put on the shopping list" and, "We care for people in a way that they can develop skills and become more independent, like going out shopping on their own or changing their bed."

People chatted amicably with staff when they returned to the home. Staff said they usually returned to 3 Hampden Terrace at about the same time; they were all equally keen to tell staff what sort of day they had had although they had to wait sometimes to talk to staff. Staff said people understood that they had to share staff time between them and when people were asked to come back in a few minutes, or that staff would come and talk to them in their room, they agreed and staff spoke to them later. One person was concerned that the inspection meant there was something wrong and with recent changes to the management asked if the home was closing. They remembered previous inspections and were told it was the same process, looking at the support provided and the management of the home. Staff explained nothing had changed and reminded them that they had told everyone living in the home there would be another inspection, like previous years, at some time. Staff recognised the person had become anxious, they spoke with them calmly; their anxiety reduced, their behaviour was more relaxed and they invited us into their room later to look at their personal possessions, how they had decorated their room with pictures and their hobbies. This showed staff had a clear understanding of people's needs and provided appropriate support.

Staff had an understanding of equality and diversity, the issues and their implications for the people they supported. Staff told us, "We spend a lot of time with people here and we have learnt to understand their individual support needs, but they make their own choices and don't really need our assistance for some things, just prompts and guidance." "We know what people's likes and dislikes are and as much as possible they have and do what they want. Sometimes we have to discuss limiting things with them and this is usually done with their agreement, although families are also involved" and, "People decide what to do, it is

their home and they are supported to keep it clean and tidy, with a flexible timetable so that their beds are changed and the bathrooms are cleaned, but also so they can go out and enjoy time outside with staff or on their own. Just like we do really, we all like to enjoy ourselves in our own way."

People's care plans and associated risk assessments were stored securely in the office, which was kept locked when not in use. Staff said information about people was confidential. They were careful not to discuss people's needs if other people were nearby and when we asked questions staff answered in a quiet voice. This made sure that information was kept confidential. Staff told us that it was important to build up trust with people and ensuring their privacy was a part of that. Staff spoke to people respectfully, when they discussed what people wanted to do that evening and the following day and people were happy to talk to staff.

People and staff said friends and family could visit at any time and people often went out to meet with relatives. One person said they went to lunch with their family and another was going to see their relatives at the weekend.

Staff told us there were systems in place to support people if they did not have relatives or representatives. Information about advocates was available in the office, although staff said they were not needed at this time. End of life care was included in the care plans and some had been completed in line with the person's preferences.

Is the service responsive?

Our findings

People said the staff were always available if they needed them. One person told us, "They are good, if we want something or to do something they talk about it and it does get sorted out." People had lived at the home for several years and staff had a clear understanding of people's life histories, their interests and hobbies and how they had been supported to develop life skills to be more independent.

Staff said people's support needs were assessed before they moved into the home. This was to ensure not only that their needs could be met, but that this would not have a negative impact on the running of the home, which may affect other people living there. Staff were confident that this process would be followed and had informed the specialist placement team that a vacant room was only available to, "The right person." The assessments had been used as the basis for people's support plans; these were personalised and concentrated on individual needs, with guidance for staff to follow and people were involved in decisions about the support provided.

People were supported to reach their goals, such as going out shopping on their own. Staff told us these had been agreed with each person following a period of assessment, which involved shopping with staff, being shadowed by staff to ensure they were safe crossing the road or using public transport and when appropriate agreeing where people went and what time they would return. Staff told us people had personal information and contact details of the home with them when they went out, as well as mobile phones so they could ring the home if they were delayed or felt uneasy and needed support. This meant there were systems in place to support people to be independent in a safe way.

Daily records, completed by staff on each shift, demonstrated how people had spent their day. They recorded the person's behaviour, their physical and emotional wellbeing and if they attended social activities. For example, 'Uses appropriate language – Yes. AM - Cooked breakfast, shopping and ironing, relaxed in room, no concerns regarding health. PM - residents meeting, following routines'. Staff said that the records and daily handovers meant they were, "Up to date with how people spend their time, their behaviour and if they need extra time or support."

People were supported to maintain their own health and independence. They took part in activities they enjoyed, and made decisions about how they wanted to lead their lives. One person was planning to move out of the home and staff had supported them to look at areas where they would continue to need support from community based services, where they wanted to live and the time frame for the move. They said they would continue to visit the home to see other people and staff.

A complaints policy and procedure was in place. People told us they were able to talk about anything during the residents meetings and were happy to raise concerns, "I would talk to the staff here if I was upset or worried about anything." People were able to speak to staff and the manager when they wished and it was clear there was an 'open door' policy with staff only asking people to wait if they were already talking to another person. There were no complaints at the time of the inspection.

Is the service well-led?

Our findings

From our discussions with people and staff and, our observations we found the culture at the home was relaxed and the environment was comfortable and reflected people's preferences. People living at 3 Hampden Terrace were encouraged to make choices and they decided how they spent their time.

Staff were clear about the culture of the home and that the aim was to support people, "So they can become more independent and not need our guidance." They said they knew their own roles and responsibilities, but felt there had been no clear lines of accountability at the home in recent months. However, they expected improvements now the issues had been identified by senior management and a manager had been appointed. The manager had started at the home in April 2016 and was completing the application forms for CQC to be the registered manager at the time of the inspection. They had worked with people with learning disabilities for a number of years and had managed a range of services that involved supporting people to develop and maintain links with the community. The operations manager said they were at the home regularly offering support to the staff and the manager and, as now the issues had been identified they would be addressed and staff could be more confident about the management of the home. People said they were concerned with the changes in management, but had been informed of them as they happened and said of the manager, "She is very nice."

The provider did not have an effective quality assurance and monitoring system in place. This meant that issues identified during the inspection had not been picked up through regular audits and appropriate action had not been taken to address them. The operations manager was aware that effective monitoring of the service had not been taking place for some time and they had not realised this until recently. They said since they had identified the issues, changes had been made to the management of the service and they were taking action to address this. Staff said their priority had been to ensure people had the support they needed, so this was where their time had been concentrated and, because the audits had not been completed they had not been made aware of any gaps or areas for improvement.

Staff said any changes to the support provided would only be made following discussions with, and with the agreement of, people at the home and their relatives. In addition feedback was sought from people about the support they received on a day by day basis and relatives were in regular contact with the people and the staff. People said staff always asked them if they were, "Ok" and they spoke to their relatives regularly. There were regular resident meetings; people discussed changes that might impact on how they felt and they discussed how these could be addressed. For example, one person was concerned about deep cleaning their room and the suggestion was that this could be done in stages. Other discussion included where people wanted to go out to eat, what they wanted to do during one to one sessions and if any repairs were needed. Staff said this was a good opportunity for people to talk about their preferences and if they wanted any changes to their timetable.

There were strong links with the local community. People worked in different areas; they went out regularly to their preferred café or pub and used the same services, such as barbers, when they wished to. People told us they liked living at the home and the staff supported them when they needed it.

