

Autism Hampshire

# Autism Hampshire - 102b Brockhurst Road

## Inspection report

102B Brockhurst Road  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Autism Hampshire-102b Brockhurst Road is a residential care home that can provide personal care for up to four people. At the time of the inspection there was one person living in the service.

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

The person living in the service told us they felt safe and that staff understood how to support them.

Individual risks had been assessed but required further detail to ensure information was clear, accurate and up to date.

The person was supported to be as independent as possible with their medicines and staff had received training in how to administer them safely. However, some medicines records were not signed to confirm administration of medicines and this needed improving.

People were not always supported to have maximum choice and control of their lives and staff and the management team needed to further consider how to do so in the least restrictive way possible and in their best interests; the policies and systems in the service were being improved to support this practice.

There were enough staff to safely meet the person's needs and staff understood how to protect them from harm. Staff had received appropriate training in safeguarding. Recruitment processes were safe to ensure only suitable staff were employed.

The environment had been significantly improved, was clean and meet the needs of the person. The garden needed some further work to make it more appealing and accessible, but this was being completed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right support: The provider was improving their model of care and the environment to maximise people's choice, control and independence.

Right care: People's care was being improved so that it could better recognise people's individual needs and choices. People were not yet fully involved in planning their care. We saw examples of how care had improved to promote their dignity, privacy and human rights.

Right culture: We saw improvements since the last inspection and the vision, values, attitudes and behaviours of the management and care staff were starting to support people to be confident and empowered in living in the community.

The manager and staff were proactively working with external professionals to ensure effective and safe care.

There was a clearly defined management structure and regular oversight and input from the provider. Staff morale was improving, and they were positive about the management of the service and told us the manager was supportive and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate. (published 21 January 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 20 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. This service has been rated inadequate or requires improvement for the last two consecutive inspections.

At our last inspection we recommended that the provider seek guidance from a reputable source to ensure the duty of candour regulation was met. At this inspection we found the provider had acted and were meeting the requirements of duty of candour.

#### Why we inspected

We carried out an unannounced focussed inspection of this service between 15 November 2021 and 22 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding, staffing, the environment, person centred care and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Autism Hampshire-102b Brockhurst Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Autism Hampshire - 102b Brockhurst Road

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

Autism Hampshire-102b Brockhurst Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Autism Hampshire-102b Brockhurst Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post, but a new manager had recently commenced working in the service, they are referred to as the manager throughout this report.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. We received feedback from the local authority and external professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke to the person living in the service. We spoke with six members of staff including care staff, the manager, the deputy manager, the area manager and the provider's operations manager. We reviewed a range of records. This included care records and medicines records. We looked at three staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including accident and incident records and policies and procedures were reviewed. We spoke to one relative.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service required further improvement to ensure it was safe and to provide assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to safeguard people from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- There were safeguarding policies and procedures in place to protect people from the risk of abuse. Staff understood types of possible abuse and how to identify these. We saw records that demonstrated staff and the management team recognised when incidents needed to be reported to the local authority safeguarding team and CQC. A staff member said, "I would report any concerns to the manager, the [local authority] safeguarding team."
- Staff received training in safeguarding procedures, and records showed that safeguarding was recognised, and lessons learnt from incidents was shared with the staff team to reduce the risks and mitigate any repeat incidents.
- The permanent staff employed knew the person well and were able to recognise changes in behaviour to reduce the likelihood of an incident which may place the person at risk of harm. However, agency staff were being used regularly and the manager was supporting them to understand the person's needs.
- The person told us they were happy and felt safe. Their relative told us, "[Person's name] is safe and cared for at 102b and is happy living in the house on their own with staff support."

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to do all that is reasonably practicable to mitigate risks to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks to people had been assessed and were reviewed. However, further detail was needed to ensure staff had clear information about how to support them in line with known risks. We discussed this with the manager, who agreed to review risk assessments and information within care records.
- Care records evidenced support and guidance from external health professionals. However, historic information that may not be relevant to current needs was contained within the person's care plan and needed reviewing. Further improvement was needed to ensure information and guidance for staff was up to date so that consistent support was provided. We discussed this with the manager and who told us they would review information around risks and update them. The manager demonstrated a high level of experience and knowledge to be able to improve care planning and risk assessments.



At the last inspection the provider had failed to ensure the premises was clean, properly maintained and secure. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- At the last inspection, we identified that the environment presented risks to people and staff. The environment had been significantly improved since the last inspection. Walls had all been re-plastered and the service had been redecorated, including a new kitchen. However, the outside space needed some further improvements to make it more accessible and inviting. Some work had commenced on this and during our inspection a group of volunteers were working on improvements to the outside space by washing stone work and putting in new plants.
- Environmental audits had been completed and there was a clear process in place to ensure where maintenance work was required, this was completed in a timely way. Gas, electrical and legionella risk assessments were in place and these systems were safely maintained.
- Fire alarm, door and emergency lighting testing had been completed as required and fire drills had been carried out. Staff had completed fire training.

### Staffing and recruitment

At the last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- There were enough staff to meet the individual needs of the person and support their wellbeing. Staffing levels meant individualised support was provided, which meant they could do activities they chose to do. This had included improving daily living skills which had increased independence.
- The provider had experienced challenges with recruiting permanent staff and agency staff were being used regularly. We discussed the use of agency staff with the manager who told us they used the same agency staff regularly, were supporting them to complete the providers training, understand the person's needs well and attend staff meetings. This was so they could improve their effectiveness and be supportive members of the staff team.
- Information about the amount of staff support the person received was recorded in their care records and there was built in flexibility. Staff rotas demonstrated they received the right amount of support.
- Recruitment procedures were safe, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

### Using medicines safely

At the last inspection the provider had failed to ensure safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The person was supported to be as independent as possible with their medicines.
- Staff had received training in medicines administration; however, medicine administration records [MAR] charts were not all completed as required. For example, where topical applications were prescribed, these were not being signed for consistently. The manager was aware of this and taking action.
- Where 'as required' medicines were prescribed, there were protocols in place to support staff to understand when these should be given and how the person liked to take them. The person was able to request these from staff when they wanted them. They had also been supported to have a review of

prescribed medicines with their doctor.

- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive people of their liberty.
- Mental capacity assessments had been completed and were appropriate for the decisions being made. However, these required further detail as records of best interest decisions did not always demonstrate different options had been considered and were the least restrictive, in line with MCA guidance. We discussed this with the manager, who told us they would review and update the MCA records, to make the required improvements.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The person was able to have visitors to the home and was supported to go out and meet with their relatives or friends as they chose. Safe processes were in place to facilitate this.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded by staff, and action taken, where needed. The manager reviewed all accidents and incidents to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- Staff were informed of any accidents, incidents and near misses. These were discussed during handovers between shifts and in a weekly email the manager sent to update them.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership needed further improvement. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider failed to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The service did not have a registered manager in place; however, a new manager had started a few weeks prior to our inspection and was taking action in areas that required further development or improvement. The providers action plan highlighted the action for the new manager to commence their registration with CQC as soon as possible to ensure the provider met their registration requirements.
- The provider had improved their auditing systems to monitor the quality of the service. Following the last inspection, they had taken immediate action to resolve some of the concerns found and now had an active action plan, which enabled them to effectively monitor systems and continue to develop and improve the service, where needed.
- However, systems and process still required further embedding and some records needed further improvement. This included, records in relation to risks, medicines recording and MCA records. You can find more information about this in the Safe section of this report.
- There was a management structure in place, consisting of the provider's senior management team, the home manager and a deputy manager. They were clear about their roles and responsibilities.
- The provider had arrangements in place to support the manager in their professional development. For example, regular managers meetings and development days were held with managers from all the providers services. Any incidents that had occurred in any of the providers services, were discussed so that lessons could be learnt, if needed. This meant that the manager would be supported to keep up to date with latest guidance and best practice.
- The management team demonstrated they were committed to getting things right for the people they support. Our inspection feedback was immediately incorporated in the service action plan and some aspects were acted upon during inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider failed to provide people with person-centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough

improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Care records contained relevant information, but they required additional detail to develop them into person centred care plans that would be fully accessible to the person. Care plan audits were being completed and the manager had identified where improvements were needed and was taking action.
- Some staff raised concerns that not all of the staff team understood people's individual needs, due to longer term staff leaving and recruitment ongoing. However, as described in the safe section of this report, the manager was supporting agency staff to receive training and understand people's needs well.
- Staff we spoke with demonstrated that they cared about the person they were supporting and had the skills and knowledge to meet their needs.
- The manager had high expectations about standards of care the service needed to provide and were committed to getting things right and providing a person focused service.
- A relative told us, "[Staff member's name] has worked really hard to learn from us the best way to support [person's name] and reflects honestly when something has gone wrong."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At the last inspection the provider failed to seek and act on feedback. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The manager regularly sought updates from staff and the individual, to ensure they were happy. They told us they wanted to ensure a person-centred culture was further embedded and the person and staff could approach them and could express their views and wishes.
- The provider sought feedback from people using their services and their relatives through an annual survey. However, they did not always get a high level of response. The survey used with people was not accessible to those with communication barriers. For example, it was not in a visual format using pictures or symbols to aid communication. The provider told us they recognise this is needed and were developing this.
- The deputy manager had a good working relationship with the person's relative and had regular contact with them to keep them informed of events and changes.
- Staff told us they felt supported by the manager and although there had been low morale, this was slowly improving. One staff member said, "I want to be providing quality care, making sure the person has opportunities, to live a fun and fulfilling life, to get big smiles and deep laughs and try to stop stigma around autistic people."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection we recommended the provider seeks guidance from a reputable source to ensure the duty of candour regulation is met. At this inspection we found sufficient improvements had been made.

- The manager and provider were aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received as required, which meant that CQC could check that appropriate action had been taken.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. Records confirmed that this policy was being followed.