

Leeds Autism Services

Ashlar House - Leeds

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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 was an announced inspection carried out on the 1 and 6 February 2017. At the last inspection in July 2014 we found the provider met the regulations we looked at.

Ashlar House provides care and support for up to eight people with autism. Care is provided on three floors in singly occupied rooms. There are a number of communal areas for dining and relaxation. There is also a garden area to the front and a small courtyard to the rear of the home.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC); however, they had left the service some months previously. A new manager had been appointed and was in the process of making their application to become the 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 and associated Regulations about how the service is run.

People told us they felt safe and well looked after at the home and there were enough staff to meet their needs. We saw there was a positive atmosphere in the service and people who used the service had developed very good relationships with the staff team. People had thorough management plans in place to manage risks, which staff understood and followed to ensure people's safety.

There were systems in place to safeguard people who used the service and to ensure people were protected from abuse. Staff knew how to report any suspicions of abuse or poor practice and felt confident anything reported would be acted upon. Recruitment procedures were robust to ensure that staff were suitable and fit to be employed.

Overall there were systems in place to ensure people received their medication safely. However, one person's medication needed to be reviewed to ensure up to date instructions were in place.

Some areas of the home were in need of cleaning and décor and furnishings were looking worn and in need of replacement and renewal.

People received care and support from staff that had the skills and knowledge to understand their role. Staff training was updated regularly and staff had regular supervision that helped identify training needs and improve the quality of care.

The management team and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had made appropriate referrals to the relevant authorities to ensure people's rights were protected. However, one authorisation to deprive people of their liberty had expired at the time of our inspection. This was immediately addressed by the manager.

People received timely access to healthcare; a range of other professionals were involved to help make sure people stayed healthy. People's nutritional needs were met well.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Staff understood people's individual needs in relation to their care and communication.

There was opportunity for people to be involved in a range of activities that met their social and cultural needs. People were supported to pursue social interests relevant to their needs, wishes and interests. Arrangements were in place for people to maintain links with the local community, friends and family.

Systems of quality assurance were in place to monitor whether the service was providing high quality care. However, these had not always been effective to ensure continuous improvement in the service. Issues we identified through the process of our inspection had not been picked up from the audits in place. We made a recommendation that systems of audit need to be formalised to ensure risks are not overlooked.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Overall medication practice was safe. However, one person's current medication needed to be reviewed.

Some areas of the home were in need of cleaning and décor and furnishings were looking worn.

People said they felt safe. Staff knew what to do to make sure people were safeguarded from abuse. There were enough staff to meet people's needs safely.

Is the service effective?

Good 

The service was effective.

Staff received training and support that equipped them with the skills and knowledge to meet people's needs.

People received a varied and nutritious diet and a range of other professionals were involved to help make sure people stayed healthy.

Staff had an understanding of promoting choice and gaining consent from people.

Is the service caring?

Good 

The service was caring.

Staff knew how to treat people with dignity and respect and ensured people's privacy was maintained.

Staff knew the people they were supporting very well and how to meet their individual needs.

Staff had developed good relationships with the people who used the service and there was a happy, relaxed atmosphere.

Is the service responsive?

Good 

The service was responsive.

Care records showed people's needs were identified and responded to in a person centred way.

People were confident to raise any concerns. Complaints were responded to appropriately.

Activity was provided to ensure people received stimulation and activity that met their individual needs.

Is the service well-led?

The service was not always well- led.

The management team were described as supportive and approachable.

The provider had systems in place to monitor the quality of the service but these had not always been effective to ensure continuous improvement in the service.

Staff understood their roles and responsibilities and felt well supported.

Requires Improvement 

Ashlar House - Leeds

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 1 and 6 February 2017 and was announced on both those days. The service was given short notice of the inspection as they support people with autism who may have found an unannounced visit challenging.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection there were seven people living at the service. During our visit we spoke with five people who used the service, three relatives, five members of staff, the deputy manager, the manager and the compliance officer. Others who used the service and were at home when we visited were unable to tell us about their experience; we therefore spent some time observing care and support given to people. We also spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans.

The inspection was carried out on the first day by one adult social care inspector and an expert-by-experience who had experience of services for people with autism. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection one adult social care inspector attended.

Is the service safe?

Our findings

People who used the service and relatives told us they or their family member felt safe at the home. Comments we received included; "Yes I never worry about not being safe", "I feel my [family member] is safe here I don't worry about [family member] when I have to leave", "I don't have a problem with other residents" and "It never entered my head to think about [family member] not being safe here."

Overall people received the support they needed to take their medicines. People who used the service said they had no concerns about how their medicines were managed. Medicines were stored in locked cupboards individually for people, and in accordance with the manufacturer's guidance to maintain their effectiveness. Staff received training to ensure they were competent to administer medication and told us they felt confident to do so. People who used the service were encouraged to be as independent as possible in medication administration, for example, popping their own tablets out of the blister packs under supervision. Staff said this encouraged people to take their medication as they were taking an active part in the process.

Some people were prescribed medication to be given 'when required'. We saw there were some protocols in place giving guidance for staff and indicating the reason the medication was given and why. However, one person was prescribed a medication to be given when required and there was no protocol to guide staff on the circumstances of when it was required. The manager said this medication was not currently used and they would make enquiries about getting it discontinued.

We looked at medication administration records (MAR) and found these were completed correctly with no gaps which meant people received their medication as prescribed. We saw there was a weekly check of medication for all people who used the service. This helped ensure people received the correct medicines.

There were systems in place to ensure medication was ordered promptly to ensure adequate supplies were maintained to allow continuity of treatment. We saw one person had run out of a prescribed cream due to supply problems and staff were following this up. After the inspection the manager informed us the cream had been provided.

We looked around several areas of the home; this included people's bedrooms, bath and shower rooms and various communal living spaces. There were no malodours in the home, however a number of areas were dusty and in need of cleaning. We looked at the cleaning schedules and these showed some tasks such as dusting which were identified as a weekly task were not always completed.

We saw the décor in the home needed to be refreshed in a number of areas and some of the furnishings looked tired and worn, for example, tears in a chair and stains on chair arms. The manager told us they had completed an audit of the premises in October 2016 and identified jobs such as re-plastering that needed to be done before décor could be considered. We saw the audit action plan was in progress and the manager said they were currently at the stage where quotes for decorating could be obtained. The manager said they also needed to plan the re-decoration carefully around the needs of the people who used the service to

ensure the least disruption.

We saw premises safety checks were carried out. These included fire safety checks. Records we looked at indicated weekly checks of the fire alarm and firefighting equipment should take place to ensure they were safe for use. We saw there were times when the checks were not completed weekly as per the provider's policy. We were told this was an oversight and should not have occurred. We also saw there were notes made on recommendations from a fire officer visit in February 2016. Some of the recommendations had been acted upon. However, it had been noted that a fuse box cover was needed. This had not been addressed to ensure safety. On the second day of our visit we saw a new fuse box cover had been ordered. After the inspection the manager informed us that contractors had visited the service and a new fuse box cover was not deemed necessary.

A fire drill took place during the inspection and this was managed well with a timely and safe evacuation from the premises.

Water temperature checks were also made weekly. We saw there were occasions when the water temperature was below the recommended temperature. Records indicated this was an on-going problem in the home due to water pressures being low and the manager said they were awaiting a new contractor to assess the situation and remedial action would be taken.

We saw positive interaction throughout our visit and the people who used the service appeared relaxed and comfortable with the staff. We observed there were sufficient staff to meet people's needs. People who used the service reported there were enough staff to meet their individual needs. A relative told us, "There always seem to be enough staff."

We saw where people required one to one support they received this. Staff said they had no concerns about staffing levels or the way they were deployed flexibly to meet people's needs such as the need for two to one support for some people when accessing the community. Staff did say they found it difficult at times to complete cleaning tasks in a timely way and told us there used to be a cleaner at the service. The manager said they were going to review the cleaning post with the provider. In the PIR, we were told, 'Staff rotas are planned around the needs of the individuals and are amended when necessary in the event of an individuals need changing.' Our review of rotas showed this to be the case.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. Staff showed they were aware of the action to take should they suspect that someone was being abused and they were aware of the provider's whistleblowing policy.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. People who used the service were supported by staff to participate in the recruitment of staff.

Risks to people who used the service were appropriately assessed, managed and reviewed. Staff spoke of their training in managing behaviours that could challenge the service and others. They said they were trained in de-escalation techniques and felt confident that these techniques prevented incidents of behaviour that could challenge the service and others. Staff described the use of safe holds they had been trained to use in the event of incidents where a person's safety may be at risk. The use of holds was supported by risk management and support plans to ensure people's safety. In the PIR, we were informed,

'Risk Management policies are also in place with all individuals having risk assessments according to their need.'

Is the service effective?

Our findings

Records showed staff had access to a range of training to enable them to complete their roles. The training record was monitored by the provider's training department and updates were arranged at intervals as needed. There was a rolling programme of training available. This included; moving and handling, safeguarding, mental capacity act, food safety, autism and person centred planning. Staff told us they felt they received the training they needed to meet people's needs and do their job well. All the staff we spoke with said the training they received was the best they had ever had. Staff's comments included; "It's useful, relevant and there's plenty of it" and "The training on autism was fantastic."

The manager and deputy manager told us all staff completed a comprehensive induction programme and new starters completed the 'Care Certificate' which is an identified set of standards that health and social care workers adhere to in their daily working life. A staff member said, "It's the best induction I have ever had."

Relatives of people who used the service said staff were well trained. One relative said, "They seemed trained ok to me. It's taken a while to get to know my [family member] but they get him now." Another relative said, "I have complete confidence in all of the staff and it gives me peace of mind knowing [family member] is so well cared for."

Staff told us that they felt very well supported by the manager and deputy manager. Staff confirmed they received supervision on a regular basis. They also said they had an annual appraisal. This meant staff were supported to review and reflect on their practice and identify any training or development needs they may have.

Throughout our inspection we saw people in the home were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language to ensure people's best interests were being met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw appropriate DoLS authorisations had been made for people the service had identified were likely to have their liberty deprived. However, for one person we saw their authorisation had expired which meant their rights may not be fully respected. The manager of the service made immediate arrangements for a DoLS application to be submitted for this person. We saw on the second day of our inspection that the

application had been submitted.

Staff we spoke with had knowledge of the MCA and DoLS and understood their responsibilities. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff's comments included; "We assume people have the capacity to make their own choices and if not anything agreed has to be in their best interests" and "It's all about giving people the right support to make choices and respecting their decisions to do so." Staff had understanding of when people were subject to an authorised DoLS and the appropriate support that should be given to ensure the least restrictive practice, for example, two to one support.

People told us they made their own decisions about their care and support and staff respected their right to decide. One person said, "I do what I want when I want." Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Care records gave information on how people consented to their care and support.

People had a balanced diet and enough to eat and drink. People we spoke to were overall positive about the food and menus at the home. One person said, "Food is good". Another person said, "You can choose if you don't want what's on the menu." One person told us they thought the food could be tastier. We saw the menu was displayed with photographs of the food to assist people to choose. We also saw that one person had an individual menu for the week but was also able to choose an alternative if they changed their mind.

As part of the inspection we observed the tea time meal. We saw people received the support they needed and staff were present to give any assistance people needed. People were encouraged to be as independent as possible and were involved in tasks such as getting cutlery and clearing plates away. There was a casual atmosphere and people could choose where they wanted to eat. Some people chose to take their food to their rooms or the lounge and this was respected.

People had good access to health care professionals. Care records we looked at showed a range of health professionals including GP's, psychologists, opticians, dentists and consultants were involved in people's care. People who used the service had a 'hospital passport'. We saw this was a document which gave information on people's essential needs so health care staff could provide the support people needed if they had to go to hospital. Staff said people's health care needs were met well and they were prompt in ensuring people got the support they needed. A relative we spoke with said, "They keep you informed about [family member's] health." Care records gave details of the support people needed when they accessed health care appointments.

Is the service caring?

Our findings

People who used the service and their relatives said staff were kind and treated them or their family member well. Comments we received included; "The care is good", "We are shown care and dignity" and "It's just amazing my brother has a good quality of life I can't praise them enough." A relative told us the staff supported their family member to keep in touch with all the family; making sure personal touches such as sending birthday cards out to relatives and friends were remembered. They also said, "They go out of their way to try and help you. I have complete confidence in all of the staff and it gives me peace of mind knowing he is so well cared for."

People who used the service spoke highly of the staff. Comments we received included; "I'm happy enough I get on well with them all" and "We can have a joke with the staff." Relatives spoke of the good support they and their family member had received during family illness and how their family member had been supported with the loss of a family member. They said, "They have made my [family members] life so much easier, we have peace of mind and aren't worrying if he is happy."

Staff were encouraging and supportive in their communication with people. They provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. People told us they could make choices about how they wished to be cared for and were able to follow their own routines which suited them. One person said, "I like a bath and use a jug to wash my hair I don't like showers." Another person said, "If I ask for help they will help me, but I like to try to do things for myself." Our observations showed us people were treated as individuals and their wishes respected.

People looked well cared for, clean and comfortable and were dressed with thought for their individual needs. This is achieved through good care standards. We saw staff treated people kindly; having regard for their individuality. Staff were friendly, patient, kind and enthusiastic in their interactions with people who used the service. It was clear they had got to know people well and developed good caring, supportive relationships with people. People who used the service enjoyed the relaxed, friendly communication from staff.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. They said they always made sure any personal care was given in private with doors closed. They said they encouraged people who used the service to respect their own and other people's privacy. Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with any care needs. Staff were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them.

People who used the service and their relatives said they had been involved in developing and reviewing their care plans. One relative said, "The home are fantastic, they feed back and keep you involved at every level." A person who used the service said they had regular meetings with their appointed staff member to talk about their care plans and what they wanted to do. In the PIR, we were told, 'People are encouraged to

be involved in their care planning and how they want to be treated.'

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. We saw in one person's care records they were identified as non-practicing in their religion but it was important to them that they attended family events such as weddings and christenings. This showed their cultural and spiritual needs had been considered.

People were supported to maintain their independence. We saw people were involved in household tasks such as doing their own laundry. The manager said this was an area of work they wished to develop further and showed us the small kitchen area that had been made available for people to practice their cooking skills.

The manager told us no-one in the home currently used an advocate. However, they said they had information available on how to access advocacy services. (An advocate supports people by speaking on their behalf to enable them to have as much control as possible over their own lives.)

Is the service responsive?

Our findings

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service.

People received personalised care that was responsive to their needs as individuals. Care records provided good, detailed information about people's needs, likes, dislikes and preferences in relation to their care. They showed how people's care and welfare was monitored. Support plans were kept under regular review to monitor any changes in people's needs. Information in care plans was person centred and individualised. For example, one person's records stated they did not like butter; however, the records said to always check this in case they changed their mind.

We looked at the support plans for three people who used the service. The support plans were written in an individual way, which included a one page profile, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people. Where people who used the service did not use words to communicate there was guidance for staff on how best to communicate with the person; this included the use of Makaton which uses signs and symbols to help people communicate.

Care records we looked at had been regularly reviewed and updated when changes had occurred. There was a system of review in place to ensure all information was up to date and any changes were documented. Staff told us they did this as part of their representative (keyworker) role. Daily records showed people received their support as planned.

Staff and the people we spoke with told us about the activities people enjoyed and we saw staff supported people to choose what they did each day. Each person who used the service had their own plan of activity. We saw some people didn't want to go out to a day centre so the day services came into the setting to provide bespoke activities either in the home or in the community. We saw people who enjoyed being outdoors and walking had plenty of activity centred around this preference. One person's relative said they would like to see their family member engaged in more day to day tasks and for the staff to work on their family member's communication more.

The amount of activities people did was centred around what they wanted and people had varied choices as to what they did and how much they did. Some people were able to go out and about without staff support and they told us they came and went as they pleased. One person told us they went out once a week to do their shopping on the bus; always bought a special meal for the weekend and some wine. They also said they went to the local pub a couple of times a week on their own and this suited them.

There were opportunities for people to go on holidays with staff support. One person had been to so many countries in the time they had been at the setting, and was planning their next trip to Iceland this spring. We saw pictures on people's walls of other trips they had taken; there was lots of pictorial evidence of outings

and activities throughout the setting. In the PIR, we were told, 'Individual activity plans are formulated to provide consistency but these are reviewed and changed according to needs.'

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People who used the service and relatives we spoke with said they just spoke to any of the staff and had not needed to use the complaints system. One person said, "I would just speak to whoever was in charge if needed to complain." People told us they felt confident to speak to staff if they were unhappy. A relative told us they felt listened to whenever they brought any issues up.

Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at records of complaints and concerns received and it was clear from the records people had their comments listened to and acted upon. The manager said any learning from complaints would always be fed back to staff through meetings or supervisions.

Is the service well-led?

Our findings

At the time of the inspection, the service had a manager registered with the Care Quality Commission but they were not present at the inspection as they had left some months previously. A new manager had been appointed and was in the process of completing their application to be the registered manager.

The manager was supported by a deputy manager and a group of team leaders and support workers. People who used the service and their relatives spoke highly of the staff and management team and said the home was well run. People said they felt listened to and could talk to staff, make suggestions and things would be changed. People told us they knew the manager and deputy manager and they were active and seen around the service on a daily basis. People told us they found them approachable.

People who used the service had monthly meetings which enabled them to feed into the management system in the home. We looked at some minutes of these meetings and saw people who used the service had spoken about a wide range of issues such as repairs that needed doing and local activities they wanted to participate in. There was good follow up with actions from previous meetings checked at the start of every meeting. This showed us people were empowered to share their opinions on the running of the service.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the manager was aware of important issues that affected the service. Staff's comments included; "They give good guidance and are excellent at encouraging and ensuring person centred practice", "[Names of manager and deputy manager] are very good; approachable and make you feel valued and respected" and "[Names of manager and deputy manager] are making positive changes here; everything is less institutionalised, no more large groups bundled out for trips in the bus, it's all individualised."

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the manager expected staff to work. In the PIR, the provider stated, 'The values of the organisation are stated very clearly within induction and this is continued through the practice from management at all levels.'

We looked at records that showed regular audits and checks were carried out. These included weekly spot checks on medication and medication records, weekly fire prevention checks and weekly water temperature checks. The manager told us they did a weekly walk around check but said they did not document this; therefore we could not see if actions were identified and if so what was done to improve the service. We noted these checks had not identified the issues we picked up regarding medication, cleanliness and outstanding recommendations from the fire officer.

We saw a service audit had been carried out by the provider in August 2016. This had identified the house needed a good clean and staff were not signing or completing checklists consistently. We also found this at our inspection which indicated this system of audit was not fully effective in ensuring improvements were made to actions identified.

A new system of audit had been introduced in January 2017. The provider's compliance officer was now responsible for carrying out monthly audits on the service. We saw a completed audit that had taken place over two days and included training, health and safety, equality and diversity, accidents, incidents and good practice issues. We saw an action plan had been drawn up and the manager was working on this to improve the service. For example, it was identified; risk assessments needed to be updated and we saw these had been done.

We concluded there was a system of audit in place but this was not yet fully embedded to ensure a consistent approach to continuous improvement was in place. We recommend that systems of audit are formalised to ensure no risks are overlooked.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. However, the survey was not specific to this service as it covered all services the organisation provided so we were not able to see what people had specifically said about the quality of the service at Ashlar House. The manager said they would feed this back to the provider.

Any accidents and incidents were monitored by the manager and the organisation to ensure any triggers or trends were identified. We saw that any safeguarding concerns were dealt with appropriately and policies and procedures followed. The manager completed a weekly report for senior managers to keep them updated on any issues in the service. This included the identification of good practice and the celebration of positive outcomes for people who used the service.