

Avon Autistic Foundation Limited

Ann Coleman Centre

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

The Ann Coleman Centre is a care home providing personal care and support for up to seven people who have learning disabilities, autistic spectrum conditions or additional needs. Five people were living there at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The building was larger than most domestic properties, which meant it did not meet current best practice guidance, but had been a well-respected part of the local community for many years.

People's experience of using this service and what we found

People and their relatives told us they were happy with the care received at the Ann Coleman Centre. Staff were kind and caring towards people, and people appeared relaxed and comfortable.

People were protected from the risk of harm or abuse. Staff received training and had a good understanding of safeguarding procedures. Risks to people were assessed to ensure needs were safely met. Risks relating to the environment and equipment were regularly assessed to ensure these were safe.

People received their medicines safely and as prescribed. Staff received training to ensure they were competent in administering and managing medicines.

People were supported by regular staff, and there were no vacancies at the time of our inspection. The provider followed safe recruitment practices and ensured pre-employment checks were completed before new staff started working at the service. Staff were supported through induction, training, regular supervision and ongoing contact with peers and managers.

People's care and support needs were assessed before they came to the service. Care records were person-centred and gave information about individual needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were treated with dignity and respect and were able to spend time in private if they wished. People and their relatives were consulted about care needs and people were supported to be as independent as possible. People were supported to develop and maintain relationships and engage in activities they enjoyed.

Staff supported people to eat and drink enough to maintain a balanced diet which met their needs and preferences. Staff worked with other professionals to ensure people received healthcare and support which met their needs.

The service was well led by experienced and respected managers. Staff felt supported by the management team and there was a commitment to the service from the staff we met. Quality and performance were monitored, and feedback about the service was requested. Actions taken when lessons could be learned, or improvements made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 02 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ann Coleman Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we knew that some people found it upsetting when unannounced visitors came to their home. By giving short notice, staff were able to plan activities to support people during our visit.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. These notifications provide information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. Some people living at the service were unable to communicate verbally. We used observation throughout our inspection to help us understand their experiences.

We spoke with six members of staff, including the registered manager, assistant manager and administration manager. We reviewed a range of records. This included everyone's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents.

We considered this information to help us to make a judgement about the service.

After the inspection

After the inspection, we reviewed additional information and policies. We spoke with two relatives and two professionals who had contact with the service to find out more about the service. Their comments have been incorporated into this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm wherever possible. People and their relatives told us they felt safe. One relative said, "[Name] is definitely safe. The staff look after them well."
- Staff received regular training to ensure they knew how to keep people safe. Policies and accessible information gave staff guidance when required.
- Staff were aware of different types of abuse and knew what they should do if they had any concerns. A staff member told us, "We always make sure people are safe. I have no concerns, but I would report it if I did."
- There had been no safeguarding concerns recently, but the registered manager understood their responsibilities and were clear they would report any concerns promptly to the relevant organisations.

Assessing risk, safety monitoring and management

- Risks were assessed and managed to keep people safe.
- Care records included individual risk assessments for issues such as domestic chores, road safety and smoking. These assessments described how to minimise risks and what staff should do to provide safe care for people.
- Care records contained guidelines about how staff should support people when they displayed behaviours which were challenging. Triggers and possible causes were described, and information provided about what may help to calm a person. For example, one person became very distressed when there were changes to their routine. Staff were guided to move with the person to another area, reassure and speak with them in short sentences to explain and provide comfort.
- Systems and a programme of regular checks were in place to ensure health and safety and environmental risks were assessed and managed. This included checks of the building, temperatures, fire equipment and fire procedures. People had individual personal emergency evacuation plans to ensure staff knew what support people needed in emergency situations.
- A business continuity plan gave staff guidance about what actions should be taken in emergencies such as a power cut, flooding or fire.

Staffing and recruitment

- People were supported by enough staff to meet their needs.
- There were no vacancies at the service, and a team of regular bank and agency staff provided cover in the event of sickness or other staff absence.
- Several staff had worked at the service for many years. This provided consistency and familiarity, which was very important to the people who lived there.

- During the inspection, staff did not appear to be rushed, and were able to spend time with people. Staffing levels were flexible depending on people's needs, appointments and activities.
- The provider followed safe recruitment practices and ensured pre-employment checks were carried out and followed up before new staff started working at the service.

Using medicines safely

- Medicines were managed safely, and staff supported people to receive their medicines as prescribed.
- Staff received training to ensure they were competent to administer medicines, and this was regularly updated.
- Medicines administration records (MARs) were accurate and showed people received their medicines as prescribed.
- Individual guidance was in place for the administration of medicines which were given 'as required' (PRN).
- Medicines were stored safely, and regular checks of stock and temperatures were carried out.
- One person took day-to-day responsibility for administering their own medicines. The person had agreed that staff could carry out regular checks to ensure risks were managed and the person was safe.
- Regular medicines audits had been carried out to monitor safety and standards.

Preventing and controlling infection

- The service was clean and tidy, and people were protected from the risk of the spread of infection.
- At the time of our inspection, a viral pandemic was affecting the country, and people, staff and visitors had all been advised about increased measures to improve infection prevention and control. We saw people being supported to wash their hands more frequently, and enhanced cleaning schedules were in place to reduce the risk of infection within the service.
- Protective equipment was available, and the principles of infection control were consistently followed.
- An audit of the environment had been carried out to ensure standards were maintained and to monitor infection control risks.

Learning lessons when things go wrong

- Systems were in place to record and respond to accidents and incidents. These were monitored and reviewed by the registered manager.
- Records showed the service made changes where necessary and aimed to learn from incidents to help ensure people were safe and protected from avoidable harm.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service to ensure these needs could be met. This included people's physical, mental health and social needs. Assessments involved people, family members and healthcare professionals where appropriate.
- Individual needs and preferences were recorded to ensure staff delivered care that was effective and meaningful. Care plans were in place and had been recently reviewed to ensure they continued to meet people's needs. One person had stated they did not currently wish to identify any personalised care plan goals. This was respected and recorded in the person's care record. This showed the service considered and met people's needs.

Staff support: induction, training, skills and experience

- New staff completed a programme of induction and completed a bespoke training programme. A staff member told us, "The induction was good, very thorough. It was helpful when I started."
- Staff spoke positively about working for the service and told us they felt supported by their colleagues and the registered manager. One staff member said, "The staff team are lovely, they're so supportive."
- Staff received regular supervision and said this was a useful opportunity to discuss their work, training or development needs. One staff member told us, "I have regular supervision. I find it helpful because you can discuss any situation, training, or any concerns."
- Training records showed that staff had completed courses which gave them relevant skills and knowledge to support people effectively. Staff spoke positively about the training they received. One staff member said, "The training is very good. We're very free to develop. We can always sign up for courses."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people's dietary needs and preferences and helped them to eat a balanced diet and drink enough.
- Staff were aware of people's specific needs. Care plans contained information about people's dietary needs and preferences and identified any areas of concern or risk. For example, one person ate and drank very quickly, and staff were prompted not to serve them very hot food or drinks to reduce the risk of harm. Another person sometimes chose not to eat and was at risk of losing weight. Guidance was provided for staff to support this person to eat meals regularly and stay healthy.
- People told us they enjoyed the food and said they could choose what they wanted to eat. Some people were encouraged to assist in aspects of meal preparation and activities such as baking, pizza making and making hot drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records showed staff worked with other professionals to ensure people received effective care. Staff had well established relationships with the local GP surgery, nurses and community learning disabilities team. This enabled people to receive consistent and timely care when required.
- People were supported to visit a dentist who specialised in treating individuals with complex needs. People had been provided with specialist equipment to support their independence in oral hygiene.
- People's health needs were recorded in detail in the form of a 'health action plan'. This included information about physical and mental health, sexual safety, lifestyle and health choices. This provided guidance for staff to ensure people lived healthier lives and were supported to access services as required.

Adapting service, design, decoration to meet people's needs

- The service met the needs and preferences of the people who lived there. Adaptations such as a stair lift and bathing equipment had been added as people's needs changed. This meant all areas of the service were accessible to people.
- People's bedrooms were decorated to reflect their interests, hobbies and taste, and there were private en suite bathrooms.
- Communal areas were spacious, and people could access different areas and be alone if they preferred.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed for making particular decisions. When people lacked capacity to make a particular decision, mental capacity assessments and best interest decisions were completed and recorded. Family members or other professionals were involved as necessary.
- One person was subject to a DoLS authorisation. A process was in place to ensure this was reviewed as necessary.
- Staff understood the principles of the MCA and had received training to ensure they knew how to apply these in practice. Staff told us they always asked for people's consent, and gave choices wherever possible, for example regarding food, activities and routines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at Ann Coleman Centre. One person said, "I like it really" and another added, "It's alright."
- People's relatives told us, "[Name] is so lucky and really happy there" and, "[Name] is very well settled, it's a home from home."
- A staff member said, "It's very, very homely here. We like to preserve the homely feeling and make sure people feel comfortable. It's like family here."
- During the inspection people appeared relaxed and comfortable in the presence of staff. Staff were kind and caring towards people and were patient in their interactions so that people felt listened to and supported.
- A member of staff told us, "We try to give them consistency and comfort. Some people don't have families, so we are their family. That's important to us and them."
- People's needs under the Equalities Act were recorded. This included details about people's religion, race and gender. Some people attended a local church, and one person had been supported in a developing relationship. Staff received training in equality and diversity and told us why it was important to respect people's individual needs.
- One staff member said, "It's one of the best things about working here; everyone's so respectful and understanding"

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to be involved in decision making and expressing their views where possible. Some people were able to express clear preferences and make complex choices, and others made simpler decisions.
- People expressed their views through ongoing contact with familiar staff and were encouraged to raise concerns and suggestions at regular meetings with named staff. These were recorded and actions taken when required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person's care plan stated, "[Name] can perform certain tasks on their own without prompting, but needs staff support in bathing." Staff told us guidance was always followed. One staff member explained, "Privacy is so important, it's number one. You always have to ask yourself how you would feel in that situation." This showed that staff treated people with respect and compassion.

- People were able to spend time in private as they wished. One person preferred to sleep until around lunchtime, and this had been discussed with them and their choice respected.
- People were supported to be as independent as possible. For example, in personal care and assisting with household tasks. Care plans set out how people should be supported to promote their independence. Care plans included information about the level of support each person needed to carry out specific tasks; for example, independently, with prompting, guidance, or physical assistance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. People said, "What's not to like" and "They're good really here."
- Relatives told us, "[Name] is very settled there", "It's a home from home", and "[Name] is very happy there."
- People's care records were person centred and gave information and guidance about what was important to them and how they wished to be supported. Details such as people's habits, daily routine, likes and dislikes were recorded. Care records had been reviewed to ensure they were up to date and relevant.
- One person had told staff that they did not want to complete review forms with staff. This had been discussed with the person, and they had signed to confirm their decision. This showed they had choice and control in decision making.
- Staff knew people well and were informed by handovers and daily records to ensure they remained up to date and aware of any changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records contained a communication profile which described each person's needs and strengths. For example, one person's profile read, "My speech is great, I am a very talkative person. I need help with reading, writing and spelling."
- Different formats were available, such as easy to read documents, images and picture exchange communication systems (PECS). PECS uses simple icons to enable people to communicate without speech. One person's care record stated, "I use PECS to make my own choices and decisions."
- Staff had a good understanding of people's information and communication needs. During the inspection, staff interacted and communicated with people so they could understand. This included being responsive to body language and gestures. Staff told us, "We know them so well, and that's really important, the staff team is consistent, and we give people cohesion. It's so important to people; we need to really understand them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and establish and maintain links with the wider

community.

- People and their relatives told us they regularly went out on trips and were involved in activities. For example, gardening, cooking, parties, visiting restaurants, swimming and holidays.
- People were able to make choices about activities based on their preferences. One person usually liked to arrange their own activities, but sometimes chose to go on trips organised by the service. Another person's care record stated, "[Name] loves disco dancing and music. They also like to sing songs with staff while in the bath."
- One person told us, "I do what I like" and another said, "I make choices every day."
- Staff supported people to visit and keep in touch with family and friends. People told us they regularly went to visit or stay with family members and said this was really important to them.

Improving care quality in response to complaints or concerns

- People told us they would speak with staff or the management team if they had concerns. One person said, "I don't have any complaints. I can speak to staff though."
- Systems were in place for recording and dealing with complaints, and a policy provided guidance to ensure these were investigated and responded to appropriately.
- Relatives told us they would raise any concerns with staff. One relative said, "I would speak to staff, but I haven't got any complaints."
- There had been no complaints in the previous 12 months.

End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection.
- The provider was considering meaningful and sensitive ways of exploring people's wishes if they were to become seriously ill or die.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about staff and the provider. One person told us, "They're pretty good really. The staff are nice." Comments from relatives included, "The staff are lovely. They're really kind" and, "The staff really help – they've helped [Name] with everything."
- People were respected and empowered wherever possible, and staff were clear about the importance of providing quality care and support which was person centred. This reflected the provider's values which focussed on providing people with a high-quality service. A professional said, "The ethos of the service is very sound, and I have always noted the staff to be observant of the need to put their residents first in their excellent care."
- There was a relaxed and calm atmosphere within the service, and when people became aroused or anxious, staff were supportive and reassuring to people. Staff told us they enjoyed working at the service and supporting people to have a good quality of life. Comments from staff included, "I feel like I'm growing older with them. It's like my second family", "People are so well looked after here" and, "We always discuss new ideas and ways to improve people's lives and wellbeing."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. The registered manager was open and honest and took responsibility for incidents or accidents.
- Staff were confident about bringing any issues of concern to the attention of the registered manager and felt they would be listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and worked with staff to meet regulatory requirements. The previous CQC rating was displayed in the service and on the provider's website.
- Staff understood their individual roles, responsibilities and the contribution they made to the service. Staff members spoke positively about the registered manager and provider. Comments included, "I can talk to the manager about anything, they're really approachable" and, "The manager is really supportive, they're always around, I can ask them any question or concern."
- Systems were in place to assess and monitor the quality of the service. Audits were carried out regularly,

and checks covered areas such as care plans, medicines and the building and equipment. Where shortfalls were identified, action plans were in place and regularly reviewed to ensure improvements were achieved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service received feedback through surveys which had recently been carried out. Questionnaires had been sent to relatives, professionals and staff, and support had been given to people to respond. Feedback from surveys was very positive. Comments included, "[Name] has never been so happy and settled as now. They love it at the Ann Coleman Centre, therefore I am happy", "The staff treat the service users with love and respect. It is a happy place to be" and, "The management team supports and is approachable. Any issues are handled to the highest of standards."
- The service had decided not to have staff or 'house' meetings. This was because staff and people had not found this to be an effective way for them to communicate their thoughts. Instead, people were invited to speak about the service and express their views formally each month when they met with their named staff member, and informally at any time. Staff were encouraged to make suggestions and share opinions during supervision and in handovers on a regular basis. The people and staff we asked all felt able to speak about the service and express what they wanted.
- Relatives said they felt included in making sure people received high quality care. For example, one relative told us, "[Staff name] always lets me know what's happening and keeps me up to date...I went along to a review back in the autumn. It was really in depth. They looked at everything."
- The registered manager told us the service had strong links with the local community. Neighbours had regular open communication with the service and people were well known in the area.

Continuous learning and improving care

- The registered manager and team were open and responsive during our inspection. They were keen to continue to improve the service. One staff member said, "We're always open to suggestions. We just want to improve people's lives and wellbeing."
- The registered manager played a key role in the wider organisation and attended a range of meetings and forums to ensure they remained up to date and able to meet standards and expectations.

Working in partnership with others

- The service worked in partnership with key professionals and organisations to ensure people's needs were met. This included local authorities, health care staff and specialist support staff.
- Specialists provided support and guidance where necessary. This ensured people received comprehensive, high quality, person centred care.