

Avon Autistic Foundation Limited

Ann Coleman Centre

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

Ann Coleman Centre is registered to provide accommodation and personal care for up to seven people. At the time of our inspection five people with autism were using the service.

The inspection was announced. We contacted the provider 24 hours before our visit to tell them we would be coming. We did this as we had previously been informed that one person found it upsetting when someone new came to their home. Giving staff some notice allowed them to prepare the person for our visit. This inspection was carried out by one adult social care inspector.

At our last inspection in December 2015 we rated the service overall as Good. However at that inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not regularly reviewed their policies and procedures and environmental risk assessments to ensure they were kept up to date.

Following that inspection we told the provider to send us an action plan detailing how they would ensure they met the requirements of that regulation. At this inspection we saw the provider had taken the action they had identified in their action plan. As a result improvements had been made and the service was no longer in breach of this regulation.

As a result of this inspection we have rated the service Good.

Why the service is rated good;

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 service was based upon the individual needs of people, provided by caring staff who were well supported by the registered manager and, was continually seeking to improve. We did not find any breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection.

People were safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability. Medicines were well managed and people received their medicines as prescribed. Measures to prevent the spread of infection were in place.

The service was effective in meeting people's needs. Staff received regular supervision and the training

needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. The service complied with the requirements of the Mental Capacity Act 2005 (MCA). The physical environment was personalised and met people's needs.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to understand.

The service was responsive to people's needs. People received person centred care and support. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

The service was well led. The registered manager provided good leadership and management and was well supported by the provider. The safety and quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service has improved to Good.

The governance arrangements, including policies and procedures and environmental risk assessments, had been regularly reviewed and kept up to date.

The vision and culture of the service was clearly communicated to and understood by staff.

The registered manager and provider delivered good leadership and management.

Quality assurance systems were in place and, where shortfalls were identified they were acted upon.

Ann Coleman Centre

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 9 August 2017. The inspection was carried out by one adult social care inspector and was announced.

The last full comprehensive inspection of the service was in June 2016. At that time we rated the service overall as 'Good'. However we did find a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not regularly reviewed their policies and procedures and environmental risk assessments to ensure they were kept up to date. As a result we rated the service 'Requires Improvement' under our key question heading of; is the service well-led?

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also reviewed the information the provider had given us in their 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 the improvements they plan to make.

We contacted seven health and social care professionals involved with the service and asked them for some feedback. We have incorporated their views and comments into the main body of our report.

Some people were able to talk with us about the service they received. We spoke with three people. Others were not able to talk with us about their experiences of using the service. We carried out informal observations to gain an understanding of their experiences. We decided not to carry out a formal Short Observational Framework for Inspection session (SOFI 2). SOFI 2 is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. This was because we considered it would have been too intrusive to carry this out and, that our presence would have interfered with the usual activities. We spoke with family members of two people by telephone.

We spoke with a total of six staff, including the registered manager, the office manager, two senior care coordinators and two support workers.

We looked at the care records of each person using the service, two staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment and equality and diversity.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included; "Yes I feel safe, the staff are good, it's generally perfect" and, "This is as close to anything to a real home, the staff are always on hand, so yes I feel safe here". We observed people throughout our visit and saw they reacted positively to staff and seemed relaxed in their company. Relatives also said they felt people were safe. One relative told us they were impressed by the care taken to ensure their family member was kept safe when using public transport independently.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of situations that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management of any poor practice.

There were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to keep people safe from harm when carrying out domestic activities such as cooking, for people to use community leisure facilities safely and, when care and support was given. Risk assessments contained clear guidance for staff and detailed the staff training and skills required to safely support the person. Staff had a good working knowledge of risk assessments and measures to be taken to keep people safe.

People were supported by sufficient numbers of staff to meet their needs. People said they were able to receive care and support from staff when they needed it. Staff said there were enough staff to safely provide care and support to people. During our visit we saw there was enough staff to meet people's needs. There were some staff vacancies which were covered by existing staff and agency staff. The provider was in the process of recruiting additional staff. Agency staff were used when the provider's own staff were not available. We saw regular staff were requested and provided by the agency. Senior staff told us this was important as people using the service took some time to 'get to know people'. We noted the use of agency staff was considerably higher over the summer months. The registered manager was aware of this and told us they would be reviewing arrangements to ensure staff leave was spread more evenly throughout the year. They said this would mean the use of any agency staff would not be as high during summer months in the future.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the manager.

There were clear policies and procedures for the safe handling and administration of medicines. Medicines

were securely stored and records of administration were kept. Regular auditing was carried out to ensure they were stored and administered safely. Staff were trained in administering medicines and their competence to do so was assessed regularly. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them for medical emergencies, pain relief or to reduce anxiety. We saw clear guidelines were in place for staff to follow to determine when and how these medicines should be offered to people.

Environmental health and safety risks had been identified and action taken to keep people safe. Plans were in place to ensure people were safe when using the bathrooms and kitchen. Checks had been carried out on electrical equipment. Regular checks regarding fire safety including; system checks, fire drills and fire equipment had been completed and future checks scheduled. Hot water temperatures were monitored to ensure people were not at risk of scalding. Plans were in place to keep people safe in the event of emergencies.

Accident and incident records were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The registered manager regularly reviewed these to identify any themes or trends.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were stored securely to ensure the safety of people. The accommodation was safe, clean, well maintained, odour free and appropriate for people's needs.

Is the service effective?

Our findings

People using the service told us their needs were met. One person said, "We have skilled staff and I get good care and support". Relatives said staff knew people well and were skilled and able to provide good care and support.

Throughout our visit we saw people's needs were met. Staff provided the care and support people required when they wanted and needed it. We saw staff were skilled at ensuring people were given time to process information and understand what was said to them. Staff told us this was very important for people and helped them manage their mood and anxiety.

The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision. Staff records showed that supervisions were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

People were cared for by staff who had received the training to meet people's needs. We viewed the training records for all staff. These were well-maintained and identified when staff had received training in specific areas and, when they were next due to receive an update. All staff received core training which included; first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Specific training to meet people's needs was also provided, for example, autism and positive behavioural support. The provider had developed an in depth, three stage training programme on autism. All staff were expected to complete all three stages, which were marked to ensure staff had developed a good understanding of the condition. We saw all staff had either completed or were working towards completion of this training. Staff told us this training had been very helpful for them.

Staff were supported to complete health and social care diploma training. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their role to the required standard.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. In addition to this newly appointed staff spent time 'shadowing' more experienced staff. This was an important part of the induction as people took time to get to know staff and feel relaxed in their company. An induction checklist ensured staff had completed the necessary training to care for people safely. Staff confirmed they had received an effective induction including 'shadowing'.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

Four people had been assessed as having the capacity to consent to their care arrangements. One person had been assessed as not having the capacity to make that decision. They were also subject to continual supervision to ensure they were safe and their needs met. The registered manager had recognised this amounted to a deprivation of their liberty and had submitted applications to the appropriate authorities. The conditions set out in the subsequent authorisation were monitored and complied with. The Commission had been informed as required when DoLS authorisations had been received.

Staff understood that people were able to make their own decisions regarding their care and support. They explained to us this also included having the right to make decisions others may view as unwise. Staff actively promoted people making their own choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind. Care records gave clear information to staff about areas where people could make their own decisions and how people could be supported to make those decisions. For example some people used communication aids such as the Picture Exchange Communication Systems (PECS). PECS is a widely used augmentative communication system for people with autism spectrum disorders and other related developmental disabilities.

People chose what they wanted to eat. Menus were planned with the involvement of people using the service. Food provided was varied and included a range of choices throughout the week. People were encouraged to participate in the preparation of food. Participation was planned and people we spoke with said they enjoyed doing this. People told us they enjoyed the food. People had access to a variety of drinks throughout the day. People's food and fluid intake was monitored and recorded.

People's care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

The physical environment was of a high standard and met people's needs. People had access to a number of communal rooms that could be used to relax, converse with others or have some quiet time. Communal areas were homely and people's own rooms were personalised. Some people showed us their rooms and were clearly proud of them.

Is the service caring?

Our findings

People we spoke with told us they liked the staff and thought they were caring. Comments included; "They're all very nice. I have no problems with any of the staff. I'm happy with them all" and, "Yes, they're very kind and caring". Throughout our inspection we saw people were treated in a caring and respectful way.

Relatives spoke positively about staff. They said; "The staff are very caring" and, "They provide good care. They know (Person's name) well and are very kind and sensitive".

Professionals also told us staff were caring. One commented, "All of the 'residents' are treated with great care and respect by the carers and management, I'm always struck by what a special place it is, and as a consequence feel extremely lucky to work at this particular centre".

Staff were friendly, kind and discreet when providing care and support to people. Staff knew people well and clearly respected them. They were able to tell us about people's interests and individual preferences. For some people having an unfamiliar face in their home was unsettling and could make them anxious. Staff were very aware of this and took care to ensure this was minimised and when unavoidable, the person and visitor were as well prepared as possible.

We observed a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. Staff spoke about people in a positive manner. They stressed people's talents and demonstrated they valued them as individuals.

People's care records included an assessment of their needs in relation to equality and diversity. We saw the provider had planned to meet people's cultural and religious needs. For example, attendance at a local church was extremely important to one person. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. Staff had received training on equality and diversity.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. People spoke with us about their families. Staff said they felt it important to help people to keep in touch with their families. Relatives we spoke with felt considerable efforts were made to ensure people's contact with family was promoted.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met. People we spoke with knew who their keyworker was.

Promoting people's independence was a key theme running through people's care records. Guidance was included for staff on how to work alongside people providing coaching to carry out activities themselves.

Staff told us they saw this as a key part of their role. Two people told us how important developing and maintaining independence was to them. They also described how staff helped with this. They said, "I'm quite happy at the moment. I can come and go as I please. The staff help me when I need it. My independence is important to me" and, "I can use the train on my own to visit family. I just need help getting to and from the station, which I get".

People were treated with dignity and respect. Their views were sought and responded to. This was achieved through day-to-day discussions with keyworkers and regular care plan reviews which were clearly recorded. Information was provided in ways that were easy to understand.

Staff we spoke with, when asked, all said they would be happy for a relative of theirs to use the service.

Is the service responsive?

Our findings

The service provided was person centred. It was flexible and responsive to people's individual needs and preferences and aimed for people to live a full and active life.

People had been involved in developing and agreeing their plans for how they were cared for and supported. Each person had detailed care plans in place that identified how their assessed needs were to be met. These also included information on their background, hobbies and interests and likes and dislikes. For example, one person's plan very clearly identified in the section on communication that they disliked being interrupted when speaking. Another person's gave detailed guidance on how they used PECS to communicate. A third person's plan gave clear instructions for staff on how they were to be supported to access public transport and use their bicycle independently. Some people required consistent, well planned support to help them manage their anxieties and behaviours. Plans were in place for this and guidance had been obtained from external professionals.

Keyworkers met with people each month to gain their views and ideas on their care and support. This was detailed on form headed 'suggestions and concerns'. We saw action had been taken to address any issues people identified. This had included the provision of requested activities. Keyworkers also completed an end of month report. The contents of this was agreed with the person where possible and shared with senior staff.

People spoke enthusiastically about the activities they engaged in. They said, "I do all sorts of things, I enjoy going to the gym and shopping" and, "I have enough going on. I like walking, swimming and going to cafes". Each person had a detailed weekly activities plan. These were produced in an 'easy read' format. Some people had these placed on their walls in their rooms. They detailed both individual and group activities both within and outside of the service. Activities outside the home included; bowling, visiting pubs and cafes, playing snooker, visiting the library and walks and cycle rides. Activities within the home included; gardening, cooking and arts and crafts. Relatives, professionals and staff all said they felt there were enough activities for people.

Four people had gone on a holiday with staff support a month before we visited. The one person who had not gone, was someone who did not enjoy being with large groups and in less familiar places. Staff said that person had very much enjoyed one-to-one time at home and an increase in individual activities during that week. One person told us about the holiday. They said, "It was great. We stayed in a cottage and did lots of physical activities. We went horse riding, abseiling, canoeing, on a zip wire, cart riding and did archery". Speaking to staff and reading written records concerning this holiday we saw it had been carefully planned and very successful.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to

ensure a consistent approach. A handover is where important information is shared between the staff during shift changeovers. There were written records of the handover so staff could keep up to date if they had been off for a few days.

The provider had a policy on comments and complaints. The policy detailed how complaints were responded to, including an investigation and providing a response to the complainant. One complaint had been received in the 12 months leading up to our visit. That complaint identified problems a person was having using the internet within the home. We saw this had been fully resolved to the person's satisfaction. A record of compliments received was also kept. Staff told us feedback on compliments was provided to them at team meeting and, where relevant, individually.

Is the service well-led?

Our findings

At our last inspection in June 2016 we found some policies, procedures and environmental risk assessments had passed the review date documented on them.

During this inspection we saw the provider had taken the action they had detailed in the action plan they sent us. We found policies and procedures and, environmental risk assessments had been reviewed and kept up to date. The policies and procedures we looked at were comprehensive and referenced regulatory requirements. Risk assessments relating to fire safety and procedures for emergencies such as a gas leak or electrical failure had been reviewed since our last inspection. Staff we spoke to knew how to access these policies and procedures and risk assessments. This meant clear advice and guidance was available to staff.

At our last inspection in June 2016 we noted that there were limited systems in place to gain feedback from people, staff, relatives or other key people involved in the home.

During this inspection we saw the provider had distributed satisfaction surveys to people, relatives and staff. These augmented their established systems of gaining feedback through care reviews and people's one to one discussions with keyworkers. The results of these surveys had been collated and action taken to address issues raised. This meant the provider was now better able to monitor and evaluate different aspects of the service from a range of stakeholders and, use this information to develop and improve the service for people. We spoke with the registered manager and senior staff about also sending satisfaction surveys to health and social care professionals. They said they planned to do this during 2018.

Quality assurance systems were in place to check on the standards within the service. These included regular scheduled checks on areas such as; medication, equipment, care records and health and safety. We viewed the most recent records of these audits. In each case where remedial action was identified this had been carried out. This meant the provider and registered manager were taking corrective action when required and, were working to ensure the continuous improvement of the service provided to people.

Throughout our inspection we found the registered manager and senior staff demonstrated a commitment to providing effective leadership and management. They had ensured the vision and culture of the service was clearly communicated to and understood by staff. The management structure was clear and understood by people, families, staff and professionals. The registered manager was supported by an office manager and three senior care co-ordinators, who supervised the support workers.

People told us they liked the registered manager and were able to talk to them when they wanted. Staff spoke positively about the management and felt the service was well led. They said, "The manager's and seniors are all approachable and can be contacted any time" and, "I think the management of the service is very good". Relatives said they found the registered manager and senior staff approachable and were able to contact them whenever they needed to. The registered manager told us they received effective support from the provider.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

Staff said they were able to contact a manager when needed. The registered manager told us the provider operated a 24 hour on call service, for staff to contact a senior person for advice, guidance or support. Staff told us the 'on call' system worked effectively and provided the advice, support and guidance they required.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

A copy of the most recent report from CQC was on display at the home and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.

At the end of our inspection feedback was given to the registered manager, office manager and one care coordinator. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.