Salisbury Support 4 Autism Limited

Holt Road

Inspection report

28 Holt Road
Wembley
Middlesex
HA0 3PS

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31 March 2016

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26 May 2016

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

We carried out an announced comprehensive inspection of this service on 31 March 2016. This was the first inspection since the provider changed the registration from Salisbury Autistic Care Limited to Salisbury Support 4 Autism Limited (SS4AL) in December 2015. During our focused inspection of Salisbury Autistic Care Limited in September 2015 we found that the provider was meeting all regulations assessed.

Holt Road is a care home providing personal care support and accommodation for up to five people with autistic spectrum conditions, complex communication needs and behaviours that challenged the service. At the time of our inspection, five people lived in the home.

There was a manager registered with the Care Quality Commission (CQC), however the registered manager was currently on sick leave and an experienced senior support worker was acting on her behalf. 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.

We found people were cared for by suitably qualified, skilled and experienced staff who knew their needs well. People were supported to follow their own chosen routines and to take part in activities they liked, such as trampolining, swimming, going to the gym, walking, and baking cakes and household chores.

People's care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Staff followed the care plans and had good relationships with the people living at the home.

Risk assessments and care plans for people using the service were effective, individual and autism specific in capturing the required information. People's individual care needs were recorded in a timely manner which demonstrated that their needs had been met. There was a strong focus on supporting people in becoming more independent by working together with the family, the person and the day service to achieve the best possible outcome.

People received their medicines in a safe manner and staff recorded and completed Medicine Administration Record (MAR) charts correctly.

The service showed good practice in supporting people with their physical and mental health needs and in making decisions for themselves.

The house was safe and improvements to the environment had been made since our last inspection.

The home was well managed and the registered manager was supported by an experienced senior care

worker as well as the Head of Care who was available as and when needed. Care workers were supervised monthly and supported by senior members of staff to ensure they did their job well.

Where things had gone wrong, appropriate action was taken to make sure the same mistakes were not made again. For example, where a mistake had been made in giving somebody the wrong medicines, staff were suspended from giving medicines until they had further training and the manager had assessed their competence.

The manager notified relevant people of any incidents as required.

SS4AL undertook frequent audits to ensure the home was operating to a good standard.

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. Staff had assessed risks to each person's safety and any risks they posed to other people. Staff followed the written plans to help keep people safe. Staff knew people's needs well and there were enough qualified, skilled and experienced staff to meet people's needs.

Staff were knowledgeable about safeguarding people from any abuse. They were safely recruited. Staff had good knowledge of whistleblowing which meant they were able to raise concerns to protect people in the home from unsafe care.

Is the service effective?

Good

The service was effective. Staff were trained to understand and support people to a good standard.

People had a good level of support to make their own decisions and where they did not have capacity to understand, proper processes were in place to ensure those who cared for them made decisions in their best interests.

People's nutritional needs were met. The menus provided variety and choice and met people's cultural preferences.

Staff supported people to see healthcare professionals, such as GPs, psychiatrists, opticians and dentists regularly and supported them in the home to look after their physical and mental health.

Is the service caring?

Good

The service was caring. Care staff demonstrated good understanding of people's care and support needs and knew people well.

People's privacy and dignity was respected by staff and staff gave us examples of how they achieved this.

Staff respected people's different religious and cultural backgrounds and knew how best to communicate with each person.

Is the service responsive?

Good

The service was responsive. People's care plans were comprehensive and they were updated regularly to reflect any changes in their care and support needs. Each person had an individual weekly programme of activity in accordance with their preferences. The service provided person centred care.

People were given information on how to make a complaint and systems were in place to appropriately respond to complaints.

Is the service well-led?

Good

The service was well led. The systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up by Salisbury Support 4 Autism Limited to ensure continuous improvement.

Staff were clear about the standards expected of them and felt able to approach the manager for advice and support. Staff morale was good and the senior care worker and registered manager ensured staff were both supervised and supported to provide a good standard of care.

Holt Road

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 31 March 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an 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. The expert had personal experience of caring for someone with Autism and challenging behaviour.

People who used the service had complex needs and were not able to communicate with us verbally. We therefore used observations to assess the quality of care provided to people; we accompanied people to a community based activity and observed interactions between staff and people who used the service. We contacted relatives and received feedback from four relatives. We spoke with five staff members, the senior support worker who was acting on behalf of the registered manager, the head of care and the company's behavioural support specialist.

We looked at three people's personal care and support records, personnel records for three staff and records relating to the management of the service such as staff training and supervision records, meeting minutes, records of checks and audits, action plans and safeguarding records.

Good

Is the service safe?

Our findings

All relatives told us that they believed that the home ensured people who used the service were safe and generally well cared for. Relatives also told us that if there were any concerns, "The home would inform me about it."

All five people living in the home had communication difficulties and we were not able to ask them if they felt safe in the home. We looked at three of the five people's care plans and found they contained detailed information about keeping people safe. This information included risks to the person's safety, things they were afraid of and their behaviours which were a risk to themselves and others. This information advised staff on how to keep the person safe from harm and how to make them feel safe. For example, one person had a fear of dogs and their care plan informed staff how to support them if they met a dog. Another person's plan stated that they needed to be supported by two male staff when going out for safety reasons. Staff rosters showed there were always two male staff on duty to provide support when this person was going out.

Staff confirmed that staff had been trained in safeguarding adult's procedures and knew the procedure to follow if they had concerns about a person. Care staff told us that they would immediately raise any safeguarding concerns with the registered manager and were confident that she would deal with them appropriately. The provider had a safeguarding and whistle blowing procedure which provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Care staff knew about these policies and gave us practice examples of when they would use the guidance in these policies. For example, one support worker told us, "I would immediately contact the manager or one of the seniors if I would notice anything unusual with one of the residents." Another support worker told us "I can call the police or the CQC if I think that nothing would be done."
Each person had a risk assessment and guidelines to support them with their behaviour which challenged the service. Staff followed the guidelines and were able to tell us in detail how they supported each individual.
Staff gave proactive support with people's behaviour. Behaviour intervention care plans had been developed specifically to support people who displayed behaviour that was challenging to others or themselves. These provided information and guidance to staff which ensured that they managed and responded to behaviour that challenges consistently which ensured people's dignity, but also promoted their rights. The behaviour intervention plans were reviewed regularly and if behaviour deteriorated the service was able to get professional support from an in-house behaviour specialist to ensure that a more pro-active approach to the increase of challenging behaviour could be found.

Daily planned activities outside the home helped to reduce the amount of time people had to spend in a confined space. In addition staff encouraged people to spend time in their rooms or in the quiet room if they wanted to have some quiet time. Staff told us that Holt Road had planned to decorate the summer house in the garden to provide an extra space for people to spend quiet time but this had not yet been acted on. We found from inspecting records and talking to staff that they supported people to go out regularly and spent time on their own away from their housemates which was positive.

Staffing levels were good and rosters showed us that staffing levels were staggered to ensure people's needs were met and people were able to access the community for planned activities. There were extra staff on duty at busy times and when there were planned appointments. There was always a mix of male and female staff so the two women living in the home were always supported with personal care by a female staff and one man who preferred male staff always had two male staff available to go out with him to his daily activities.

Two people in the home had a history of running away and there were guidelines for staff on how to keep those people safe when out.

Staff had been trained in giving people their medicines safely but there had been errors previously which resulted in staff giving one person the wrong medicines. They took action to safeguard the person by seeking medical advice quickly and reporting the error. As a result, the registered manager stopped the staff involved from giving medicines until they had repeated their medicines training and been assessed as competent. This was the appropriate action to take to safeguard people from harm that could be caused by medicines errors. Each person had a medicines profile listing their medicines, what it was prescribed for and possible side effects. There were clear guidelines for staff when to give medicines that were "as and when needed." People's medicines were obtained and stored safely. Staff had received medicines training and their competency had been assessed. We looked at a sample of medicines administration records which were completed correctly and without errors. Although there had been medicines errors in the past, appropriate action was taken afterwards to minimise the risk of it happening again and overall medicines administration in the home was safe.

Good

Is the service effective?

Our findings

People spoke highly of the support provided by staff. Relatives told us that care workers had the right skill and knowledge to meet people's needs. However two relatives told us that staff would benefit in training which helped them to communicate better with people who experienced hearing loss.

Holt Road had a training programme for staff and the manager and kept records of which training all staff had attended. In their individual supervision session's staff told their supervisor how they would apply what they had learned from their training courses that they could use in their day to day work. One staff member told us that they had enough training to do their job. Relief staff said that they received all the same training as permanent staff. Holt Road provided staff with training they needed to support people who have learning disabilities and autism. Care workers employed had or were working towards NVQ qualifications in health and social care. Induction training for new staff included two weeks "shadowing" experienced staff and training in safeguarding, the mental capacity act, first aid, medicines, health and safety, moving and handling people safely, food hygiene, equality and diversity, learning disability, fire awareness, autism, breakaway and diffusion training and working positively with people who challenge. Staff attended refresher training regularly.

We checked three staff files to see if they received regular supervision. The registered manager and senior care worker gave staff regular supervision sessions and discussed their work including any improvements needed. The registered manager, senior care worker and head of care also observed staff in their duties and gave them feedback about their interaction with people. This was positive as it showed senior staff were monitoring care workers and encouraged them to continually improve. We also saw that where staff had made an error or not followed correct procedures, appropriate actions were taken in the interests of the people living in the home. Staff had an annual appraisal to discuss their work.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. People had a care plan in relation to their capacity and abilities to consent. These plans considered how people could be involved in making decisions about their care and who they might like to support them with this process and the best times and circumstances to ask them to make a decision. This was evidence of a good understanding of the Mental Capacity Act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if

there are any restrictions to their freedom and liberty, these have
been agreed by the local authority as being required to protect the person from harm. The service was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The registered manager and care workers were trained to understand when applications for DoLS authorisations should be made, and in how to submit one. People in the home were deprived of their liberty. They were unable to leave the home without staff support as there was a keypad on the door which they were unable to use to leave the home. The reason for this was that some people in the home were assessed as being at risk of harm if they went out alone. The registered manager had applied for and received deprivation of liberty safeguards authorisations. When people wanted to go out they could tell staff verbally or show them by fetching their coat or taking staff to the front door.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We found that all staff had attended training in positive behaviour support and in breakaway and diffusion training. This training advised staff on how to prevent and manage incidents of aggression. There had been clear guidelines for people about when they had to be restrained and how this should be carried out safely. The manager told us there had been no incidents where restraint was used in the past six months. This was partly due to the Salisbury Support 4 Autism Limited Positive Behaviour Support team working with staff to better meet the needs of a person with challenging behaviour.

We saw that the menu was displayed in words and photographs so everybody could see what was on offer that day. There was a book of food photographs in the kitchen so people could point to photographs if they were not able to speak or sign to staff what they wanted to eat. We also saw evidence of teaching programmes where staff had broken down tasks such as cooking a meal and making a cup of tea into steps that people could follow and learn new skills. This was good evidence that people were encouraged to learn new skills and increase their independence. All people had different responsibilities in carrying out daily chores such as setting the table, taking out the rubbish and cleaning where they were willing.

Good

Is the service caring?

Our findings

All people had family who they kept in contact with. We were able to speak to four people's relatives. They said that staff were caring. One said "they seem to care and my son is happy there."

We accompanied two staff members to a community based activity for swimming. We observed that staff interacted with people in a calm and caring manner. For example during a relaxed walk to the leisure centre one of the people would stop frequently and we saw that on every occasion staff gently touched the person's shoulder and explained where they were going and what they were planning to do. On arrival at the leisure centre one of the people chose not to go swimming or use the gym, instead the person used the library and chose to read books. Staff sat down with person and we saw that they read the book together always being guided by the person instead of encouraging the person to do something they did not want to do. Another person decided to use the gym and we observed staff using the equipment together with the person, the session was fun and we observed the person smiling and laughing throughout. At no point did we observe people becoming distressed, agitated or challenging. It was evident that staff knew the people very well and showed a genuine interest in the person and their choices.

We found that staff spoke with people respectfully, asked their opinions and offered them choices, for example what to eat and drink. Staff showed they knew each person's preferences in respect of their daily routine. Routines were important to people and staff supported their need to follow their own routine. For example, one person liked to do the recycling on a daily basis. Staff supported these routines. We observed one staff speaking softly to somebody who was anxious and distracting them away from the source of anxiety by offering a drink. We also observed staff gave clear explanations to one person in a way they could understand. This helped the person calm down and be reassured.

Where people sometimes behaved in an inappropriate way staff tried to understand what they wanted to communicate. There were written guidelines for staff telling them what a specific behaviour at mealtimes meant for that person and what message they were trying to give staff. This was good practice as it showed staff trying to understand people's needs instead of merely reacting to their behaviour.

Staff recorded people's religious preferences in their care plans. They supported people to go to their individual places of worship regularly if they chose to and provided appropriate meals in line with their religious observances.

Staff knew people's cultural backgrounds and provided different cultural foods and the appropriate products for each person's hair and skin needs.

The staff team was from a variety of ethnic backgrounds and a mix of men and women of different ages. Some people in the home preferred to be with male or female staff and this was respected by staff. The registered manager ensured staff on duty could meet the needs and preferences of people in the home.

Nobody had a physical disability and the house was not accessible for a wheelchair user. The environment

reflected people's methods of communication. There were pictorial signs where needed which everyone living in the home could understand. Staff were aware of each person's different communication methods (symbols, signs, some speech and writing) and their preferences about how they liked to be spoken with and what name they preferred to be called. Staff told us people's preferences so that we did not upset the person by addressing them in a way they disliked.

Good

Is the service responsive?

Our findings

We asked the family of one person if they thought the service met their relative's individual needs and wishes and they said they thought their relative was happy there and that staff supported them to visit the family "quite often." Two other relatives told us that they had been involved about important decisions in relation to their relatives care.

The service was responsive to the individual needs of people. Each person had a detailed support plan setting out their needs in a person centred way. This meant that the support plans took into accounts the person as an individual, their abilities, strengths and needs and their wishes. Staff knew people's wishes and responded quickly to their needs.

All three care plans we viewed confirmed that a detailed assessment of needs had been undertaken by the registered manager, the person, their relatives and care staff working at the service. The assessment formed the basis of the care plan. Care plans were well structured and addressed a wide range of needs, actions and goals. All care plans started with a detailed pen picture which provided personal information, likes and dislikes as well as people and things which were important to the person. The pen picture was followed by various risk assessments and a risk management plan which looked at in-house as well as community based activities and risks to the individual. The risk assessments included information about communication skills and communication needs of the person. The three main areas of difficulty which all people with autism share are sometimes known as the 'Triad of Impairments'. These are difficulties in social communication, social interaction and social imagination. The autism specific care plan provided comprehensive information helping staff to understand why the person behaved in a certain way. For example we saw in one care plan that the person had difficulties with change and we saw that clear guidelines were provided to make it easier for the person to accept change and ensured consistent staff approaches to make this easier for the person.

Care plans emphasised people's abilities and skills as opposed to looking at things people had difficulties with. However people were supported with their concerns and difficulties. For example we viewed guidelines in how to support a person going to the doctor, or anxieties from dogs, or what help they required in their personal care. This was done in a very positive way, by looking at the skills the person has in managing this independently.

Staff supported people in the home to go on holiday every year and to do the things they liked on a weekly basis. Staff supported people to do physical activities such as walking, swimming, trampolining and workout in the gym. People went swimming twice a week. We visited the home during half term holidays, which meant the local swimming pool was very crowded. Instead of not offering an activity at all we observed that two people went to the local park and lunch instead and two people went to the gym and lunch instead. We found that this was an excellent way of responding to outside influences which could have a major impact on people's behaviours. Staff encouraged some people to go for long walks round a local park. They told us this was to help manage their weight. We saw records showing that people also went bowling, out for meals, visiting family and to the cinema.

People also attended a day service run by the provider, which offered a variety of sessions which included arts and crafts, sensory and cooking. Staff told us that people enjoyed these sessions and liked to go there.

There had been no complaints recorded in the last year. Relatives confirmed that the manager had sent them a copy of the complaints policy so that they knew how to complain. However one relative told us that they did not know whom to complain too due to the changes in management. This person felt that they had to direct staff to provide the best care but that the manager did listen to their views. There was a complaints procedure in Plain English and pictorial form aimed for people living in the home to understand how to complain.

Good

Is the service well-led?

Our findings

We talked to three staff members and four relatives of people living in the home about the culture of the home. Three relatives told us that the manager listened to people's views and worked hard to provide a good quality service to individuals in the home. One representative said they were unhappy about an incident where a person in the home received unsafe care. The manager had taken appropriate action to reduce the risk of the incident happening again but had not explained this to the person's representative.

This home had a registered manager but at the time of this inspection the manager was on long term sickness. During the day of our inspection the service was managed by an experienced senior care worker with regular support from the head of care. This meant that there was a senior staff on duty in the home five days a week to support staff. There was no evidence that this temporary absence of the manager was having a negative effect on the quality of care despite the reduction in management hours. The head of care did not know the date when the registered manager would return to managing the home full time. The registered manager and senior care worker had relevant qualifications in Health and Social Care, which included management qualifications and care qualifications.

The registered manager carried out regular observations of staff to ensure they worked well with people and took appropriate action when they did not. This was evidence that the management of the home worked to protect people in the home from the risk of unsafe or inappropriate care.

Staff said there was good staff morale and they were supported well by the registered manager, head of care and senior care worker. Sickness levels were low as was staff turnover so there was a stable staff team.

We looked at the quarterly audit of the home carried out in February 2016. We saw that some recommendations had been made to improve the service provided to people. We saw in this audit that some actions had already been taken and improvements to the service had been made, this included review of a care plan for one person.

Salisbury Support 4 Autism wrote a number of policies in "easy read" version. Easy read means pictures and symbols which can be used to help people who don't read written English. This meant that the report could be understood by people living in the home as well as staff.

The service promoted clear visions of promoting people's independence and staff told us that "Residents can achieve anything they want and we will help them as well as we can". This was evident by the examples we saw of people having gained new skills in gardening or gaining greater independence in the upkeep of their rooms or the home, by being involved and encouraged to take part in household chores.

People who used the service and care staff had regular opportunities to make their voice heard. Resident meetings were arranged weekly and staff meetings were held monthly. We saw minutes of these meetings which showed that people were able to contribute and care plans and daily records confirmed that suggestions made by people who used the service and staff were listened to and implemented.

Record keeping was satisfactory and the standard of records was sufficient to see what care people needed and what care they had received. The support plans and care records were written to a high standard and entailed comprehensive information about the person and how the service was able to meet their complex needs best.