

Autism Hampshire

Hampshire - Domiciliary Service

Inspection report

1648 Parkway
Whiteley
Fareham
PO15 7AH

Tel: 01489880881
Website: www.has.org.uk

Date of inspection visit:
22 July 2019
23 July 2019
29 July 2019

Date of publication:
09 October 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hampshire Domiciliary Service offers domiciliary care to people in their own homes and across six 'supported living' settings. People who use the service have learning disabilities, autism spectrum disorders and/or physical disabilities. CQC only inspects where people receive personal care, this is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided such as activities, community access and domestic support. At the time of the inspection 19 people required support with personal care tasks across the six 'supported living' settings. Each of the 'supported living' settings offered different types of accommodation options which included self-contained flats within one building, a single person service and houses of multiple occupancy. No one accessing the provider's domiciliary care service, which is registered under the same location required support with personal care at the time of the inspection. The provider Autism Hampshire is a registered charity and a not for profit organisation.

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

There were systems and processes in place to review the quality of the services provided to people, however these were not always effective to ensure the provider maintained oversight. For example, findings from this inspection highlighted where improvements were required in relation to the governance and record keeping of communication with the local authority, records relating to actions taken to respond to informal concerns raised by people and their relatives and the governance of staff supervision. We noted there was a clear management structure in place and staff consistently told us they felt supported and could access advice and guidance from the senior management.

We found in day to day practice 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. Where people required additional support to make decisions, practices supported people in line with the principles of the Mental Capacity Act 2005. Staff spoke positively about the range of training opportunities available to support them to continually develop their skills.

People's care plans were person-centred and focused on their strengths and abilities. Where people required support to manage feelings of anxiety and associated behaviours, staff support was readily available, and responses were proactive. People received appropriate levels of care and support that was responsive to their needs. People were provided with a range of opportunities to engage in social activities and staff encouraged people to build meaningful relationships through extended social networks.

People were protected from the risk of experiencing abuse. Risks to people had been assessed and measures were put in place to ensure their safe management. There were clear safeguarding processes in place to identify, record and respond to all incidents and accidents. People were supported to receive their medicines safely and as prescribed. We received mixed feedback from relatives around movement of staff across the different settings, however the provider had an on-going recruitment drive and had taken steps

to promote consistency following an organisational restructure. People had access to appropriate levels of support to meet their needs.

People were supported in a kind and caring manner. We observed people had developed positive and trusting relationships with staff which promoted them to achieve positive outcomes. Staff practices promoted an inclusive, non-judgemental culture and people were empowered to embrace their diversity. Staff treated people with dignity and respect and were passionate in promoting person centred care.

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

Rating at last inspection

This service was previously rated as good at the last comprehensive inspection. That report was published on 08 February 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?

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hampshire - Domiciliary Service

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

This inspection was carried out by one inspector. An assistant inspector sought feedback from relatives of people who use the service through telephone contact.

Service and service type

This service provides care and support to people living in six 'supported living' setting[s], so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers 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 48 hours' notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that the provider had time to speak with people and make sure they were happy for the inspector to visit their home. Inspection activity started on the 22 July 2019 and ended on 20 August 2019. We visited the office location on 22 and 29 July 2019 and visited two of the 'supported living' settings on 23 July 2019.

What we did before the inspection

We reviewed information we held about the service including statutory notifications which providers are required to inform the CQC of, such as accident or incidents that have happened at the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with a range of staff including the registered managers', home managers, support staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records relating to people's care and support needs across the 'supported living' settings which included five people's care plans and people's medicines records. We looked at four staff files in relation to recruitment and staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We visited two of the six 'supported living' settings and spoke with six people and observed people interacting with their support staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. For example, we looked at training data and quality assurance records. Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service. To ensure we gathered people's views we also spoke with seven relatives to seek their feedback on the support provided to their loved one after the inspection. We also sought feedback from local authority commissioners and professionals and received a response from two health and social care professionals.

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

- There were clear systems in place to support staff to recognise, respond and report any concerns. This included sharing information and working with relevant agencies such as the local authority where appropriate to ensure people were safe.
- Staff had a good understanding of their responsibilities and attended safeguarding training. All staff we spoke with told us they felt confident raising any concerns with the senior managers and that action would be taken to keep people safe as appropriate.

Assessing risk, safety monitoring and management

- People had robust and detailed risk assessments in place. Assessment of risks included risks associated with health conditions, behaviour management and activities people participated in.
- People's risk assessments included detailed information on steps staff should take to reduce or remove identified risks to people. Records also detailed the approaches staff should use to keep people safe.
- Where appropriate, people were involved in decisions around risk and positive risk taking. For example, where people could access the community independently this was supported, and staff encouraged people to take steps to keep themselves safe. This included people using mobile phones to contact staff if they required support. For example, one person told us, "Staff keep me safe here, when I go out I can use my mobile to call and ask for help if I need to."

Staffing and recruitment

- We reviewed staffing rotas for two of the 'supported living' settings, which demonstrated people had access to suitable levels of staffing to meet their needs.
- One person told us, "There is always staff here, I can ask if I need help."
- Most relatives we spoke with told us they felt there were sufficient staffing levels in place, and this had been an area of improvement. We received comments such as, "Stability in staffing issues has improved tremendously from what it was, I think staffing is sufficient" and, "There seems to be plenty of staff now that all seems to be going rather well."
- However, feedback from relatives suggested continuity of staff available was not always consistent across each setting. One relative said, "They're very quick to move staff from this particular house, constantly swapping and changing" and, "[The] only negative is the changing of staff in [relatives] particular house."
- The registered managers told us recruitment and retention was an on-going priority and this had improved. To support continuity of staff the provider recruited bank staff to cover shifts. This meant people were supported by bank staff who underwent the same induction and training pathway as permanent staff.
- There was a clear recruitment pathway for new employees, which helped to ensure suitable staff were

recruited to work with people. This included disclosure and barring service (DBS) checks for new staff before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in health and social care.

Using medicines safely

- People's medicines were managed safely. There were clear systems in place to store, administer and dispose of medicines appropriately.
- Where people had medicines prescribed on an 'as required' (PRN) basis, there were detailed individual PRN protocols in place. Information clearly identified why, when, and how staff should support people to manage these medicines. This ensured people received their medicines when needed and as prescribed.
- Staff received training in safe administration of medicines and underwent regular observed competency reviews to check people's medicines were managed safely.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to personal protective equipment such as hand gel, disposable gloves and aprons.
- Staff received training in infection control and food hygiene.

Learning lessons when things go wrong

- There registered managers were responsible for reviewing any concerns, incidents or near misses. The registered managers oversaw all information and ensured appropriate actions were taken where necessary.
- When accidents, incidents or near misses occurred we saw these were reviewed and responded to individually and formed part of the provider's charity board management information sharing to drive improvement and outcomes for people across all of their services.

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.

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.

- Staff could confidently discuss how they supported people on a daily basis to make choices such as clothing, food and activities.
- We saw best practice guidance posters on principles of the MCA were available in staff areas to support staff to promote their understanding of people's rights and freedoms.
- People's support plans detailed where appropriate that consent had been sought. Where people were identified as lacking capacity to consent to a particular decision, assessments of people's capacity and steps taken in their best interest followed the principles of the MCA.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Where a person was subject to a deprivation of liberty authorisation from the Court of Protection, this information was clearly recorded and reflected through the persons care plan. However, on some occasions the provider did not always document their follow up communications with the relevant responsible body for those not subject to a Court of Protection authorisation as to whether this was necessary. We raised this with the provider who took action to ensure that future communications were recorded in line with the MCA.

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

- Before receiving care and support from Autism Hampshire people's needs were assessed. This helped ensure people's needs could be met and staff knew the level of care and support people required to achieve their outcomes.
- The registered managers told us they worked closely with people, their relatives and key commissioners such as the local authority to plan people's transitions.
- People were supported to manage transitions to or between the different settings as appropriate. Individual transition plans we reviewed included key information presented in an easy to read format and planned approaches to service visits. This helped to ensure people were involved and had an understanding

of when and how transitions were planned.

- Staff were supported to follow best practice guidance. Staff could access the providers information and advice, autism directory library and internal training resources. One staff member told us, "If you need advice and support the [internal] trainers are really good to contact to look at different practices and approaches to use."

Staff support: induction, training, skills and experience

- We reviewed records in relation to staff supervision which demonstrated staff did not always receive their supervision in line with the providers policy. However, staff we spoke with consistently told us they felt supported. One staff member said, "We are constantly supported, even if [manager] isn't there in person we can call any of the managers for advice. When I was having a difficult time before, I spoke with [manager's name] and she made extra time for a supervision." Another staff member commented, "There is always managers and senior staff on hand, we have a great level of help and support."
- Staff received appropriate training to support them to meet people's needs. Staff spoke positively about the range of training opportunities available which included the providers autism specific training pathway. One staff member told us, "The last training session I went on was amazing. There was a person [supporting training] who had [a diagnosis of] autism we could speak to. I left thinking how wonderful and insightful that was."
- There was a planned approach to new staff's induction. This included attending a range of training and shadowing experienced staff prior to delivering hands on care with people. A new staff member commented, "I have learnt a lot about autism in the workshops, it's a really good starting block for communication with people. I feel really supported as you have a line manager assigned to you, so you can call or ask any questions."

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

- Where appropriate people were encouraged to participate in managing their diet and nutrition needs where appropriate with support from staff. One person told us, "Staff help me with cooking sometimes, it depends what mood I am in."
- Where people had specialist diets or preferences, for example to manage a diagnosis of diabetes, staff supported people to explore alternative meal options and gave information and advice to support their decision making.

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

- People's care records included person centred health action plans. This provided information on how staff should support people to maintain their physical health needs. However, we noted some health action plans were not always detailed.
- People were supported when they moved between services. Care plans included a 'hospital passport' which provided a summary of key information about each person. These included information on medical conditions, communication needs, levels of support people required and people's preferences on how to best meet their needs.
- We received positive feedback from a health and social care professional who told us, "I have only had positive experiences working with the staff at ['supported living' setting], including management. I find that they are proactive in supporting [person], forthcoming with appropriate information and any concerns that they need to raise."

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

- The provider's values promoted an inclusive culture across the organisation that respected people's rights, equality and diversity. For example, where people wanted to explore their sexual and self-identity this was supported sensitively, and people were empowered to make informed choices.
- People were actively supported where appropriate to engage with external resources and community groups that upheld their cultural, religious and identity needs and preferences.
- One relative commented, "We're a practising catholic family and they take [loved one] to church activities independently of us as parents as well. [Their] cultural and religious background is respected which is really important."
- At both settings we visited we observed there was a relaxed atmosphere and people and staff had positive interactions, both verbal and non-verbal, through chatting about their day or sitting with people and doing activities they enjoyed.
- We received positive feedback from people's relatives that their loved ones had good relationships with staff. For example one relative said, "There are a couple of people in particular that I think go the extra mile and I think that's made a big difference to [loved one] and I'm very happy about that" and another relative commented, "[Some] staff are excellent, no complaints, they're superb and go above and beyond what is their duty, just spectacular."

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

- People were encouraged to express their views and be involved in their care planning. For example, people were given the opportunity to have one to one time with their keyworker on a monthly basis to set and review their personal goals and objectives.
- Where people's needs impacted their ability to engage verbally, staff used other meaningful methods of communication to encourage participation. For example, some people benefited from social stories to support them to understand and be involved in making decisions.
- Most relatives we spoke with told us they felt involved in decision making where appropriate. Comments included, "We're involved in the [best interest] meetings" and, "They're very good at having meetings when parents request them."

Respecting and promoting people's privacy, dignity and independence

- People's freedoms were respected. Where people's needs meant they required high levels of support and supervision, their care plans included steps staff should take to maintain people's safety whilst allowing for privacy. For example, staff monitored people in their rooms at regular intervals to check on their wellbeing.

- Staff supported people with personalised approaches to building independence. For example, one person benefited from positive recognition. Staff had implemented a chart with incentives for carrying out tasks. This helped to motivate and encourage the person to build their skills and recognise their own achievements.
- Staff we spoke with were passionate about their roles and ensuring people were treated with dignity. For example, a staff member commented, "I try and validate [person] and how he feels all the time. It's about building different professional therapeutic bonds with all of them that takes time to get their trust."

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

- The registered managers described how the organisation was in the process of rolling out a new approach to supporting people to manage crisis behaviour to promote a proactive culture. The registered managers told us this approach focused on redirection and de-escalation strategies to promote better outcomes for people to manage feelings of anxiety and distress.
- People's care plans had detailed information and robust guidance to support staff to recognise and respond appropriately to their social and emotional needs.
- Care plans were personalised and included details of people's preferences, sensory needs and interests.
- Most relatives told us they felt involved in sharing information to ensure people's care plans reflected their needs where appropriate. For example, one relative commented, "When they've [staff] done the care plan I'm asked to look at it and review it and see if I think it's right, then it's put in place. If I'm unhappy it's amended."
- We received feedback from a health and social care professional that staff were responsive to meeting people's needs. For example, they told us, "[Staff] demonstrate genuine concern and a proactive stance towards his safety and wellbeing, offering on-going telephone support even when he is spending time away from the service."

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 communication needs were considered, and staff used a range of approaches to support people to understand information being shared. This included the use of social stories, individual timetables and easy read information.
- Staff photo boards to support people to know which staff were on each shift were not always used consistently across each setting. These photo boards helped people to manage their anxieties in relation to transitions between different staff during the day. However, the registered managers had acknowledged this, and plans were in place to promote consistency. For example, one setting had a display board being fitted during the inspection following agreement from the property landlord.
- Staff were supported to build on their knowledge and skills to promote effective communication with people on the autistic spectrum. This was facilitated as part of the providers autism specific training pathway. One relative commented, "I know the [staff] team have undertaken specific training, which has benefitted in supporting communication and language."

- The use of technology was used to support people's communication. The use of specific touch screen technology and software was being trialled by some people using the service, which the registered managers told us had been successful. As a result, the provider was exploring fundraising to purchase equipment to enhance people's engagement with staff and their peers.

Supporting people to develop and maintain relationships to avoid social isolation

- People had access to a range of activities in-keeping with their interests and were supported to access the local and wider community.
- Relatives spoke positively of support people received to maintain their interest's. We received comments such as, "I'm surprised at what [person] does, trampolining, all different sports. Lots of walking. He likes playing pool, so he's encouraged by the staff and they go with him" and, "[Person] does all the day services that she wants to do, staff will take her and bring her back. There are other things like going for walks, she belongs to the national trust so they'll take her to those places."
- During the inspection we observed staff offered people choices of activities and outings and respected their wishes. For example, some people were supported to access the local cinema as a planned activity. Where one person chose not to attend staff offered a range of alternative options.

Improving care quality in response to complaints or concerns

- Most relatives we spoke with told us they felt complaints and concerns were dealt with effectively, however some relatives did not always feel their views were taken on board.
- We reviewed records which evidenced there was a clear complaints procedure in place and we saw that where formal complaints had been received these had been responded to appropriately. The registered managers told us for informal concerns these were dealt with in consultation with the person or their family. However, these were not always recorded in a way that would allow for the provider to have oversight. We raised this with the provider who took action to resolve this immediately.
- Records demonstrated that where the seriousness of complaints or concerns required senior management involvement, there were clear processes in place to support this. This was supported by the provider's charity board who maintained oversight and monitoring of these concerns.

End of life care and support

- At the time of inspection no one was receiving end of life care. The registered managers told us how people had been supported in the past to ensure they received the appropriate support and involvement from relevant professionals to meet their end of life needs and wishes.
- Staff we spoke with demonstrated genuine compassion for people and understood the importance of supporting people to manage the concept of loss and bereavement.
- A relative told us, "Staff helped [person] during a bereavement in understanding that someone had died. Staff were very kind in the way they dealt with it and supported him to attend the funeral. They're good at managing understanding of changes in life and are genuinely caring."

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 deteriorated to requires improvement. This meant the service management, leadership and governance did not always consistently support the delivery of high-quality, person-centred care.

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

- There were systems and processes in place across all levels of the organisation to assess, monitor and improve the quality of the service provided. However, these systems were not always robust and did not always identify opportunities for improvement.
- For example, systems and processes had not identified findings from this inspection around record keeping relating to communication with the local authority, consistency in the recording of informal concerns received in line with the provider's policy and the governance of staff supervision timeframes.
- Audits of people's care plans and information were completed regularly to ensure records were up to date and accurate, however these were not always effective in ensuring the level of information in people's health action plans were completed consistently. We also noted audits completed failed to identify where one person's dentist appointment had not been followed up. We discussed this with the registered managers who took immediate action to address this during the inspection.
- There was a clear management structure in place including the provider's charity board, two registered managers, home managers, and support staff. Staff were clear on each other's roles and who they could access support from when required.
- We observed people had built positive relationships with the registered managers and senior staff and were comfortable in their interactions and engagement.

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

- We received mixed feedback from people's relatives around communication and engagement. Some relatives told us they had positive experiences of open communication, however this was not always seen as consistent across each of the settings.
- The provider encouraged people and their relatives to provide feedback on the service they received through an annual survey. We reviewed feedback collated from the 2019 surveys which identified communication with relatives was an area for improvement and actions were being considered to address this.
- People were supported to understand and embrace their differences. This included opportunities for people to be involved in raising awareness of people's experiences living with autism. For example, some people participated in a project with a local zoo developing their services for people with autism.

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 managers had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.
- We reviewed the provider's duty of candour policy which included actions that should be taken to ensure they meet their legal responsibility.

Continuous learning and improving care

- The registered managers told us they could access support across the provider's resources such as their internal training, information and advice and autism library service.
- The provider's governance systems incorporated an overview and analysis of the range of residential, 'supported' living and the domiciliary care services provided. This information was used to identify themes and trends across all the services to promote shared learning opportunities. For example, where it was recognised that managers across the provider's services would benefit from familiarity with all services when supporting the provider's on-call procedures, visits to services were scheduled to support this.

Working in partnership with others

- The registered managers and staff told us they had established good relationships with other professionals and communicated regularly with commissioners, such as the local authority and community learning disabilities teams.
- People's care records demonstrated that staff sought advice from relevant professionals when appropriate and ensured people had access to the appropriate resources and levels of support they required.