

Burgess Autistic Trust

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Inspection report

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Date of inspection visit:
01 June 2017

Date of publication:
09 August 2017

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

This inspection took place on 01 June 2017 and was announced. We gave the provider 48 hours' notice we would be visiting to ensure someone would be at the service. This was a first inspection after the service moved to a new address.

At our last inspection on 13 and 14 April 2016 we found improvements were needed in relation to prescribed creams which were not stored securely in people's bedrooms, complaints were not always investigated and resolved within required timescales and systems to audit and check the service were not entirely effective as issues found at the inspection had not been identified by the provider.

At this inspection on 01 June 2017, we found improvements had been made in relation to management of medicines. Prescribed creams were stored securely in people's bedrooms. Complaints were investigated and resolved in good time and in line within the provider's own timescales. Systems in place to check and audit the service were effective as areas that required improvement were identified and promptly addressed.

Burgess Autistic Trust provides personal care and support to people who live in the community and people who live in four supported living houses across South East London. On the day of our inspection there were 19 people using the service.

There was a registered manager in place. 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. However, on the day of the inspection the registered manager was unavailable. Instead, we spoke to the service co-ordinator.

Safeguarding adult's procedures were in place and staff knew how to safeguard people they supported. Staff were aware of the whistle-blowing procedure and said they would use it if they needed to. Medicine records showed that people were receiving their medicines as prescribed by health care professionals. Risks to people were identified and monitored and provided clear information and guidance for staff on how to support people. Appropriate recruitment checks took place before staff started work. There were enough staff on duty to meet people's care and support needs.

Staff had undertaken a programme of mandatory training. Staff were knowledgeable, although some staff had not had received the most recent refresher training for safeguarding, epilepsy and fire training. Staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People were supported to have a balanced diet. People had access to a range of healthcare professionals in order to maintain good health.

Relatives said staff were very caring. People's privacy, dignity and confidentiality was respected and people were encouraged to be as independent as possible.

People and their relatives' were involved in their care planning. Care plans were easy to follow and reflected people's individual care needs and preferences and were reviewed on a regular basis.

People were supported to participate in a range of different activities. Regular service user meetings were held where people were able to feedback to the manager and staff about things that were important to them. Relatives knew about the complaints procedure and said they would complain if they needed to and believed their complaints would be investigated and action taken if necessary.

Regular staff meetings took place. Regular relatives meetings had not taken place for some time to obtain feedback, but the service would be reinstating these meetings. People and their relatives' feedback had been sought about the service through annual surveys. Staff said there was an open culture in the service and that the management team were supportive.

There were effective quality assurance systems in place to monitor the quality of the service. Actions arising from audits had been dealt with quickly.

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

Safeguarding adult's procedures in place were in place and staff knew how to safeguard people they supported.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

Risks to people were identified and monitored and provided clear information and guidance for staff on how to support people.

Appropriate recruitment checks took place before staff started work.

There were enough staff on duty to meet people's care and support needs.

Is the service effective?

Good ●

The service was effective

Staff had undertaken a programme of mandatory training. Staff were knowledgeable, although some staff had not had received the most recent refresher training for safeguarding, epilepsy and fire training.

Staff were supported with regular supervision and appraisals.

Staff understood the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

People were supported to have a balanced diet.

People had access to a range of healthcare professionals in order to maintain good health.

Is the service caring?

Good ●

The service was caring.

Relatives said staff were very caring.

People's privacy, dignity and confidentiality was respected.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive

Care plans were easy to follow and reflected people's individual care needs and preferences.

People were supported to participate in a range of different activities.

Relatives knew about the complaints procedure and said they would complain if they needed to and believed their complaints would be investigated and action taken if necessary.

Regular service user meetings were held.

Is the service well-led?

Good ●

The service was well-led.

There were quality assurance systems in place to monitor the quality of the service.

Regular staff meetings took place.

Regular relatives meetings had not taken place for some time to obtain feedback, but the service would be reinstating these meetings. People and their relative's feedback had been sought about the service through annual surveys.

Staff said there was an open culture in the service and that the management team were supportive.

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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 inspection took place on 01 June 2017 and was announced. The inspection team consisted of one adult social care inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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 also asked the local authority commissioning the service for their views of the service.

Due to the nature of some people's complex needs, we did not speak to people using the service directly. However, we observed people as they engaged with staff and completed their day-to-day tasks and activities. We spoke with five relatives, four members of staff and the senior co-ordinator. We reviewed records, including the care records of the six people who used the service, five staff members' recruitment files and training records. We also looked at records relating to the management of the service such quality audits, accident and incident records and policies and procedures.

Is the service safe?

Our findings

At our last inspection on 13 and 14 April 2016 we found improvements were needed in relation to prescribed creams which were not stored securely in people's bedrooms.

At this inspection on 01 June 2017, we found improvements had been made in relation to management of medicines in that prescribed creams were stored securely in people's bedrooms. We were unable to observe medicines being administered during this inspection but records showed that people had received their medicines as prescribed. Staff had received training in the administration of medicines and this was updated on a regular basis. Medicines were stored, administered and recorded appropriately. The service carried out a daily medicine audits to identify any shortfalls which might compromise safety. We saw that there were no shortfalls or issues identified.

Relatives told us that their relatives were safe living at the service. One relative told us that their relative was very safe and that, "My [relative] has a weekend with me and my sister and goes back perfectly happy." Another relative said, "My relative has been here a long time, they feel safe."

We saw safeguarding policies and procedures were in place and staff were able to demonstrate the types of abuse that could occur and the action they would take to protect people should they have any concerns. Staff were aware of the organisation's whistleblowing policy and told us they would use it if they needed to.

Risk assessments were carried out and included risks to people in relation to medicines, epilepsy, using public transport, road safety and nutrition. Risk assessments included information about actions to be taken to minimise the chance of the risk occurring. For example, one person using the service travelled independently, we saw a risk assessment in their care plan that provided staff with information and guidance on how to reduce the risks to them such as ensuring they had their mobile phone and money on their person.

We saw through observations and staff rotas that there were sufficient numbers of staff to meet people's needs. One relative said, "Yes, I think there are enough staff". Another relative said, "They are enough staff, they are always aware of what's needed". Appropriate recruitment checks were conducted before staff started work for the service. We looked at five staff files and saw they all contained a completed application form which contained details of their employment history and qualifications. References had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

Records of accidents and incidents were logged and monitored. They included details of what had occurred and any action that had been taken to keep people safe and reduce the risk of similar future occurrences. For example, we saw one person displayed some behaviour which challenged, which had been documented by staff. We saw that an action plan had subsequently been put in place to minimise such future incidents.

We saw that there were arrangements in place to deal with foreseeable emergencies. Training records

confirmed that staff had completed training in first aid and fire safety training.

Is the service effective?

Our findings

Relatives told us that staff knew what they were doing and were competent. One relative said, "[Staff] do keep up with training requirements."

One member of staff told us, "I have done my training and shadowed staff when I first joined which was very helpful." Records confirmed that all staff had completed an induction. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate was introduced in April 2015 and is the benchmark that has been set for the induction standard for new social care workers.

There was a programme of mandatory training which covered infection control, mental capacity, moving and handling, safeguarding, epilepsy and fire training. On reviewing the service's training records, we saw that staff had had training and refresher training on infection control, mental capacity and moving and handling. Some staff had not had received the most recent refresher training for safeguarding, epilepsy and fire training. Whilst the staff we spoke with were knowledgeable on the above areas, the service co-ordinator recognised that some staff required training. They told us that the service would be arranging training courses to ensure staff knowledge and skills were kept up to date.

Staff received regular supervisions and appraisals. Supervision sessions gave staff the opportunity to feedback; discuss topics including progression in their role and any training needs. One member of staff told us, "I have regular supervisions and appraisals; it's a chance for me to let managers know what I think."

Staff understood the requirements of the Mental Capacity Act 2005 and acted according to this legislation. 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. The application procedures for this in community services are to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found are plans contained consent forms, which were signed by the people who used the service or their relatives.

Staff were knowledgeable of the MCA and understood the importance of obtaining consent from people prior to providing care or assistance. One staff member told us, "I make sure people want me to help them and explain what I will be doing." A relative said, "Yes, staff definitely gain consent from my [relative]."

People received enough to eat and drink, we saw that there was a pictorial menu displayed in the dining area. Each person using the service had a food profile in their care file that included their dietary needs, allergies, likes and dislikes. For example, one person disliked nuts. This helped staff to deliver care in line with people needs and preferences.

People had access to healthcare professionals when needed, such as GPs and dentists. We saw daily notes were completed to record the care and support being delivered to people. One relative said, "My [relative]

has been to the dentist."

Is the service caring?

Our findings

Relatives told us that staff were caring and kind. One relative said, "Yes, staff are caring."

We saw that staff spoke to people in a kind and calm manner. Staff took their time and gave people encouragement whilst supporting them. Staff showed people patience and understanding and helped them if and when they needed it. We observed staff using distraction techniques effectively to reduce problems, for example through the offer a chat.

Staff demonstrated that they knew people as individuals and how to support them. They were able to describe the individual needs such as the time they liked to go to bed and wake up as well as their likes and dislikes. One staff member told us, "One person loves having manicures and wearing beads."

We saw that staff protected people's privacy and dignity by knocking on people's doors and obtained permission before entering rooms. Staff explained to people what they would be doing when they supported them. One relative said, "Yes do maintain my [relative's] privacy and dignity. They have female staff for personal care."

Staff promoted people's independence by encouraging them to carry out aspects of their personal care such as washing, dressing, cleaning and eating and drinking. For example, we saw one person being supported to set the table for lunch and being encouraged to make their own sandwich. There was a cleaning rota in the kitchen that encouraged people to do things for themselves, this included loading and emptying the dishwasher and setting the table for meals.

Staff showed an understanding of equality and diversity. Care records for each person who used the service included details about their ethnicity, preferred faith, culture and spiritual needs. Staff communicated with people in a way which was individual to that person's preference, for example staff spoke slowly and clearly and gave people time to answer at their own pace. Staff used gestures and pictorials to effectively communicate with people.

Staff were committed to improving the quality of people's lives which allowed them to be part of the wider community. For example, one person was supported to attend their cleaning job, whilst other people were supported to shop in the local town, eat meals out and to visit the theatre. We saw people were regularly supported to see their relatives. One relative said, "My [relative] comes home every weekend if they want to."

The service did not have information available about the service which outlined the standard of care to expect and the services and facilities provided in all of the houses where care was provided. The service co-ordinator told us, that they had identified this need and would be putting a service user guide together. The service co-ordinator also confirmed that if any new service users' came to the service then they would be given all the necessary information about the home, including an overview of facilities and the service they can expect.

Is the service responsive?

Our findings

At our last inspection on 13 and 14 April 2016, we found improvements as complaints were not always investigated and resolved within required timescales.

At this inspection on 01 June 2017, we found improvements had been made. We found improvements had been made and complaints were investigated and resolved in line within the required timescales. We saw the service had a complaints policy in place and the procedure was on display on a noticeboard in the house we visited. The service's complaints handling process was effective. There was a record of complaints raised in the service with written acknowledgement sent to a relative. The service had investigated and resolved complaints received within timeframes set in the provider's complaints procedure. One relative told us, "I would talk to the manager. I have never had to complain."

Relatives told us that they were involved in planning for their relatives care. One relative told us, "We go through the support plan once a year when we have a review." Another relative said, "We have been very involved."

People's health, care and support needs had been assessed before they moved into the service. Care files were easy to follow and were reviewed on a regular basis. People's support plans provided clear guidance for staff on how to support them in areas of their daily lives including communication, nutrition and medicines. Care files included people's personal details such as date of birth, next of kin details, food preferences, life histories, ethnicity and religion. There was nobody at the service currently that had any religious requirements, but a member of staff said that should anyone want to attend a place of worship, they would be supported by staff to do so.

Daily progress notes were maintained to record the care and support delivered to people. Support plans were reviewed on a regular basis to ensure receive care and treatment that met their needs. We saw that people were assigned keyworkers to give individual and focused support.

People were supported to take part in a range of personalised activities, these included attending a day centre, going on holidays, shopping, going to theatre and for meals, watching television and playing music. One relative said "[Staff] do take [my relative] to the theatre. I know they go on holidays, and been away for weekends." We saw regular service user meetings took place; items discussed included, activities, the cleaning rota and visiting relatives. Staff knew people well and remembered things that were important to them so that they received person-centred care. For example, one person did not like any foods that are red, such as strawberries or tomatoes.

Is the service well-led?

Our findings

At our last inspection on 13 and 14 April 2016 we found improvements were needed as systems in place to audit and check the service were not entirely effective as issues found at the inspection had not been identified by the provider.

At this inspection on 01 June 2017, we found improvements had been made as systems in place to check and audit the service were effective and areas that needed improvement were identified and promptly addressed. We saw regular audits were carried out at the service to identify any shortfalls. These included risk assessments, medicines, supervisions and incidents. We saw that a recent internal audit covering the CQC's five key questions had been carried out at two of the four houses. The remaining two houses were due to have this audit carried out in the next few weeks. We saw a medicine audit was carried out in February 2017 by an external pharmacy which identified that when topical creams, liquids, eye drops were opened, they were not dated. We saw that action had been taken and medicines had been dated when they were opened.

Relatives and staff spoke positively about the management of the service. One relative said, "Yes, I think it's pretty good." Another relative told us, "I have the mobile number if I need to speak anyone about anything." A staff member said, "The service co-ordinator is brilliant and I have learnt a lot from them."

People and their relatives' feedback had been sought about the service through annual surveys. The provider carried out annual surveys to seek people and their relative views about the service. We saw that the results of the survey for 2017 and that overall the responses were positive. Comments included "our support worker is very caring" and "Ensuring that there are permanent staff, who will appreciate resident's needs. We saw that there was an action plan that had been put in place so that, wherever possible, only permanent staff were involved in people's personal care. Whilst relatives were involved in their relative's care planning, regular relatives meetings had not taken place for some time. The service co-ordinator said that they would be reinstating the meetings in the near future.

The service had a registered manager who had been in place for some time and was supported in running the service by the service co-ordinator and managers of each supported living service. Staff described a culture where they felt able to speak out freely if they were worried about quality or safety. Staff said they enjoyed working at the service and spoke positively about the leadership being receptive to staff input. Staff said that the registered manager was supportive and they operated an open door policy. One staff member said, "I enjoy my job and working with a good team."

We saw regular staff meetings took place and were minuted. Items of discussion included, training, support plans, meals and safeguarding. One staff member told us, "I go to staff meetings and they are good." These meetings were used to help share learning and best practice so staff understood what was expected of them at all levels.