

Salisbury Autistic Care Limited

Holt Road

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 December 2014. At which three breaches of legal requirements were found. These related to medicines management, risk assessments and record keeping.

We also made five recommendations which related to the storage of staffing records, applications made under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), communication between care staff

and people who used the service, lack of privacy provided to people who used the service and lack of autism specific activities offered to people who used the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook a focused inspection on the 25 September 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

Summary of findings

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Holt Road' on our website at www.cqc.org.uk.

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

The home did not have a registered manager; however an application had been submitted to the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

At our focused inspection on the 25 September 2015, we found that the provider had followed their plan which they had told us would be completed by the 7 September 2015 and legal requirements had been met.

We found that the provider had made improvements in how medicines, in particular medicines prescribed when needed (PRN) were administered, stored and disposed of; this ensured that people could be confident that the management of medicines was safe.

Risks to people who used the service had been minimised, by providing detailed risk management plans and systems to ensure that knives and other hazards were stored safely.

Records in relation to staff and people who used the service were found to be of good standard, comprehensive and detailed and were stored appropriately and safely.

The provider had made appropriate application of DoLS to the supervisory authority; however the provider was still waiting for three out of five standard authorisations to be undertaken by the supervisory body.

We observed care staff communicating in various ways with people, by using British Sign Language (BSL), Makaton, and Picture Exchange Communications System (PECS) or by gestures and pointing. This showed us that people who used the service were comfortable with care staff and felt understood.

We observed people who used the service make use of all available space in the premises. Some people decided to use rooms privately while others chose the company of others such as staff or peers.

We observed people attending various in-house and community based activities according to their needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety to people who used the service.

Risks to people who used the service were assessed and risk management plans were put into place to minimise the assessed risk from happening.

Medicines were ordered, stored, administered and disposed of appropriately and staff had received relevant training to ensure people could be confident that the management of medicines was safe.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service effective?

The service was effective. Staff and training records were securely stored in the office and were accessible by the area manager.

Application of DoLS had been made to the supervisory body; however the home was still awaiting the outcomes for some of the applications made.

This meant that the provider was now addressing the recommendation made.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires improvement



Is the service caring?

The service was caring. We saw care staff communicating with people by using the persons chosen way of communication.

People who used the service accessed all areas of the home and were able to use areas in privacy or with others if they chose to do so.

This meant that the provider was now addressing the recommendation made.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for caring at the next comprehensive inspection.

Requires improvement



Summary of findings

Is the service responsive?

The service was responsive. People were offered a wide range of in-house and community based activities suitable to their needs.

This meant that the provider was now addressing the recommendation made.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

Requires improvement



Is the service well-led?

The service was well-led. Records were stored safely and were found to be of good standard. Changes in people's behaviour or needs was documented and followed up during supervisions and team meetings.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

Requires improvement



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 was 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.

We undertook a focused inspection of Holt Road on 25 September 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 22 December 2014 had been made.

We inspected the service against five of the five questions we ask about services: is the service safe, effective, caring, responsive and well-led. This is because the service was not meeting legal requirements in relation to all these questions.

The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

People who used the service were not able to communicate with us verbally. We observed care and support in communal areas of the premises. We spoke with three support workers and the provider's area manager. We looked at four people's care records and a range of records about people's care and how the home was managed.

Is the service safe?

Our findings

At our comprehensive inspection of Holt Road on 22 December 2014 we had concerns with how medicines were managed. Supplies of some medicines had run out and some staff were not aware of the procedure for PRN medicines when people accessed the community.

This was a breach of the Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 25 September 2015 we found that the provider had followed the action plan they had written to us and met shortfalls in relation to the requirements of Regulation 12(f) & (g) described above.

One senior member of staff showed us medicines administration records, medicines storage and procedures for medicines 'as needed' (PRN). We found that sufficient medicines were available to ensure people receive their medicines as prescribed. We viewed three behaviour intervention plans which provided clear information at which stage PRN medicines should be administered to people when their behaviour challenged the service. In addition we found that separate PRN guidance was developed to ensure that PRN medicines were administered safely. Staff spoken with were clear of when to take PRN medicines to activities, for example one person required medicines to control seizures and care workers were able to tell us where to find them and what to do when taking the medicine to activities.

Medicines were stored safely and a separate appropriate storage facility was provided for controlled drugs. Staff had received training in the administration of medicines and refresher training had been arranged for 5 October 2015.

At our comprehensive inspection of Holt Road on 22 December 2014 we had concerns how people were protected against risks to their safety in the premises. We found that knives had not been locked away and risk assessments did not reflect risks towards people while accessing the kitchen.

This was a breach of the Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 25 September 2015 we found that the provider had followed the action plan they had written to us and met shortfalls in relation to the requirements of Regulation 17 (2) (b) described above.

We found that all kitchen utensils which could be used as a weapon were locked away securely. Risk assessments were in place to manage people when they accessed the kitchen area while food was prepared. We observed care workers explaining to people that the need to move away and prompted people gently if it wasn't safe while food was prepared in the kitchen. We spoke to two care workers who were clear about the risks to people when cooking in the kitchen and told us that they had read the risk assessments, which we observed they adhered to during our focused inspection.

Is the service effective?

Our findings

At our comprehensive inspection of Holt Road on 22 December 2014 we made two recommendations one in regards to staff and supervisions records not stored securely and the second in regards to obtaining appropriate application under the Deprivation of Liberty Safeguards (DoLS).

At our focused inspection on 25 September 2015 we found that the provider had followed the action plan they had written to us and dealt with the recommendations made as described above.

We found that the area manager was able to provide us with staff supervision records when we asked for them. Supervisions were carried out regularly and provided an opportunity for staff to discuss their development, performance and any challenges they faced when working with people with autism. Care workers told us that they felt supported by the manager and area manager. One care worker told us “She [area manager] is always available and listens to our concerns, she is very helpful.”

We saw that the provider had applied for standard DoLS authorisations for all people who used the service. The home had received only two authorisations from the supervisory body, this was despite the manager contacting supervisory bodies on several occasions.

Is the service caring?

Our findings

At our comprehensive inspection of Holt Road on 22 December 2014 we made two recommendations. Firstly the provider should seek advice and guidance in how to communicate with people. This was due to observations made that care workers were abrupt and did not use positive encouragement when communicating with people. Secondly we recommended providing more private facilities to people who used the service.

At our focused inspection on 25 September 2015 we found that the provider had followed the action plan they had written to us and dealt with the recommendations made as described above.

We observed care workers interacting and communicating with people who used the service. We saw that care workers use short sentences and commands following people's communication guidance documented in people's plan of care. Due to people's complex needs, we saw that staff used different forms of communications, for example one person communicated using British Sign Language

(BSL), while another person responded to short sentences. We saw in training records that care workers were provided with communication training and one of the care workers was the Makaton champion for the home. We saw throughout the home that signs and symbols had been used to support and develop communication between people using the service and staff. For example one person had a pictorial time table which we saw had been used to communicate the next activity to the person. During our observation in the kitchen one of the people became challenging and we saw that care staff communicated with this person quietly and confidently to address the behaviour and support the person to become less agitated.

We saw people who use the service making use of all areas in the home. One person chose to sit on their own in the quiet room, which according to care workers they chose to do this frequently. Care workers were however always aware of where the person was and we saw that they checked the person regularly to ensure the person was safe. Other people made use of the garden or sat in the lounge area to watch television. We never saw people becoming restless due to not having sufficient space.

Is the service responsive?

Our findings

At our comprehensive inspection of Holt Road on 22 December 2014 we made one recommendation. We recommended for the provider to consider guidance on supporting people with autistic spectrum disorder to take part in choosing their individual activities.

At our focused inspection on 25 September 2015 we found that the provider had followed the action plan they had written to us and dealt with the recommendation made as described above.

We saw that all people had an individual activity plan. The plan was available in pictorial format and was used as a way to communicate the next activity with people. For

example when one activity was completed, it was replaced by another symbol which reflected the next activity. This enabled the person to understand and agree to the next activity planned. This system was based on Picture Exchange Communication System (PECS), which is a common system used with people with autism.

People using the service were observed to go to various activities during this inspection. For example some people went shopping in the morning; three people went to the local park to play football in the afternoon. Another person who was not able to attend their planned swimming activity was offered an in-house alternative. People appeared to be comfortable and safe in the presence of care workers and care workers showed a good understanding of people's needs, likes and dislikes.

Is the service well-led?

Our findings

At our comprehensive inspection of Holt Road on 22 December 2014 we had concerns that records in regards to people's behaviour had not been completed and people's files had not been filed in an ordered manner.

This was a breach of the Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 25 September 2015 we found that the provider had followed the action plan they had written to us and met shortfalls in relation to the requirements of Regulation 17 (2) (d) described above.

We looked at four care folders and saw that these were well structured and contained the necessary information in relation to the treatment and care provided to people who used the service. Relevant behaviour recording charts had been completed, care workers told us that people's behaviours had improved and less behaviour that challenged the service was displayed. One care worker told us "[person name] is much more relaxed and is doing things which were not possible to do a year ago."