Homes Caring for Autism Limited

Churchill House

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

This inspection took place on 8 December 2016 and was carried out by one inspector.

This is a small supported living service for people with a learning disability and autistic spectrum conditions living in their own homes in the community. The service was given 48 hours' notice of inspection to ensure the registered manager would be available to meet us and to make arrangements for us to visit people.

The service is registered with the Care Quality Commission (CQC) for the provision of personal care in people's own homes. This includes assistance or prompting with washing, toileting, dressing, eating and drinking. We call this type of service a 'supported living' service. At the time of the inspection the service was providing personal care and support to just one person, who was living in their own single occupancy house in Burnham on Sea. The person had complex learning disability and autistic spectrum needs and required 24 hour staff support. A small number of other people who had previously used this service had recently moved to a nearby care home run by the same provider. The service provided the person with other forms of social care support that are not included within CQC's registration requirements for a supported living service. For example, in addition to personal care, the service also assisted the person with their housekeeping, shopping, attending appointments and with other independent living skills.

The service was responsible solely for the provision of the person's support services and had no control over the provision of their premises. This meant the person and their family could choose an alternative service provider if they wished.

The service had 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 registered manager was based at the provider's Apple Tree House learning disability care home in Burnham on Sea.

The person who used the service and one of their close relatives told us they were very happy with the personal care and other support they received from the service. Staff were always available to prompt and support the person but they encouraged them to be as independent as possible with their daily living activities. The person told us "I shower on my own and get dressed on my own. I cook my own meals and I clean and do my own laundry". This approach had boosted the person's confidence and had enabled them to become much more self-reliant. The relative said that since the person had moved to the supported living service "They're thriving with improved skills and independence".

The person had their own core team of support staff assigned to them and had a say in the membership of the core team. Having a small consistent team ensured the person was familiar and comfortable with the staff who supported them; and that the staff understood the person's needs and preferences well.

The person was supported to participate regularly in the local community through a variety of social and recreational activities. This was facilitated through links the service had with local voluntary shops and businesses, leisure facilities, specialist clubs and centres for people with learning disabilities.

The person was supported to maintain good health and well-being and to access external health care professionals when needed. Systems were in place to ensure they received their medicines safely.

The person and their relative told us the registered manager and the support staff were all very approachable and supportive. They said they could raise issues or concerns informally with any member of staff and they always received helpful responses.

Staff said everyone in the organisation, from the top down, focused on the well-being of the people they supported. Staff told us they could always rely on the registered manager for help and advice whenever needed. We also found the service had an effective quality monitoring system to ensure standards of service were maintained and improved.

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.

There were sufficient numbers of suitably trained staff to keep the person safe and to meet their individual support needs.

The person was protected from the risk of abuse and avoidable harm.

Risks were identified and managed in ways that enabled the person to maintain as much independence as possible.

Is the service effective?

Good

The service was effective.

The person received personal care and support from staff who were trained to meet their individual needs.

The person was encouraged to carry out day to day tasks with prompting from staff and was supported to develop their daily living skills.

The person was supported to maintain good health and to access other health and social care professionals when needed.

The service acted in line with current legislation and guidance when the person lacked sufficient mental capacity to make certain decisions about their support needs.

Is the service caring?

Good

The service was caring.

The person was treated with kindness, dignity and respect and was supported to be as independent as they were able to be.

Staff and management were caring, friendly and considerate.

Staff had a good understanding of the person's communication needs and how they liked to express their needs and preferences.

The person was supported to maintain a close and regular relationship with their family.

Is the service responsive?

Good

The service was responsive.

The person and their family were regularly consulted and involved in decisions about their support needs and choices.

The person's needs and preferences were well understood and acted on by staff.

The person's and their family's views and suggestions were taken into account to improve the service.

Is the service well-led?

Good

The service was well led.

The service was committed to meeting the person's individual support needs and to increasing their social inclusion.

The person was supported by a motivated and consistent core staff team and by an accessible and supportive registered manager.

The provider's quality assurance systems were effective in maintaining and improving the standard of service.

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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 8 December 2016 and was carried out by one inspector. This was a supported living service for people with a learning disability and autistic spectrum conditions living in their own homes in the community. The provider was given 48 hours' notice of inspection to ensure the service's registered manager would be available to meet us and to make arrangements for us to visit people who used the service in their own homes.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and the Provider's 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 the improvements they plan to make. The service was last inspected on 8 October 2013. At that time the service was meeting essential standards of quality and safety and no concerns were identified.

During this inspection we visited the person who used the service and met with one of their close relatives. We spoke to the registered manager and four members of the person's core support staff team. We reviewed the person's care and support plans and other records relevant to the running of the service. This included staff training records, medication records, and accident and incident reports.

Good

Is the service safe?

Our findings

The person who used the service and their relative told us they felt safe and secure with the staff supporting them. The person said "I'm not left on my own, when one member of staff goes another comes. I'm OK I don't have any problems. I'm not worried about anything". Their relative said "[Person's name] is safe and has 24/7 care". We observed the person was relaxed and happy with the member of staff who was supporting them on the day we visited. They also had a good friendly rapport with the registered manager.

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries. Staff were confident the registered manager would deal with any concerns to ensure the person was protected.

The risk of abuse to people was reduced because the provider had effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

The person's care plan contained a comprehensive range of risk assessments with measures to ensure they received safe personal care and support. For example, there were risk assessments and control measures for managing anxiety and aggression, epileptic seizures, the person's finances, medicines management and various recreational activities. Staff received positive behaviour management training to de-escalate incidents of anxiety and keep the person and themselves safe from avoidable harm.

All incidents were investigated and where appropriate action plans were put in place to minimise the risk of recurrence. For example, clear guidelines for staff to follow had been developed for when the person became anxious or distressed. Following the guidelines helped to calm the person and prevent them from damaging their own property and belongings. They also kept the person and the staff safe. The number and severity of incidents had steadily gone down over time as the person had become less and less anxious. The service's records showed the provider met their statutory requirements to inform the local authority safeguarding team and the Care Quality Commission of notifiable incidents.

Staff knew what to do in emergency situations. For example, staff received training in providing the required medicines and knew when and who to notify if the person experienced a seizure. The person's care plan included a personal emergency evacuation plan in case of fire or other emergency situations. The provider had a comprehensive range of other health and safety policies and procedures to keep people and staff safe.

There were sufficient numbers of staff deployed to meet the person's needs and to keep them safe. The person received 24 hour one to one staff support to meet their complex autistic spectrum needs. They had a core team of seven staff assigned to support them. This small team ensured the person was familiar with the

staff and the staff understood their needs and preferences well. Wherever possible, staff absences were covered by other staff from the person's core team.

Staff told us the staffing levels were appropriate to meet the person's needs and preferences. They said they could always call the registered manager or one of the senior support staff for advice or assistance when needed. The provider operated a 24 hour on-call management system for staff to access if management support was needed. The person's relative had also requested to be included on the contact list and wanted to be called if staff needed help to calm the person.

Systems were in place to ensure the person received their medicines safely. Staff received medicine administration training and shadowed more experienced staff until they were assessed as competent by the registered manager or the senior support workers. Staff had their competency assessed every six months to make sure their practice continued to be safe.

The person's medicines were kept in suitable storage facilities and their medicine administration records were accurate and up to date. The registered manager carried out monthly audits to check the accuracy of medicine records. Records showed the number of medicine errors was low and if one occurred this was reported to the local authority duty social work team for information. Other appropriate action was taken as needed; this included additional staff training or formal disciplinary action, if warranted.

Good

Is the service effective?

Our findings

The person who used the service and their relative told us the service was effective in meeting their personal care and other support needs. The person said "Staff take me to my dentist appointments. My dentist told me not to have loads of sugar every day. Staff take me to [name of supermarket] to buy my food and drink. They tell me what ones are good for me". Their relative said "[Person's name] moved from a care home to this supported living service. They're thriving with improved skills and independence".

The person was able to carry out most of their own personal care with a little prompting and assistance from staff, for example staff assisted them with shaving. Staff also helped the person to manage their anxieties and to calm when they became distressed. The person was completely calm and relaxed when we visited. However, we could see from incident records that they could sometimes present behaviours that were challenging to manage.

Staff were knowledgeable about the person's needs and preferences and provided support in line with their agreed care plan. Staff received training and supervision to ensure they knew how to meet the person's needs effectively. The provider had a company-wide training programme, including: new staff induction, autistic spectrum conditions, health and safety, epilepsy, medication, positive behaviour management, safeguarding, mental capacity act and deprivation of liberties. We reviewed the service's staff training matrix and the staff were up to date with their training. Staff told us the training and support they received was very good and this enabled them to provide effective care and support.

In addition to the company wide training courses, staff also received training specific to the needs of the person they supported. This included lone working, learning the person's positive behaviour guidelines, and personalised communications training to enable staff to understand and communicate effectively with the person. Although the person had a very good vocabulary they did not always fully understand the meaning of some of the words they used. Staff told us they used pictures and symbols when talking with the person, as this assisted with the person's understanding.

The registered manager and the person's support staff had quarterly core team meetings to discuss the person's current needs, guidelines and any other issues. This helped ensure the person received consistently good care and support. Staff also received individual supervision sessions and had annual performance appraisal meetings with one of the senior support workers or with the registered manager. These meetings helped staff to keep up to date with current best care practices and developments.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

People can only be deprived of their liberty to receive care and treatment which is in their best interests and

legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. When people lacked the mental capacity to make certain decisions the service followed a best interest decision making process. For example, certain restrictive practices and guidelines were in place to keep the person and the staff safe when they became anxious and distressed. These restrictions and guidelines had been discussed and agreed with the person and their parents. There were best interest decisions recorded in the person's care plan. The person was assessed as having sufficient mental capacity to agree to these restrictions and they also showed this by complying with the guidelines. The registered manager told us they had invited the duty social worker to the best interests meetings but they had declined. Copies of the best interest decisions had subsequently been sent to them for information.

Staff assisted and prompted the person to have sufficient to eat and drink and to have a balanced diet. The person was relatively independent but needed assistance from staff when they did their food shopping and with preparing some meals. The person told us they liked pre-prepared "healthy meals" and cooked them themselves in the microwave. Staff told us they cooked fresh vegetables to go with the meals and to introduce more choice. Staff also assisted the person to prepare and cook fresh meals of their choosing a couple of times a week. The person said they tried to buy food and drink "with no sugar, no salt and no saturates". Their relative told us the person had done really well with losing excess body weight and keeping to a healthier diet.

Staff monitored the person's health and wellbeing and helped them to maintain good health. The person's care plan contained details of their health records and appointments. Staff prompted and supported the person to attend their appointments with health care professionals.

Good

Is the service caring?

Our findings

We visited the person in their own home and observed the interactions between them, a member of their support staff team and the registered manager. The person was relaxed and happy and clearly had a friendly and trusting relationship with the member of staff and with the registered manager. The person said "I like all of the staff. Staff talk to me a lot and play games with me every day. I like doing word search games on my own and sometimes staff help me". The person's relative, who came to the house while we were visiting, said "The staff are all very caring".

The service supported the person to celebrate and enjoy special events throughout the year. The person told us they had just had a birthday and "I went to [a coffee chain] as a special treat and had a drink with marsh mallows in it. I've got presents for Christmas and I'm going to see Santa and to have a Christmas meal at the Strawberry Club (a club for people with learning disabilities)".

After visiting the person at their home we went to Apple Tree House, another service operated by the provider, to speak to other members of the person's core staff team. Staff spoke warmly and respectfully about the person and clearly wanted to promote the person's welfare and well-being. One member of staff said "I feel we provide a really good service for [person's name]. They are very intelligent and absolutely brilliant".

Staff understood the person's needs and preferences well and knew the most appropriate ways to engage with them. They all said they encouraged the person to express their views and to be actively involved in decisions about their care and support. We observed the person's care plan had been developed with their direct involvement and also with input from their parents. There were records of monthly care plan review discussions with the person including information in easy to read format with pictures and symbols to aid the person's understanding.

A member of staff was always available to support the person when needed, but the service tried to encourage the person to be as independent as possible with their daily living activities. For example, they were encouraged to carry out as much of their own personal care and cooking as possible, with just a little assistance or prompting from staff as required. This had boosted the person's confidence and self-esteem and enabled them to become much more self-reliant and independent. The person told us "I shower on my own and get dressed on my own. I cook my own meals and I clean and do my own laundry".

The person's relative, and the staff, told us how much more independent the person had become since moving from a residential care home setting to a supported living environment. One member of staff said "[Person's name] is now a lot more independent, happier and more settled". Another member of the person's core team said "At first [person's name] wouldn't interact or go out socially. Now, at Strawberry Club I can more or less leave them to themselves".

The service used incentive schemes to encourage the person to achieve positive behaviour guidelines and goals. We observed a 'Reward Chart' on the person's kitchen notice board. Positive behaviours or

achievements were rewarded with a themed sticker. Once a given number of stickers were achieved the person earned a treat, such as a visit to a coffee chain or coins to play on some slot machines. Similarly, there was a cardboard pizza symbol on the notice board divided into four slices. Each time the person carried out some gardening they completed a quarter slice, once all four slices were achieved they could buy a pizza. There was also an exercise chart with stickers for each time the person took some exercise. Once the chart was completed the person was given £10 to spend at the garden centre.

Staff respected the person's privacy and dignity. For example, staff told us they ensured doors were closed and curtains or blinds drawn when any personal care was in progress. Whenever the person needed any assistance from staff, they supported them in a discrete and respectful manner.

The person was supported to maintain on going relationships with their family and friends. The person told us their relatives visited them several times a week and they often went out together. One relative came to see them on the day of our visit and there was clearly a very close family relationship. The relative told us they also had very good relationships with the registered manager and with the other support staff.

Good

Is the service responsive?

Our findings

The person and their relative told us the registered manager and the staff were approachable and responsive. The person said "I can talk to any of the staff if I've got something on my mind. I see [name of registered manager] two or three times a week. I talk to them if I have any problems". The person's relative said "We have strategy meetings, they are very approachable. I can say things and they get addressed. I haven't got any worries or concerns. It's good to be so involved".

The service provided personal care based on people's assessed needs and preferences. Personal care included assistance or prompting with washing, toileting, dressing, eating and drinking. The person who currently used the service had become more and more independent with their personal care over time. However, they still needed 24 hour staff support to meet their complex autistic spectrum needs and to keep them safe from avoidable harm.

The service provided other forms of social care support that are not included within CQC's registration requirements for a supported living service. For example, in addition to personal care, the service assisted people with their housekeeping, shopping, attending appointments and other independent living skills.

The person told us the staff supported them to lead a varied lifestyle and to participate in lots of different recreational activities. For example, they were a member of the local community ten pin bowling league. The person said "I go bowling, swimming, walking, to the gym, and trampolining every Thursday. Staff look after me and join in with me to trampoline". They were not made to do anything they did not want to, they said "This is my house, if I want I can stay in". The registered manager said they wanted to look into the possibility of a voluntary work placement for the person. The person used to work for a couple of hours a week in a local garden centre but now preferred to do gardening at their own home instead.

The person had a comprehensive care and support plan. The care plan provided clear guidance for staff on how to support the person in order to meet their needs. It included an assessment of needs, risk assessments, their communications profile, activity plans, behaviour management guidelines, likes and dislikes. There was a separate medical file with the person's medication history, weight records, health care appointments, health action plan and hospital passport. The hospital passport is a document containing important information about a person with a learning disability to assist health care staff when they have to go into hospital.

The person's care plan and medical file was kept at their home and staffing and incident records were stored at the registered manager's office in Apple Tree House. The person had a designated keyworker and a core team of support staff. The keyworker supported the person with their monthly care plan reviews and preparations for events such as birthdays and Christmas. The keyworker also regularly communicated with the person's relatives, including sending them a weekly email update.

The person's care plan was reviewed each month by the person and their keyworker or the registered manager. The monthly review records were up to date and were signed by the person and the keyworker or

registered manager. We observed the person had written their own comments and answered various questions on the care plan review forms.

The person had a say in the membership of their core team of support staff. The core team consisted of seven support staff who knew the person's needs and behaviours well. New staff members had to demonstrate their compatibility with the person before becoming a member of the core team. The person told us "You can have any staff you want. I just have to say but I've never had anyone I don't like". There were photographs and names of the core team members on a notice board in the person's kitchen. This helped the person to recognise and understand who it was supporting them on each shift. There was always one member of staff present, day and night, with a short 15 minute hand over between shifts. Staff told us the person could become anxious if there was more than one support staff member at a time. For this reason, handovers were brief and concise. However, staff also noted any relevant information in a communications book for colleagues to read after they came on shift.

The registered manager told us if the person was not happy being supported by a particular member of staff, they would move the staff member to another role. All of the core team also worked shifts at the provider's Apple Tree House care home. The registered manager said they always had a minimum of seven staff in the core team.

The service sought people's views through a variety of methods; including informal contacts with the person and their relatives, structured care plan review meetings and a six monthly quality assurance questionnaire.

The provider had an appropriate policy and procedure for managing complaints. The policy included agreed timescales for responding to people's concerns. We observed there was a complaints card, in an easy to read format with pictures and symbols, pinned to the notice board in the person's kitchen. This helped the person to make a complaint if they were unhappy about anything.

The person and their relative told us they did not have any complaints and could always resolve issues informally by talking them through with the registered manager or with other staff. The registered manager told us the service had not received any formal complaints in the last 12 months.

Good

Is the service well-led?

Our findings

The person currently using the service and their relative told us they were very happy with the personal care and the other support they received from the service. They got on well with the staff and with the management team and could talk to them about any issues or concerns. The person's relative said "The company are very good, always re-evaluating things. It's a changing situation and we address any situations or problems together. [Registered manager's name] is brilliant. They are consistent and quite strict, which is what is needed".

The registered manager for this service also managed one of the provider's small care homes for people with a learning disability. We asked the registered manager about her service philosophy for the supported living service. They confirmed that currently there was only one person using this service and the future plans for the service were uncertain. With regard to the person they were currently supporting, they said "We are in a really good place with [person's name] and have worked really hard to get to this stage. We want to maintain this and keep them settled and happy. To maintain their health, help them try out new things, and continue to promote their independence".

This person centred approach was promoted through staff training, staff meetings, shift handovers and one to one staff supervision sessions. This enabled staff to provide a consistently good standard of care to meet the person's specific needs and to promote their independence. One member of staff said "I can't fault the company at all. They're a brilliant employer with great training. [Registered manager's name] is always available when you need them. The individuals who use our service always come first". Another member of staff said "[Registered manager's name] is an excellent manager. The area manager also visits every couple of weeks. They are lovely too and always talks to staff and the people we support. Occasionally we also see the owner and his wife who does training in sign language at headquarters".

We found decisions about the person's support needs were made by the appropriate staff at the appropriate level. Specialist support and advice was also sought from external health and social care professionals when needed. There was a clear staffing structure in place with clear lines of reporting and accountability. The support workers were supervised by the seniors who reported to the registered manager. The line of accountability then went up through the area manager to the managing director and owner.

The provider operated a quality assurance system to ensure they continued to meet people's needs effectively. The registered manager carried out a programme of weekly and monthly audits and safety checks. The area manager also visited and audited key areas of the service at least every couple of months. This included discussions with staff and the person who used the service, and observing care practices. Where any action was needed this was noted on a quality review report and progress was checked again at the next visit.

The service recorded and analysed incidents to ascertain the causes and whether action could be taken to avoid similar occurrences in the future. This enabled trends or themes to be spotted and helped the service to improve the way they supported the person. For example, the service identified the person's anxiety levels

increased in the build up to special events, like their birthday or Christmas, or when they were expecting deliveries through the post. Strategies were developed to reduce the impact of these events; such as hand delivering items rather than the person receiving them through the post.

As far as we can ascertain the provider has met their statutory requirements to inform the relevant authorities of notifiable incidents. The provider and the registered manager promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The person and their relatives were encouraged to give their views on the service directly to the registered manager, or to other support staff, through regular informal conversations and structured monthly care plan review meetings. Six monthly quality assurance questionnaires were also circulated. However, only the relatives of the current person who used the service had responded to the previous two questionnaires. Previously, when there were more people using the service, family forum meetings were held to gain the views of people's relatives.

The provider participated in various forums for exchanging information and ideas and fostering best practice. These included internal managers meetings, local authority and multi-agency meetings, national and local conferences, seminars and membership of the Registered Care Providers Association. They accessed a range of online resources and training materials from service related organisations. These included the British Institute for Learning Disabilities, the Epilepsy Society, Autism Awareness and the Care Quality Commission website.

The service worked in partnership with local health and social care professionals to ensure the person's health and well-being needs were met. The registered manager said they had excellent relationships with a local GP and a local dentist. The GP and dentist both knew the person well and were happy to arrange early appointments whenever needed.

The registered manager said they had approached the duty social work team for an updated review of the person's care. They had been told this was not necessary unless there were specific concerns to discuss. The manager continued to send incident reports to the duty social work team to keep them informed.