Autism Hampshire

The Holt

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Holt is a care home providing care and support for people who are living with autism. It does not provide nursing. The home can accommodate six people and there were six people living at the home at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had moved their registered managers around their services. The new manager was registered at another of the provider's services and was in the process of becoming the registered manager of the Holt and deregistered for the other service. They had worked at the service since January 2017. Throughout the report, we refer to the new manager as the manager.

People had significant communication needs. People used body language, gestures or sounds or pictures to communicate, some people could use a few key words to communicate their needs. Staff knew and met people's individual communication needs well.

There were sufficient staff to keep people safe. There were recruitment practices in place to ensure that staff were safe to work with people.
People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records.

There was information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as personal care, use of equipment, health, and the environment and they were updated regularly. The manager ensured that actions had been taken after incidents and accidents occurred.

People's human rights were protected as the manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessments and best interest meetings had been undertaken. Staff were heard to ask people's consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure they remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place to meet people's needs. There was an induction programme in place which included staff undertaking the Care Certificate. Staff received regular supervision.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

Relatives and health professionals were involved in planning peoples care. People's choices and views were respected by staff. Staff and the registered manager knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care and support was person centred and this was reflected in their care plans. Care plans contained sufficient detail for staff to support people effectively. People were supported to develop their independence.

There were activities in place which people enjoyed.

The home listened to staff and relative's views. There was a complaints procedure in place. There had been four complaints since the last inspection which had been resolved.

Staff told us they felt supported by the manager and felt the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The manager understood the requirements of the Care Quality Commission (CQC) and sent in appropriate notifications.

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

People were protected against risks to their health and wellbeing, including the risks of abuse and avoidable harm.

There were sufficient numbers of suitable staff to support people safely and meet their needs.

People were protected against risks associated with the management of medicines. They received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills needed to carry out their responsibilities.

Staff obtained people's consent before offering support.

People were supported to have a balanced diet. Their health and welfare was maintained by access to the healthcare services they needed.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff that supported them.

People were able to make their views and preferences known.

People's independence, privacy and dignity were respected and promoted.

Staff recognised and promoted the role of family and friends in people's lives.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff delivered care, support and treatment that met people's needs, took into account their preferences, and was in line with people's assessments and care plans.

People were able to take part in individual and group activities that took into account their interests and choices.

A procedure was in place to manage complaints.

Is the service well-led?

Good

The service was well led.

There was a new manager in place. People and staff spoke positively about the leadership and approachable nature of the manager.

Systems were in place to monitor, assess and improve the quality of a wide range of service components. These included regular visits by an area manager to work with people using the service and staff in ensuring a quality service was delivered.

The manager understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events regarding people using the service.

There was a friendly, homely and professional atmosphere in the home, which was appreciated by people and staff.

The Holt

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 9 May 2017. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas of concern. 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.

During the inspection we engaged with three people using the service, who communicated with us verbally in a limited way. We also spoke with the manager, the previous manager who came to support the new manager, the area manager and two support staff.

We looked at the care records for two people. We also looked at a range of records relating to the management of the service such as medicine records, accidents, complaints, staff records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

By observing interactions between people and the staff we saw that people felt safe. Staff also noted that people interacted with the inspector stating "They must like you they don't do that usually." This showed the person was relaxed and felt safe to approach others.

People were supported by a stable staff group with detailed knowledge and understanding of safeguarding procedures. Staff were enabled and encouraged to raise concerns. Staff had a strong understanding of their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff said "If I was concerned about anything I'd just report it straightaway." "I have reported things I have seen before the response was good." The provider had taken reasonable steps to ensure staff knew how to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow.

There were robust recruitment practices in place and the provider worked hard to ensure people with the right skills, attitude and values were employed at the service. We looked at six staff files and saw that all checks had been undertaken including Disclosure and Barring Service (DBS). DBS checks can help employers make safer recruitment decisions and reduce the risk of employing unsuitable staff.

We checked two people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were highly detailed, and set out all the steps staff should take to ensure people's safety.

Where people using the service exhibited behaviours which could cause harm to themselves or others, care plans showed that this was well understood and that the provider had taken appropriate steps in relation to staffing numbers, equipment and facilities to manage risk and reduce harm.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. Staff recorded all accidents and incidents and these were analysed by the registered manager. This ensured any learning was identified and adjustments were made to the care and support people received

People's monies were counted daily, weekly and monthly this helped to ensure any issues were picked up quickly and action could be taken.

There were appropriate arrangements in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people.

The registered manager took precautions to ensure the home did not store excess medication or

medication that was no longer required and disposed of it in a suitable manner, with appropriate documentation to evidence this. This meant that people who had been prescribed regular medicines were supported by knowledgeable staff who responded to situations promptly and safely

There were enough staff to keep people safe, meet their needs and provide a personalised approach to people's care and support. People told us they always felt there was enough staff to support them.

Staff were always available when people wanted to spend time in the communal areas, or go out to complete activities, and staff checked people's wellbeing when people chose to spend time in their bedrooms.

Staffing levels were regularly reviewed and amended to ensure that this matched with people's current needs. The manager correctly identified when people needed extra staff support by asking people what they wanted to do or what they had planned and they adjusted the staffing to meet any support needs. The registered manager worked to ensure people were supported by adequate numbers of staff.

The service also maintained an out of hours emergency contact system so staff could contact a member of management at all times. Staff were happy with the staffing levels and felt reassured that there was an on call system if it was needed.

Good

Is the service effective?

Our findings

People were supported by staff who had received training which enabled them to understand the specific needs of the people they were supporting. Staff received an induction and were required to complete mandatory training which included safeguarding and first aid. We saw that these had been completed.

Staff were given guidance about how they could support the person and what factors could impact on their well-being. Staff told us they enjoyed all of their training and found it extremely useful to understand how best to support the needs of each person.

Staff followed an induction programme when they started working at the home and were informed of what training they needed to complete to meet people's needs. One member of staff said, "I completed an induction when I started my job. It helped me understand people's needs." Staff records we looked at identified areas of individual development and training for staff. The manager told us the induction was based on the Care Certificate for new staff to develop their skills and knowledge. The Care Certificate is a set of core standards which provides staff with the knowledge they need to provide people's care. One member of staff said, "The training is great can I say there is too much?" There was a plan in place for ongoing training so that staff's knowledge could be regularly updated and refreshed.

Staff had guidance and support when they needed it. Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own training needs. We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

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 decisions 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 MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest decisions and mental capacity assessments if necessary.

People were supported to maintain a healthy diet. People's care plans were individualised to record the support each person required. Where special requirements were needed staff ensured these were in place. For example, one person had been assessed as being at risk of choking. They had been assessed by the speech and language therapist and there were guidelines in how the food should be offered such as fork mash able. Staff were also aware that they needed to be observant in case another person living at the home left food available to other people which could pose a risk.

People's health and social care needs were well supported with links to external providers, health professionals and family. One relative commented "I am very pleased with [name] last review. Good contact always kept with me."

Good

Is the service caring?

Our findings

There were three people at day services when we arrived to carry out the inspection, the three remaining people spent time in the lounge or in their rooms. The three returning at the end of their day were greeted warmly and came to the office to speak with the manager.

Whilst the lounge was sparse in content due to the needs of two people who lived at the home, people's personal space was decorated to their own tastes. One person had a music room where they went to relax and listen to music, there were posters of artists and a radio that looked like a jukebox. Other people's rooms reflected their interests such as coffee and large vehicles which included buses and trucks.

We observed the way that staff respected privacy and dignity. Staff routinely knocked on people's doors when entering individual rooms. When we asked staff about people's support needs, they responded in discreet and respectful ways to minimise causing any distress or lack of dignity to the person they were discussing. We saw that staff addressed people with warmth and kindness, and understood people's needs well.

Care plans we saw showed that care was tailored to each person's individual needs, with details set out for staff to follow, to ensure that people received care in the way they had been assessed as needing. Care reviews in each person's file showed that the suitability of the way people were receiving care was monitored to ensure it met their needs. Where people were unable to participate in their care planning we saw that their family had been involved.

Staff showed genuine interest and concern in people's lives and their health and wellbeing. People were relaxed and confident around staff and expressed the fondness they had for each other. Staff chatted and joked with people in a friendly and informal way and the home had a friendly and homely atmosphere.

Mealtimes provided a social time where people were encouraged to interact and enjoy each other's company. Staff were available to provide support as it was needed. People were unhurried and were encouraged to maintain their independence with minimal support.

Good

Is the service responsive?

Our findings

People received a personalised service that met their needs. People had person centred care plans in place. Care plans provided staff with information regarding people's care and health needs as well as their life choices. The assessment and care planning process considered people's values, beliefs, hobbies and interests. People were supported to maintain relationships with their friends and family members. For example, people visited relatives for weekend breaks or special occasions.

Care plans had been reviewed and updated. They were structured and detailed the support people required. The care plans were personalised and identified what support people required and how they would like this to be provided.

We saw that there was a seating cushion on the window sill in the kitchen. At lunchtime we saw that a person was sitting there having their meal. Staff told us it was "[Name's] perch." Staff said the person liked to people watch and sitting there meant they could do just that in comfort. Staff had made the cushion for them as they were vulnerable to skin breakdown being small in size.

In one person's room we saw there was string attached to their chair, staff told us the person liked to "fiddle" with it; the staff had also added string and other things to a tabard the person could fiddle with when they wore it. People were able to take part in individual and group activities that took into account their interests and choices for example day services, going out with staff to 'people watch'.

The people living at the service were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required. Staff knew their needs and preferences and responded with confidence when care or communication was required.

In addition to care plans, each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing; for example food and fluid records. There were handover notes for each shift day and night. These were completed daily and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. They were also used to record any issues with maintenance or appointments. There was also a document to be used when someone went to hospital which would give hospital staff clear instructions on how to care for someone including how they would indicate pain.

We noticed that the service worked well with health care and other services so that people had the benefit of specialist advice which was incorporated into their care plans. Staff were responsive to people's needs for both their physical and mental well-being. They also ensured that where needed an advocate was requested to help an individual express their choices and needs.

Staff were responsive to people's communication styles. They gave people information and choices in ways that they could understand. They used plain English, repeating messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and

respected that some people needed more time to respond. Staff communicated with some people in Makaton, a particular form of sign language. Staff told us how people often used a variety of signs to express themselves, and we saw staff were able to understand and respond to what was being said.

Each person had a keyworker whose role was to support that person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. The key worker carried out a monthly review of the person's needs.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints if they were dissatisfied with the service provided at the home. One relative said the manager was very accommodating and they felt they could call them anytime. There were arrangements in place to deal with complaints which included detailed information on the action people could take if they were not satisfied with the service being provided. There was a complaints procedure in place. There had been four complaints since the last inspection which had been resolved.

Good

Is the service well-led?

Our findings

People responded warmly to the manager and staff and they seemed to enjoy the manager's company, people came to the office to see what was happening frequently throughout the day.

Staff were confident in the leadership of the manager and found them to be approachable and friendly. They said "She listens to our suggestions and we work together, to work out how we can best support people."

The provider had clear values and visions which were person centred and focussed on ensuring people's support needs were prioritised to enable them to become as independent as possible. The service had a person centred culture towards people and these values were clearly embedded into practice and reflected people's wants and needs.

The service had a stable staff group which worked together as a team to support positive outcomes for people wherever possible. Staff felt valued and listened to and they told us that if there were any issues they were quickly sorted out.

Staff were aware of the provider's policies and procedures including the whistle-blowing policy. Whistle-blowing means raising a concern about a possible wrong-doing within an organisation.

There were robust arrangements in place to consistently monitor and improve the quality of the service. Regular audits were completed on weekly and monthly cycles which reviewed people's medication, care plan documentation, accidents and incidents, maintenance issues, and training amongst other areas. The manager took action where areas for improvement were identified, for example, maintenance issues were promptly reported and care plans and risk assessments were quickly updated to reflect people's current needs. In addition to the audits the manager completed regular reports for the provider which summarised the activity in the home and if any further action was required.

The provider used a questionnaire to gather feedback from people and from staff. The feedback was positive and there was little room for improvement based on the feedback of people and relatives that used the service.

The manager understood their role and promptly sent notifications to the Care Quality Commission (CQC) when required. We saw the service updated their Statement of Purpose when changes were made.