Homes Caring for Autism Limited

Starbrook

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 30 November and 5 December 2016 and was unannounced. The service is registered to accommodate up to six people with a learning disability or autism spectrum disorder who require personal care.

A registered manager was in post. '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.'

There were minor inconsistencies with documenting checks that had been undertaken and some rewording was needed to clarify the actions staff must take to maintain a consistent approach when supporting people.

Relatives told us the staff were good and their family members received the care and treatment needed in their preferred manner. However, the constant theme with their responses was that there had been staff changes. These relatives told us senior manager had reassured them that steps were being taken to provide consistent care to people from regular staff.

The people we observed were relaxed and comfortable with the staff supporting them. We did not observe signs of distress from people when staff were offering support or attention. The staff we spoke with were able to explain the safeguarding of vulnerable adults from abuse procedure. These staff knew the types of abuse and the expectations for them to report alleged abuse.

Risks to keep people safe from potential harm were assessed. Where risks were identified action plans were developed to minimise the risks. For example, where people were at risk of choking, food was served in bite size pieces. Members of staff were knowledgeable about supporting people to undertake risks safely. For example, assessing venues for people experiencing activities for the first time.

Accidents and incidents were reported. We saw some reports had been analysed for trends and patterns and action had been taken to ensure staff were following guidance and to assess if care plans had to be reviewed.. A member of staff said the analysis had provided them with feedback about inconsistencies with staff following strategies.

Staff said there had been staff vacancies but this had improved. They said there were opportunities to discuss personal development with their line manager. Their performance was monitored and the training provided helped them deliver care and treatment.

People were able to make some daily living decisions and followed set routines which they preferred. Where people refused to undertake their routines staff discussed the suitability of the routines. We saw staff

communicated well with people. We saw staff reinforce to people using their preferred method of communication "what was happening now" and "later".

Care plans were in place on how staff were to meet people's needs. The regional manager told us new care plan templates were to be introduced which were to reduce duplication of information. Positive Behaviour Management (PBM) strategies were in place which gave staff guidance on managing behaviours that challenge. . Service Support Team (SST) staff said their role was to support staff with developing PBM strategies which helped people maintain their usual behaviour.

People participated in household tasks and in activities both in house and in the local community. Social stories were developed by staff to help people understand events and prepare them for appointments such as healthcare.

Menus were prepared and the stocks of fresh, frozen and tinned foods showed people were supported to eat a well-balanced diet.

The provider regularly assessed and monitored the quality of care provided at Starbrook. The service encouraged feedback their relatives, which they used to make improvements.

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

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The service was safe.

People benefitted from one to one support from the staff and for some people there was two to one within the community

Safe medicines systems were in place.

Staff were knowledgeable in recognising signs of potential abuse and the reporting procedures.

Risk assessments were undertaken to establish any risks present for people who used the service which helped to protect them from harm.

Is the service effective?

Good

The service was effective

New staff had a thorough induction to provide them with an understanding of their role, and received good support during this time. People's needs were met by staff that were equipped with suitable training, skills and knowledge to effectively care and support them.

People were supported to make daily living decisions. Where people lacked capacity best interest decisions were made on their behalf.

People received ongoing healthcare support from a range of external healthcare professionals.

Is the service caring?

Good

The service was Caring.

Relatives praised the kind and caring nature of staff. Staff were skilled in recognising what people needed and knew the preferences of people they supported.

People were supported by a staff team who were able to build trusting relationships.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken to identify people's needs and these were used to develop care plans for people who used the service.

People participated in a wide range of activities. Staff used people's preferred method of communication to ensure they understood what was happening. Social stories were developed to help people understand events.

People were supported to maintain important relationships.

There was a system in place to manage complaints and comments. Relatives told us their concerns were taken seriously and acted upon

Is the service well-led?

Good

The service was Well Led

A registered manager was in place who promoted high standards of care and support for people. However, relatives were concerned about the staff changes.

Staff said they felt well supported by the registered manager who was approachable and listened to their views.

Health care professionals were extremely positive about the quality of the service provided to people and their families.

The provider had effective systems in place to monitor the quality of service to ensure improvements were identified and acted on.

Starbrook

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 the 30 November and 5 December 2016 and was unannounced.'

Before the inspection, we reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we observed four people and the interaction assigned staff providing one to one support had with the person they were supporting. We spoke with the regional manager, the registered manager and the registered manager from another location. We also spoke to three staff including service support team (SST) staff members. We received email feedback from three relatives and from healthcare professionals involved with people at the service. We also looked at records about the management of the service.

Good

Is the service safe?

Our findings

The relatives of two people told us their family members were safe living at the service. Staff told us they attended training on the safeguarding of vulnerable adults from abuse. They knew the aim of the procedure, the types of abuse and the actions they must take for alleged abuse. A member of staff told us they were expected to report allegations of abuse to their line manager and "would continue up the line" if their concerns were not taken seriously. Another member of staff told us during their one to one with their line manager the safeguarding of vulnerable adults procedure was discussed.

Staff were knowledgeable about risk management. Staff said all risks were assessed and risk assessments developed which were kept in people's care plans. Care records included essential information which described a summary of risk. For one person their summary of risk included their behaviours during periods of anxiety. The risk assessment action plan for one person was for staff to test the temperature of hot drinks as the person was likely to drink the hot beverage as soon as it was made.

A member of staff described the potential risks to people and how these risks were managed. For example, one person was at risk of choking and staff were aware of high risks foods and how to support the person to eat slowly. Another person had a heath condition and all activities were risk assessed to ensure they were able to take risks safely. There was another person at potential risk of malnutrition and staff monitored their weight and referred the person for input from the dietician. One relative told us their family member was at risk of sudden death from epilepsy and safety monitors were used to alert staff of movement in their bedroom. They also said safeguards were used in the car to protect them from harm should they become anxious. Another member of staff said risk assessments were in place for trip hazards and for people visiting the community. They said one person became anxious and for this reason two staff accompanied the person when they went out.

Relatives told us they were kept informed about important events. A relative told us "There is always positive feedback between myself and the staff and if there has been an anxious incident from XX's (relative) perspective they always tell me about it which gives me a lot of confidence in their honesty and transparency". It was also stated "I trust them". Another relative told us there had been two incidents in the past where their relative's "safety' has been questionable." They said "both however have been the subject of a full enquiry".

Staff documented accidents and incidents. A registered manager from another location said it was a managers' task to review incident forms. They said this enabled staff to gain prompt support from the debrief of incidents. However, we found there was no debrief recorded for nine incidents. This registered manager said some incidents had arisen from the person refusing to undertake scheduled activities and there were inconsistencies with staff following routines. They said this was because some people became "stuck in rituals" and staff were expected to prompt the person to move to the next activity. Also one person had become unsettled with their usual routine following an admission to hospital. The incident reports for one person showed there had been a number of challenging incidents during November 2016. The action section of the incident report described the action required from the staff to prevent further reoccurrences.

We saw a senior had analysed some incident reports and had identified inconsistencies from staff. This senior met with the staff concerned and discussed that changes in the person routines had caused changes in their usual behaviour. A member of staff said incident reports were analysed for patterns and trends.

Another member of staff said some staff were not always following guidelines and the debrief was not always documented but there had been improvements in this area. They said the debrief was helpful and staff were able to "pick up on inconsistencies." Another member of staff said staff were offered a debrief following incidents. They said other staff also had to read the comments from the registered manager.

Fire risk assessments were in place which included the preventative measures and the practices which took place to ensure people were aware of the procedure for safe evacuation of the property. For example, there were fire doors which prevented the fire from spreading through the property.

People at the service have one to one support from staff during the day and for some people there was two to one when accessing the community. Relatives gave positive feedback about the staff but also stated "the key issue is retention of quality staff. We have discussed this and I have been informed of actions that are being taken to work on resolving this." The staffing rota in place showed there were five staff on duty. A relative said their family member had the ratio of staff needed when they left the building. We saw at times there were additional staff on duty to accompany people on community activities. This meant some people were supported by two staff when they were out the building. At night there were two staff one awake and one asleep on the premises. Staff said new staff were recruited to maintain staffing levels. A member of staff said the staff shortages did not impact on people's activities. They said these activities always took place. The registered manager said "there are vacancies within the service, however the home is staffed to the correct ratio and accurately reflects funded hours every day on the rotas."

A relative told us the staff administered their family member's medicines. They said there were good systems for monitoring medicines. A member of staff said medicine training was provided and two staff administered medicines.

Medicine files included medicine administration records (MAR) charts, protocols for medicines administered when required (also known as PRN) and body maps to indicate the location on the body staff were to apply topical creams and ointments. The medicine file for one person included the topical creams and ointments to be applied and protocols for PRN pain relief. For another person the recent medicine review was included, and a body map which indicated to staff the location on the body where topical creams were to be applied was in place. We saw there was additional information on the acceptable times for administering medicines should the person refuse their medicines at the prescribed times. For example, the staff had contacted the chemist for guidance on the acceptable range of time when medicines can be administered.

Good

Is the service effective?

Our findings

Relatives told us that overall staff had the skills and knowledge needed to meet the needs of their family member. One relative said "those [staff] that stay are generally good and some are exceptional – many however leave and this is probably the major issue affecting the application of skills and knowledge." Another relative said "good, very good and excellent mix of skills and knowledge of staff depending on how long they have been working in homes caring for autism. Skills improve over time understandably. Very good training put into place for new young carers [staff]."

New staff received an induction to prepare them for the role they were employed to perform. A recently employed member of staff said their interview took place at the service and the nature of the service was explained to them at the interview. This meant members of staff were clear on the service user group living at the home. This member of staff also told us there was investment in training and they were in a transition period which included visits to the service where they were introduced to people, read documentation and shadowed more experienced staff. Another member of staff said the induction of new staff had improved and was extended over three to four weeks. This member of staff said new staff attended mandatory training set by the provider within the first two weeks of their employment.

We saw a weekly bulletin of training on display in the office. We saw First Aid, Mental Capacity Act (MCA), medicine and moving and handling training was offered along with the names of the staff to attend the training.

The one to one meeting schedules on display in the office showed most staff met with their line manager in September 2016 and the next schedule date was in December 2016. A registered manager from another location said during induction people had one to one meetings with the registered manager monthly for six months. Staff had five one to one meetings with their line manager and one appraisal each year.

Staff said there was regular one to one meetings with their line manager. A member of staff said during their induction there were weekly meetings with the registered manager. Another member of staff said their training needs and performance was discussed during their one to one with the registered manager. Another member of staff said their one to one meetings were with a senior or registered manager and their meetings were monthly. They said there was a set agenda that included concerns, Health and Safety issues, people living at the home and their personal development.

"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.

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 were being met."

People's capacity to make specific decisions was assessed and best interest decisions were made where they lacked capacity. We saw for one person mental capacity assessments were in place for administration of medicines and for locking their bedroom.

Members of staff were knowledgeable about the principles of the MCA. A member of staff said the assumption was that people had capacity to make specific decisions. They said using people's preferred method of communication enabled the person to make specific decisions. This member of staff also stated that agreement was gained by the staff from people to deliver care and treatment. For example, people were asked to make a decisions about their meals, people's permission was sought when staff were to deliver personal care and about the activities they were to undertake. Another member of staff said some people were able to make decisions such as free time activities and how they travelled.

When we asked relatives if they were involved in decision making, a relative said "yes very often if not always. We have financial power of attorney but not lasting power of attorney as we have been advised that this is not necessarily a positive thing to have." Another relative told us "I don't have power of attorney however I am planning on changing that soon."

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw DoLS applications for care and treatment were submitted to the statutory body for authorisation.

We spoke with a Service Support Team (SST) member of staff who told us their role was as temporary support to staff working at the service. They said their role included observations on how staff supported people to manage their behaviour, role modelling and giving feedback. Time Intensity Model (TIM) were summaries and part of the behaviour management plan (PBM) which SST staff were reviewing to provide more comprehensive guidance to staff. The aim of the guidance was to prevent people reaching crisis. They said SST staff consulted staff who checked the guidelines to ensure the information was accurate. The support from the SST then ceased once staff were working well and comfortable with the updated guidelines.

A member of staff told us staff were expected to follow PBM strategies on how to support people to maintain their usual behaviour. For example when people reached crisis the staff followed the guidance and supported people to return to their usual behaviour. They said following a challenging incident they recorded a description of the strategies followed and where the guidance was not followed action was taken. For example, further training or reviewing strategies.

For one person their TIM included the factors affecting their behaviours for example, descriptions of their diagnosis and medicine profile. The usual behaviour known as baseline was detailed and included strategies on how staff were to support the person to maintain their usual behaviour. Escalation was a sign of people moving from their usual behaviours and the TIM detailed the signs of escalation and strategies on how staff were to support the person to return to their usual behaviour or baseline. Where people reached crisis the TIM described the behaviour, the factors that affected the behaviour and the reactive strategy.

The staff received additional guidance from the community learning disabilities team for one person. The profile was developed on how staff were to manage the person's sensory sensitivities. For example, when the person refused an activity the need was sensory and not behaviours that challenge.

A four week rolling menu was on display in the kitchen and a member of staff said menus were devised by staff. They said all meals were prepared at the home and ready meals were not served. People had a choice of cereals, toast and fruit for breakfast, people prepared their lunch with the support of the staff and the main meal was at tea time. On the day of the inspection people we saw staff preparing g lamb or chicken wraps for the main meal.

We saw cabinets were labelled with pictures to tell people the food items found in cabinets. We found a good range of fresh vegetables and fruit, frozen and tinned foods. A variety of snacks were also available for people to have with supper drinks.

Speech and Language Therapist (SaLT) had given staff advice on how to serve meals for one person at risk of choking. For example, staff were to serve bite size food and they were to encourage the person to slow down when eating to prevent choking.

People had annual health checks and action plans were developed to support their ongoing healthcare needs. We saw from the communication logs that people had regular GP appointments and some people had specialist healthcare professionals involved in their care for example, Speech and Language Therapists (SaLT). For one person a sensory profile was developed on how to manage their sensory stimulation.

A member of staff said social stories (short descriptions of a particular event or activity, which includes specific information about what to expect in that situation and why) were developed to help people understand the nature of their appointment.

A relative told us GP visits were arranged by the staff. This relative said action was taken to resolve their concerns when they raised them about staff not relaying requests for healthcare check-ups. They said "however, it would have been more efficient for them and would have needed less input from me had the staff made regular check-up appointments for this condition".

Good

Is the service caring?

Our findings

A relative stated "the staff are wonderful and very caring. XX, XX and XX stand out as exceptional in their caring". The interaction between people and staff was good. We saw staff support one person to understand the day's activities and routines. Communication strips with pictures of the scheduled activities were used by the staff to assist this person with transitioning from one activity to another. We heard the staff using the communication strips say "XX lunch is finished, and then XX is going for a drive." Another member of staff explained that the communication strips were based around the person's preferred routine. They said an additional benefit of using communication strips was that staff were clear on the person's daily routine. On another occasion we saw this person walking from one point to another point in the kitchen before preparing refreshments. We saw this person with their forefinger touch a member of staff on their shoulder. A member of staff explained the behaviour was a sensory need.

We saw one person with two staff in the lounge using a tablet to communicate. The member of staff engaged with the person by asking about the person's clothing. For example "What colour is XX wearing." A member of staff used a term of endearment to gain one person's attention. We saw the person stop agree with the comment then walked away.

A member of staff said they spoke to people as equals. Another member of staff said that working with the individual helped them build relationships and once people became used to staff people responded well to them. Another member of staff said efforts were made to maintain a calm environment. A service support team (SST) member of staff said they built relationships with people by shadowing staff which helped developed trust.

Pen portraits in place gave a description of the family dynamics were one was involved, their preferred communication method and their activities. A member of staff said pen portraits gave them more in-depth guidance about the person.

Staff said they spoke and exchanged information in people's preferred communication style which ensured they understood what was being communicated. Social stories (short descriptions of a particular event or activity, which includes specific information about what to expect in that situation and why) were used to help people understand. We saw for one person a social story using photographs were developed to help them understand changes in family relationships and how these changes were to impact on the person and their visits.

We looked around the home and found people were able to have personal items in their bedrooms which reflected their interests. We saw where necessary adaptations were made to the property to ensure people lived in their preferred environment. For one person windows were obscured to protect their privacy and dignity when they were in their bedroom.

We saw staff knock on bedroom doors before entering. A member of staff told us they respected people's rights. They said "everyone is different and they have different opinions and views. Another member of staff

ensured that people were supported to maintain their dignity. For example, ensuring the person had the freedom needed in their bedroom. .

During our inspection we saw that staff ensured people's washing was not combined and was done individually. We saw the photograph of the person on the washing machine telling the staff whose clothes were in the washing machine.

Staff told us people had visits from relatives to the home and staff supported people to visit relatives. They said there were no restrictions on visitors to the home.

Good

Is the service responsive?

Our findings

People's essential information was recorded which included their personal details and key information about their health and the behaviours that at times were exhibited with the causes of the behaviours. For example, pain can lead to aggressive and challenging behaviour.

A relative told us they were invited to care plan reviews. They said there had been an "impact on the follow up actions" taken following the reviews which they saw as positive. A member of staff said care plans were updated by the keyworker [member of staff assigned to specific people] monthly.

The daily routines for one person were developed using a colour coded visual schedule (a representation of what is to happen). The schedule was sectioned into morning, afternoon and evening activities. For example, green was for the morning activities which included the person receiving their medicines, orange was for the afternoon and arts and crafts was an activity. Information on how the person transitioned from one activity to another was included.

The mental health care plan for this person gave staff an insight into the reasons for the behaviour and how they must respond. For example, the person's "behaviours are sometimes used to reassure themselves during a period of high anxiety". The staff were to provide positive interaction and were to avoid negative responses and instead were to say "later or another day instead of no." A care plan for self-injuries gave a description of when the behaviours were likely to be presented. The action plans included instructions to staff on cutting the person's nails. Action plans included when it was more appropriate to undertake the task and staff must give reassurance during the task. It was clearly recorded that staff were not expected to complete the task as the person disliked having their nails cut.

A communication care plan for one person described to staff how to support the person to communicate with them . For example, the person used single words and would lead the staff to where they wanted to go and the staff were to respond in a passive manner.

We found inconsistencies with some action plans. A member of staff we spoke with about care planning clarified a specific care plan regarding eating and drinking. This member of staff confirmed this care plan was to be reworded. For example, the action plan for the eating and drinking care plan will guide staff to offer snacks in between meals and not together for one meal.

The epilepsy profile for one person was dated 1 June 2016 and included the most recent seizure experienced. The signs of a seizure and the actions staff must take were included and the action plan also included the medicines administered for epilepsy, sensors were to be used at night to alert staff the person was entering into a seizure.

We saw people were supported by the staff to participate in activities. People participated in a variety of activities. We saw the staff supporting one person to undertaken household task. This member of staff was using a communication board to help the person complete all the tasks. We saw the person remove the

picture of the task from the board once the task was complete. We saw another person leaving the home on a shopping trip with a member of staff while two other people stayed in the lounge watching the television.

A member of staff said activities planners were devised. They said some people liked their planners to be structured. During the second day of the inspection visit we saw a member of staff sign to one person the activity to take place. The member of staff said there was to be a relaxation period followed by a visit into town to purchase Christmas cards. The staff told us Christmas was the person's favourite time of year.

The registered manager had received one complaint and action was taken to resolve the issues raised to a satisfactory level. Staff said relatives at times complained to them about the delivery of care and treatment. They said efforts were made by the staff to prevent any re-occurrence.

A relative told us there was an extensive "dialogue with the staff at Starbrook." They said action was always taken from the concerns raised and stated "we have plenty of evidence of the impact of the follow up actions taken".

Good

Is the service well-led?

Our findings

Relatives told us their views about the service were sought. A relative told us "Yes, frequent and meaningful dialogue. Issue is Managers change frequently – it is a tough job after all!!"

Another person told us there had been some inconsistency with the management of Starbrook for several reasons and when these concerns were raised with senior managers, an email giving reassurance was received. They said "overall the management has been very good." When we asked about meetings this relative confirmed there were regular meetings and stated. They would "recommend other people to use the service as it is excellent place for young adults with autism. I am so pleased I found this place and they had a space for XX."

Staff said the values of the organisation were about promoting independence, equal opportunities and community involvement for people

The registered manager and staff worked in partnership with other professionals to ensure people received a high standard of care and support. We saw good evidence of working in partnership with other services to support people with their care and treatment. These healthcare professionals included community nurses, speech and language therapists and GPs. A healthcare professional response to our request for information stated "I have worked with a number of residents at Starbrook. Over recent months I have noted numerous improvements in the management structure, which appear to have resulted in better retention of the staff team, improved morale and increased consistency in approaches across the staff team, which are likely to be of benefit to the individuals they support. The staff team have been enthusiastic for additional assessment and advice and appear to implement XX recommendations."

A registered manager was in post. The registered manager told us they had a firm but fair style of management. They said the expectations from staff were high and for staff to follow procedures. It was stated "staff discussion was welcome. The person's values and preferred learning mode makes a difference on how they (staff) deliver care. This enables the best from staff. This can be seen through working with staff. It's all about learning. It's about doing things the best for people".

Staff said that while the registered manager was on a period of absence they had email contact. Staff said the team worked well together. A member of staff said there was exchange of information between staff and guidance provided from other staff. For example, sometimes other staff would say "there is a better way of doing this". Another member of staff said the registered manager "actioned things quickly" and there was "consistent feedback". However, staff said there were difficulties combining one to one with people and completing household tasks. This member of staff said "there is pressure to do it all".

A member of staff said that morale was good currently but there were occasions when morale was low which they said was when there were staff changes. They said there had been staff changes and that it was "unfair to people. They [people] get used to staff and then they [staff] leave."

A relative stated that "the key issue is retention of quality staff. We have discussed this and I have been informed of actions that are being taken to work on resolving this". We spoke with a registered manager from another location about retention of staff. They said recruitment had improved and included developing online application forms that targeted specific candidates. The process was more value base as opposed to knowledge base. Candidates were better informed about the nature of the service and pre interview visits were organised to the service and interviews were held at the home. This meant potential staff had some insight into the needs of people at the service. During the induction period there were meetings with the registered manager to support new staff through their transition. Exit interviews were held to assess the reasons for people leaving.

The registered manager said the challenges included consistency of service from a permanent staff team and an analysis on the reasons staff were leaving was taking place. They said while the "framework was strong and stable" the changes in registered manager had de-stabilised the team. It was further stated the spiral was upwards and they stated "I am proud of the service. I make sure staff understand its important (caring for the people at the service).

The quality assurance systems in place at the service were used effectively. Audits of systems were undertaken by the regional manager. Where audits identified the shortfalls action plans were developed and actions met were dated to show progress made with the plan of action.

The regional manager gave us templates for the new care and support plan, risk assessment and health action plan to be introduced across the company, including Starbrook. They said "this is a part of our own continuous improvement plans to improve systems and reduce the need to duplicate information by having improved cross referencing systems in place".