

Autism Care (UK) Limited

The Holt

Inspection report

Heath Farm, Heath Road
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Lincoln
Lincolnshire
LN4 3JD

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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 Holt is registered to provide accommodation for up to six adults with learning disabilities, autism and associated complex needs. Six people were using the service.

The Holt was a large home, bigger than most domestic style properties. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The provider had systems in place to safeguard people from abuse. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to reduce the risk of reoccurrence. Systems were in place to recruit staff safely. People were supported with good nutrition and could access appropriate healthcare services. Staff were equipped with relevant skills.

People were supported by staff who were kind, caring and treated them with dignity and respect. People were relaxed and happy in the company of staff and the registered manager. People received person-centred care from staff who developed positive, meaningful relationships with them. People had opportunities to socialise and participate in activities of their choosing. Care plans were detailed and up to date about people's individual needs and preferences. The environment was free from malodours. People had personalised rooms.

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.

Staff felt listened to and supported by the registered manager. There was a drive to improve the service for people. People using the service and staff had the opportunity to feedback about the service. There was a system in place to respond to any concerns.

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.

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 requires improvement (published 10 September 2018).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Holt

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 Holt 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 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one relative about their experience of the care provided. We spoke with five members of staff

including the registered manager, support workers and quality assurance manager. We observed staff interactions with people.

We reviewed two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to validate evidence sent by the provider. We looked at policies and procedures. We spoke with one relative and three professionals who regularly visit the service.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They received appropriate training in this topic.
- Relatives told us they were confident their family members were safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager completed assessments to evaluate and minimise risks to people's safety and well-being. People were supported to take positive risks to aid their independence. Risk assessments had been updated to reflect people's changing needs.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans clearly documented the control measures for staff to follow to keep people safe.
- Each person had an up to date personal emergency evacuation plan that would be used in the event of an emergency such as a fire.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Staffing and recruitment

- The provider operated a safe recruitment process.
- There were enough staff on duty to meet people's needs to enable people to participate in social activities and to attend medical appointments.

Using medicines safely

- People's medicines were managed safely. This included storage, administration, disposal and stock control.
- Staff were trained and had their competency checked regularly to ensure they were safe to administer people's medicines.

Preventing and controlling infection

- Effective cleaning practices were not always in place. Not all areas of the service were clean. Issues identified during the inspection were addressed immediately with the registered manager who told us the service had recently employed a domestic assistant to maintain the cleanliness of the service.
- Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of infections.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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, planned and regularly reviewed to ensure they received support that met their changing needs. One relative told us, "The staff always tell me if there are any changes."
- People received care, treatment and support to meet their holistic needs in line with best practice guidance.
- Staff followed advice from professionals to promote positive outcomes for people. A social care professional told us, "The staff who work with [name of person] are very knowledgeable around their needs and appear skilled in their interventions with them."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. The registered manager had systems to understand which staff needed their training to be refreshed and who required supervision.
- Staff had completed a comprehensive induction and training programme to prepare them for their role. Staff were satisfied with the training they received. A staff member told us, "We have lots of training and can ask for additional training if needed."

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

- People had a choice and access to enough food and drink throughout the day. Menus were planned in consultation with people based on their preferences.
- People's weights and nutritional intake were monitored by staff and appropriate action was taken if there were any concerns.

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

- Information was shared with other agencies if people needed to access other services such as hospitals.
- People's changing needs were communicated with their relatives.
- People had access to health care professionals. Appointments were arranged as required by the individual and staff followed the advice and guidance from professionals. Information was documented within care files.

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

- The premises provided a homely environment for people. People's bedrooms were personalised with

photographs, pictures and personal items.

- Although the provider had redecorated some areas of the service, further improvement work was required. The home did not have a lot of storage space and areas were being used inappropriately, for example the laundry room was being used to store a television and cleaning materials as the service waited for a cabinet to lock chemicals away and the medication room was being used to store a domestic fridge as the kitchen did not have space. These issues were discussed at the time of the inspection and the registered manager was going to raise with the provider.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made when required. When authorised these were monitored and reviewed by the registered manager.
- Staff had a good understanding of the principles of the MCA. People were supported wherever possible to make their own decisions.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.

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 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 were relaxed in the company of staff. We observed warmth and kindness in staff's interactions with people.
- Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
- Staff communicated with people in a caring and compassionate way. They gave people time to respond. Staff anticipated people's needs and recognised signs of distress at the earliest stage. Interactions between staff and people were natural and positive.

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

- Staff supported people to express their views, people were listened to and encouraged to be involved in making decisions and choices about their care.
- Where people needed more support with decision making, family members, or other representatives were involved. The service positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and confidentiality were respected. Staff understood how important this was and the positive impact this had on people's wellbeing. One relative told us, "The staff are very good, they make sure [name of person] has their privacy."
- People's independence was promoted. Their care plans showed which aspects of care people could manage independently, and what they needed help with. People were encouraged to maintain independent living skills and assist staff with tasks if they wanted to.
- Care records were kept securely, so confidentiality was maintained.
- People were enabled to maintain and develop relationships with those close to them. Relatives could visit at any time and were made to feel welcome.

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 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's care plans were person-centred and reflected each person's individual needs. The information was kept under regular review and updated in line with any changes needed.
- People were empowered to make choices and have as much control and independence as possible. Relatives were also involved. One professional told us, "[Name of person] appears to be offered choices and staff have been working with them around their independence, supporting them to take part in activities. This has meant they have a meaningful timetable in terms of the things they enjoy doing."

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.

- The registered manager was aware of this standard and provided information to people in a format that met their needs.
- People's communication needs were clearly described in their communication plans and understood by the staff.

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

- Staff understood people's needs and found ways of supporting them to have a good quality of life.
- People were supported to maintain relationships with their family and friends.
- People were engaged in a programme of activities. One relative told us, "[Name of person] goes out to the pictures and enjoys picnics and football."

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedure in place. The service provided a range of accessible ways for people to raise any concerns.
- People and their relatives knew how to make complaints should they need to. Relatives told us they would not hesitate to raise any concerns with staff or directly to the registered manager and were confident they would be listened to.

End of life care and support

- The service was not currently supporting anyone with end of life care.

- The registered manager told us when required, people would be supported to make decisions about their wishes and preferences in relation to end of life with their families.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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; 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

- Relatives and visitors told us the registered manager was very approachable and available to talk with. One professional told us, "The registered manager is very effective and very willing to engage."
- The registered manager worked with the support workers to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- The registered manager displayed an open approach and listened to people, their representatives and staff when things went wrong. Staff performance was managed appropriately in line with providers processes. This ensured standards were maintained in the service.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- The registered manager worked to develop the staff team so staff at all levels understood their roles and responsibilities. They were accountable for their staff and understood the importance of their roles.
- Staff performance was managed appropriately in line with providers processes. This ensured standards were maintained in the service.
- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service.
- Effective communication between the registered manager and staff team supported people to receive their preferred care and support.

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

- Staff were consulted and involved in decision making and discussed people's changing care needs at handover and staff meetings. Staff were encouraged to contribute ideas and raise issues.
- Staff's knowledge about people and their individual needs was used. Staff and relatives were included in reviews and update of care plans which helped to promote consistency of care.

Continuous learning and improving care; Working in partnership with others

- An effective system of internal and external audits was used to monitor the quality and safety across the

service. Where audits identified any concerns or trends, action plans were put in place and communicated to the staff team.

- People benefitted from partnership working with other local professionals, for example GPs, community nurses and a range of therapists.