

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

About the service

The Holt is a care home providing care and support for people who are living with autism. At the time of our inspection 6 people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There was a welcoming environment. We saw many positive interactions between staff and people. Relatives we spoke with told us they were confident that people were safe living at the service.

People had significant communication needs. People used body language, gestures, 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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were managed safely by suitably trained staff. There were effective systems in place to protect people from harm and staff understood their responsibilities to report any concerns. There were sufficient numbers of staff to respond promptly to people's support needs. Recruitment processes enabled the provider to make safe recruitment decisions.

Staff felt supported and received training to ensure they had the skills and knowledge to meet people's needs. People were supported to maintain a healthy diet and had a choice of different meals. Where special dietary requirements were needed staff followed recommendations made by healthcare professionals.

There were a range of individualised activities available to people. Care plans contained information that enabled staff to meet people's needs and value people as individuals. People were confident to raise concerns. All complaints were dealt with in line with the provider's policy.

The management team and provider promoted an open culture that valued everyone. Staff felt valued and were positive about the improvements that had been made at the service. There were effective systems in place to monitor and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection:

The last rating for this service was Good (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Holt

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and a Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The Holt is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection we observed how staff interacted with people. We spoke with five relatives and one

healthcare professional to gather their views. We looked at records, which included five people's care and medicines records. We checked recruitment records for three staff. We looked at a range of records about how the service was managed. We also spoke with the provider, the registered manager, the senior care coordinator and three staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt people were safe living at the service. One relative told us, "[Person] does feel safe living in the home because the staff support [person] with a great deal of activities, keeping [person] physically and mentally occupied. If [person] had any concerns I believe they would be confident in raising them. But to my knowledge I don't think they have done whilst living there some [many] years".
- Staff had a clear understanding of their responsibilities to identify and report any concerns relating to harm or abuse. One member of staff said, "I would go straight to my manager, I could also go to the police or social services".
- The provider had policies and systems in place to ensure safeguarding concerns were investigated and appropriate action taken to protect people from harm and abuse. Records showed that policies and procedures were followed.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as epilepsy, diabetes, pressure care, emotional wellbeing and behaviours which may challenge others. Staff were familiar with and followed people's risk management plans.
- The registered manager and provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.

Staffing and recruitment

- We observed, and staffing rotas showed, that planned staffing levels were being achieved. In instances where the registered manager identified potential shortfalls in staffing levels, they ensured the correct contingency plans were followed.
- During the day we observed staff having time to chat with people and staff responded promptly when people needed support. A relative told us "The staff are all very young and energetic now so most definitely have time for my daughter. I am not aware of staff rushing or hurrying her care and support".
- Staff were recruited in a way that ensured they were suitable to work in a care setting.

Using medicines safely

- Medicines were managed safely, people received their medicines as prescribed.
- Staff had completed training in medicines administration and management. Staff competencies were assessed to ensure medicines were administered safely and in line with guidance.

- People's medicines were stored securely and in line with manufacturers' guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded to ensure action was taken to minimise the risk of reoccurrence.
- The registered manager ensured learning was shared across the staff group following incidents.
- Medicines incidents were recorded and investigated. Records showed the actions taken to prevent them happening again.

Preventing and controlling infection

- The service was clean and free from malodours. There were systems in place to ensure all areas of the service were kept clean.
- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it. A relative said "Yes this team of staff is really first class in all aspects of infection control and encourages and supervises [person] to wash her hands throughout the days' activities"
- The provider ensured staff were trained in infection control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the service. Assessments were used to develop person centred care plans that respected people's diversity. This included identifying and respecting people's preferences, likes and dislikes.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example people who had been assessed as demonstrating behaviours which may challenge others, were supported in line with nationally recognised approaches to care planning.
- The registered manager ensured that people with epilepsy were supported in line with good practice guidance.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative we spoke with told us "Most certainly staff know what they are doing, and I do believe they are well trained and knowledgeable about autism". Another relative said "I think The Holt has an excellent reputation and yes, all staff are very knowledgeable".
- Staff were supported through regular supervisions. One member of staff told us, "We have supervision often, we are asked how we are and if there are any issues in the service"
- Staff received training to ensure they had the skills and knowledge to meet people's needs. This training involved face to face and online training that was specific to people's individual needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People had sufficient to eat and drink. Care records showed people's choices and preferences were identified and recorded.
- Care plans detailed people's specific dietary requirements and we saw that people received food and drink in line with their care plans.
- Each person had a detailed, personalised plan around their dietary requirements, to include any nutritional risks. People were encouraged by staff to make healthier choices.
- People and staff used picture cards to identify what meals people wanted. Where people decided they wanted something different, they had access to a well-stocked kitchen and were supported by staff to select a meal of their choice.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The Holt had clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People were supported to live healthier lives through regular access to health care professionals such as their GP's, community nurses, opticians and chiropodists.
- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments and this guidance was followed by staff.
- Each person had a hospital passport that detailed what hospital staff would need to know about a person in order to deliver effective care and support.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported by staff that knew the principles of MCA. One staff member we spoke with told us "(MCA) is about people having rights to make their own choices and decisions, any decisions made for someone must be in the persons best interest".
- The service worked within the principles of MCA and where necessary people had the appropriate assessments and best interest processes in place.
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff were kind and caring. One relative said "[Person] has a nice sweet personality and staff just adore her. She now has a key worker who has developed a good strong relationship with her". Another relative told us "Staff relationships within the home are very good."
- Staff showed compassion and understanding when supporting people.
- Staff understood the importance of treating people as individuals and respecting them for who they were. Staff used their knowledge of people to engage with them in a way that valued and respected them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. People were given choices, and these were respected.
- People were given opportunities to contribute to their care and relatives were involved in the process. One relative said, "Yes I believe he is involved in his care planning and he has an Easy Read format to respond to".
- People's care plans detailed their preferences; these plans were regularly reviewed, and people were asked if there was anything they wished to change about the care they received.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff delivered personal care in a respectful way that promoted people's dignity. One relative said, "Yes I believe he is involved in his care planning and he has an Easy Read format to respond to".
- Staff described to us how they provided care in a way that was dignified. One staff member said, "Make sure anything you do is done in privacy".
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept locked away and only accessible to authorised persons.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure they delivered person centred care. People's care plans were regularly updated to reflect people's changing needs.
- People's care records held information on their current health, emotional and support needs in all areas of daily living and personal care. This included information and guidance for staff on how best to support people and meet their needs.
- The registered manager and provider ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and team meetings. This ensured important information was recorded and acted upon where necessary to ensure monitoring of people's progress

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's initial assessments captured people's communication and sensory difficulties.
- Staff were knowledgeable about people's communication needs and ensured people were supported in a way that maximised their communication. This ensured people were able to express themselves in a way that suited them.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Relatives we spoke with told us people had access to activities which matched their individual needs and supported people to avoid isolation. One relative told us "The staff make sure he is involved in all community activities. Staff are always having fun, laughing and joking and promoting a relaxed atmosphere that encourages socialisation, something that most people with autism find great difficulty in".
- The service had systems in place to support people who had communication and sensory difficulties to make decisions about their own activities. For example, the service used picture cards which people could put on a daily planner, so staff knew of any choices they had made.
- People led active lives full of social and leisure activities. There were differing levels of independence, but each person had outings and participation in these activities was seen as a priority

across the service by staff and the leadership team.

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure which were available in different accessible formats. Relatives were confident that they would be listened to. One relative told us "Yes I do know how to complain but I have never needed to make a complaint".
- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.

End of life care and support

- People's wishes about the care they would like at the end of their lives had been considered when planning their care. However, there was no one at this stage in their life during the inspection.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were given opportunities to contribute feedback and ideas regarding the running of the service, which was provided in accessible formats. Relatives and staff told us the leadership team got involved in the day to day running of the service. One staff member said "[Registered manager] is brilliant, she's really involved"
- Staff were extremely complimentary of the support they received from the registered manager. One staff member said "[Registered manager] is brilliant and I can go to her with anything." Another staff member said, "Our input is welcomed, and we feel listened to".
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience. Relatives told us the service was well run

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

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The registered manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place and had further plans to improve them. These included, medicines, care plans, safeguarding, infection control and autism good practice. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and handovers.

- People and their relatives had opportunities to provide feedback through surveys, people and their relatives had opportunities to attend meetings and raise any comments via an open door policy at any time. A relative told us "I have been invited to meetings to give feedback on the service".
- From our observations and speaking with staff, the registered manager and provider demonstrated a commitment to providing consideration to peoples protected characteristics.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. One healthcare professional we spoke with told us "The service listens and acts on our recommendations".
- Records showed the provider worked closely in partnership with multidisciplinary teams to support safe and effective care.
- The Holt was a transparent service, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.