Autism Anglia

Coldwell Villa

Inspection report

71 Mersea Road
Colchester
Essex
CO2 7QR

Tel: 01206547588
Website: www.autism-anglia.org.uk

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 2 and 3 March 2016 and was unannounced.

Coldwell Villa is registered to provide a residential care service with support for up to five people with autism. On the day of our inspection there were two people living at the service.

There was a registered manager. 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.

The safety of people who used the service was taken seriously. The registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were processes in place to ensure people's safety, including risk assessments with guidance for staff with actions to take to safeguard people from the risk of harm. These identified how the risks to people's safety were minimised and ensured people's human rights to choice and freedom were safeguarded.

Medicines were stored in a safe place. Staff had been trained. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

In the main there were sufficient numbers of care staff available to provide care and support according to people's assessed needs. Care staff were trained and supported to meet people's individual needs. There was a consistent team of skilled staff who had developed good relationships with the people they cared for. People and relatives valued the relationship they had with the management team and told us they found them approachable and supportive.

There were systems in place to ensure that people's rights to respect, privacy and dignity were promoted and respected.

People and or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was flexible and responded positively to people's requests about their care and how it should be provided.

The service was committed to providing personalised care and ensured that people using the service were consulted about how they lived their everyday lives. People were supported to access holidays and activities according to their personal choice and preferences.

The culture of the service was open, inclusive, empowering and enabled people to live as full a life as possible according to their choices, wishes and preferences. The management team provided effective

leadership to the service and enabled people to air their views through care reviews, meetings and their involvement in the recruitment of new staff. However, there were no formal quality and safety audits carried out by the manager. Monthly regional manager audits were sporadic and had not been carried since August 2015. This meant that there were no regular quality and safety audits carried out by the provider which would identify any shortfalls in delivery of the quality or safety of the service, and neither actions planned with timescales to evidence planning for continuous improvement of the service.

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 because staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report and report concerns appropriately.

People's likelihood of harm was reduced because risks to people's health, welfare and safety had been assessed and risk assessments produced to guide staff in how to mitigate these risks and keep people safe from harm.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system.

Is the service effective?

Good

The service was effective. Staff were motivated, well trained and effectively supported.

Staff had been trained to understand their roles and responsibilities with regards to the Mental Capacity Act 2005.

People's dietary needs were met and they were supported with access to healthcare support they required according to their needs.

Is the service caring?

Good

The service was caring because people were treated with kindness, compassion and their rights to respect and dignity promoted.

People were encouraged to express their views and were consulted on with all aspects of their care and welfare. People's opinions were listened to and acted upon.

Is the service responsive?

Good

The service was responsive because people were involved in the planning and review of care and support needs.

People were supported to live life to the full and to follow their

interest and hobbies.

The service was proactive in asking people and their relatives for their feedback. People were encouraged to express their views and any concerns were responded to promptly to improve their quality of life.

Is the service well-led?

Requires Improvement 

The service was well led. However, the provider did not carry out any formal quality and safety management monitoring of the service on a regular basis. This meant that they did not have a formal system for analysing shortfalls with identified action plans which would evidence any planning towards continuous improvement of the service.

The culture of the service was open, inclusive and centred on promoting the quality of life for people. People were actively involved in developing the service.

Staff understood their roles and responsibilities and were supported well by the management team.

Coldwell Villa

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 2 and 3 March 2016 and was unannounced.

This inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, this included the review of statutory notifications. This is information providers are required to send us by law to inform us of significant events.

We spoke with one person who used the service and who was partially able to verbally express their views about the quality of the service they received. We also spoke with one relative.

We looked at records in relation to the two people using the service. We spoke with four members of staff which included the registered manager.

We looked at records relating to the management of medicines and systems for monitoring the quality and safety of the service. We also visited as part of our inspection the provider's head office to review staff recruitment files as these were not held within the provider's registered locations. We also spent time talking with the provider's human resources manager as part of our review of the providers recruitment system and processes.

Good

Is the service safe?

Our findings

The one person we spoke with told us they felt safe using the service because they trusted the care staff who supported them. This was reflected in the feedback one relative had given us. They said, "I have no reason to doubt that [my relative] is safe there. I have been given no reason to think otherwise."

Where staff had identified concerns in relation to people's safety and wellbeing, appropriate action had been taken to contact other health and social care professionals to support people's wellbeing and protect them from the risk of harm. We saw from a review of records and discussions with the registered manager that they had followed the local safeguarding authority protocols in reporting safeguarding concerns for investigation. The manager demonstrated learning and actions they had put in place.

Care staff had been provided with training in safeguarding people from avoidable harm and potential abuse as part of their induction. They provided us with examples of the different types of abuse which could occur, and what action they would take to ensure the person's safety by reporting their concerns to their manager. It was evident from our discussions with staff that they were aware of how to report concerns internally but were not aware of how to contact the local safeguarding authority if they had concerns. However, during our inspection a staff member accessed the local authority website to obtain this information for future reference. They told us they would communicate this to the staff team.

The provider had taken the responsibility for safeguarding people's finances for everyday expenses. We saw that processes were in place to safeguard people from the risk of financial abuse.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider. Staff were supported out of hours with an on call duty rota where they could access support and advice when required.

Staff and relatives told us that the staffing levels were sufficient to meet people's needs for the majority of the time. When asked, one person told us if there was always staff around when they needed them, "Yes, the staff are there for me to talk to when I need them." One relative said, "They do use agency occasionally and this is not ideal for people with autism but it does appear to be only on some occasions. Mainly at the weekend." The manager told us they currently had one staff vacancy which they were actively recruiting into. They also told us that plans were in place to admit another person to live in the service and staffing levels would increase alongside this placement.

People's medicines were stored and managed safely. Staff who handled medicines had been provided with training. We saw that records were maintained which described medicines prescribed and the medical conditions these were prescribed for. Medication administration charts (MAR) were in place for recording medicines when administered. There were clear arrangements in place for the use of as and when required medicines (PRN). We also saw that the use of homely remedies had been agreed with the individual's GP. We checked the amount of medication with the amounts on the MAR and this tallied for all but one item of medicine.

As part of our inspection we visited the provider's head office to review staff recruitment files as these were not held within the provider's registered locations. During this visit we spent time talking with the human resources manager regarding the providers recruitment system and processes. The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system. This included completion of either an application form or submission of curriculum vitae (CV), a formal interview, previous employer references obtained, identification and criminal records checks. Gaps in previous employment were identified and reasons for this explored. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to provide their care and support.

A programme of works was currently being carried out to make improvements to the environment. We saw that decoration of rooms was ongoing and replacement of carpets and furnishings.

Good

Is the service effective?

Our findings

Staff received support through one to one supervision support meetings and regular staff meetings. These provided opportunities to monitor staff performance and support planning for staff development and identification of individuals training needs. One member of staff told us, "We have lots of training and regular supervision." Another told us, "We are a close team and talk regularly and openly at handovers and with our manager who we see regularly."

Staff had received a variety of training relevant to their roles and responsibilities. This included training in autism awareness, meeting the needs of people with a health conditions such as epilepsy. This enabled staff to understand the needs of people they cared for, which included guidance on the use of appropriate methods of communication. We saw that people's communication needs had been assessed and guidance provided for staff in care plans describing how best to support a person with limited ability to communicate verbally. Staff used a range of methods to communicate with individuals and to ascertain their views. For example, with the use of pictorial prompts for ascertaining people's views as to their food likes and dislikes in planning weekly menus and choice of leisure activities.

Staff received training and support to enable them to meet the needs of the individuals they supported and the importance of gaining their consent before delivery of care and treatment. Where people were not able to give informed consent, staff and the manager ensured their human rights were protected. Staff and the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). Staff provided us with examples to demonstrate their understanding, linked to their work, of where a 'best interests' decision may be required. People's care records provided information on their capacity to make decisions about their everyday lives and how their care and support was provided.

We saw that appropriate DoLS referrals had been submitted to the local safeguarding authority. This meant that steps had been taken to uphold people's human rights to access best interests assessments by those qualified to do so where a person's freedom of movement had been restricted in their best interests. For example, where people required constant staff supervision when accessing the community.

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included daily handover and regular staff meetings. We saw from a review of handover records that staff had been supported with guidance to enable them to meet people's needs and evidence when tasks had been completed which also provided an audit trail for management reference.

People were supported to maintain good health and have access to healthcare services. People had been supported to access annual health checks.

Daily notes recorded the outcome of any recommended treatment or when follow up was required. Health action plans had been produced for each person which described their health care needs and how best to

support each person. These documented people's healthcare needs and important personal information to guide staff in supporting people appropriately. In the event of a person requiring hospital admission, a health passport document had been produced, this would accompany the person with important information about their care and communication support needs.

Care staff understood what actions they were required to take when they were concerned about people's health and wellbeing. Records showed that where concerns had been identified, the relevant health professionals had been contacted. This included access to GP's, psychologists and specialist speech and language therapy. When treatment or feedback had been received this was reflected in people's care records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. Weekly menu plans recorded people's choice and when they had reviewed their options and changed their menu according to personal taste. People were supported to maintain as much independence as possible and told us they were encouraged to be involved in food preparation and cooking. However, one person told us, "I don't really like cooking." Staff told us they respected this but also encouraged people to maintain as much independence as possible. Dietary likes dislikes and requirements were noted within people's care and support plans. People were referred for specialist dietary advice when this was required.

Good

Is the service caring?

Our findings

We observed people to be at ease and comfortable when staff were present. The atmosphere was relaxed, warm and friendly. It was noted that staff were not rushed in their interactions with people. People were treated with warmth, kindness and staff had time to chat. The one person we spoke with told us, "I like all the staff. They are all nice to me." One relative told us, "I have not had any concerns about any of the staff. They all appear to be kind and caring of people."

The living environment was appropriate to the particular lifestyles and needs of the people living in the service. It was homely, clean, safe and comfortable. People's rooms were decorated according to their personal choice and taste. People had their personal possessions with them. People's wishes and choices were supported and respected and people were encouraged to be as independent as possible with how they lived their daily lives.

Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner. People had been involved in planning their own care. This included what activities they chose to be involved in. Care plans described how people chose to spend their day.

People told us they were treated with dignity and that their privacy was respected by staff.
People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promoted their rights. People told us the support they received helped them to be as independent as possible. One person told us, "I go out to do things I like doing." They told us they were supported to access activities they personally liked. For example, canoeing, woodcraft and gardening." Support was provided where necessary with daily living tasks and people were encouraged to do as much as possible for themselves in supporting them to be independent and become more confident in their abilities.

People's personal histories and life stories were documented within their care and support plans. People were supported and encouraged to maintain links with their family, friends and the local community.

Good

Is the service responsive?

Our findings

Care staff had a good insight into people's wishes, preferences and needs. The registered manager was also knowledgeable and spent time with people on a regular basis, which gave them insight and up to date knowledge of people's care and support needs.

Care plans were detailed and informative. These provided staff with the guidance they needed setting out people's choices and preferences, providing a clear picture of how each person wished to receive their care and support. Staff had been provided with guidance as to each person's likes, dislikes and what action to take if they became distressed by situations and or others.

Care staff told us that people's care and support plans provided them with the information that they needed to support people in the way that they preferred and these were regularly reviewed and updated to reflect people's current care and support needs. They also told us that people's needs were regularly discussed and any updates communicated at daily handover meetings.

People's diverse needs, such as how they communicated were described in care plans in great detail. Multi-disciplinary meetings were held on a regular basis to discuss people's changing needs and care plans were reviewed on a regular basis. However, one relative told us, "Care reviews with the social worker are sporadic and do not always happen every year as they should. I do not always feel I am asked for my input in between these reviews. The staff and manager are always happy to see me if I ask to speak with them, but I would value them initiating contact with me more regularly as it is important to be involved in [my relative's] life."

People told us they were supported to follow their own interests. Staff supported people to go on holiday to a place of their choosing and with activities which enabled them to develop their educational, social and independent living skills. For example, with food preparation, choosing their weekly shopping, menu planning and access to learning opportunities such as cooking, pottery, IT, woodcraft and gardening.

None of the people we spoke with had any complaints about the service. The registered manager told us they had not received any formal complaints within the last year. We saw the provider had a complaints policy which detailed the procedure for logging a complaint and was available for people to view. The one person we spoke with told us if they were worried about anything they would speak with their keyworker. Their relative told us they knew who the manager was and would speak directly with them if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

The manager was registered with the Care Quality Commission (CQC) to manage two services. Staff told us the manager was supportive and spread their time evenly across the services to support staff and the people who used the service.

Staff morale was good and the atmosphere was positive, warm and supportive of people and of each other. The culture of the service was centred on meeting people's needs. Staff told us issues were openly discussed and the focus was always on the needs of people who used the service and meetings such as staff and handovers were used in reviewing and planning how to promote people's quality of life.

People and staff were positive about the management of the service. Observations of how staff interacted with each other and the management of the service showed us that there was a positive, enabling culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns.

There were clear communication systems in place such as handover meetings and communication books where messages were passed from one shift to another. The provider had systems in place to support staff and monitor performance such as, supervision and staff meetings. Staff told us they were actively encouraged to question practice and make suggestions for improvements and their ideas were listened to.

The provider had a formal complaints policy in place with appropriate time scales for responding to complaints. Staff and relatives told us that they had been able to raise concerns and had confidence in the management to address issues in a timely manner.

Records were well organised and staff were able to easily access information when this was requested. Risk assessments had been produced and regular health and safety audits were carried out to ensure people lived in a safe and secure environment free from hazards. There was an emphasis on striving towards meeting people's personal care and support needs.

However, there were no formal quality and safety audits carried out by the manager and regional manager audits were sporadic. We noted that the last monthly audit carried out by the regional manager, was August 2015 when a management review of care plans was conducted. This meant that there had been no formal, recorded quality and safety audits carried out by the provider within the last seven months. We were not assured that there were systems in place to sufficiently identify any shortfalls in assessing the quality and safety of the service, which would evidence identification of any shortfalls, with planning for improvements with action plans and timescales in place to evidence planning for continuous improvement of the service.