Autism Hampshire

Autism Hampshire - 102a Brockhurst Road

Inspection report

102a Brockhurst Road
Gosport
Hampshire
PO12 3DG
Tel: 02392 580605
Website: www.has.org.uk

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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

Overall summary

This inspection took place on 29 October 2015 and was unannounced.

102a Brockhurst Road is registered to offer support and accommodation for up to four people with learning disabilities. At the time of our inspection there were four people living at the home. People were accommodated in single rooms, with a shared lounge, kitchen, quiet room, dining room and an enclosed garden. 102a Brockhurst Road is situated next to 102b Brockhurst Road and has the same manager and provider for both services, staff can be called upon from either house to assist if needed.

There was no registered manager in place, however the person in charge of the day to day running of the home has made an application to register and were registered until recently with us for another service run by the same

Summary of findings

provider. 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.

There were appropriate processes and risk assessments in place to protect people from risks to their safety and wellbeing, including the risks of avoidable harm and abuse. Staff were aware of their responsibilities to recognise and report signs of abuse. Arrangements were in place to keep people safe and comfortable in the event of an emergency evacuation.

The manager made sure there were enough staff with the skills and knowledge to support people safely. Staff stored and administered medicines, including skin creams and ointments, safely. Medicines records, including for medicines prescribed "as required" were accurate and complete.

Staff had the knowledge they required to support people but the training and skills needed were not up to date. The manager had recognised this and a plan was in place to ensure all staff received training to update them.

Staff were aware of the need to obtain people's consent. When people lacked capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005.

The service provided individualised, varied and nutritious meals which were prepared and served according to people's individual needs. People had access to their GP and other healthcare providers when needed.

Staff and the management team had received safeguarding training and they were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

People and staff told us they felt the service was well-led and were positive about the management team. The provider was proactive in promoting good practice, through supervisions and team meetings.

People told us and our observations confirmed that they felt the home was caring. Staff were enthusiastic about working with the people who lived at the home. They were sensitive to people's individual needs treating them with dignity and respect, and developed caring and positive relationships with them. People were encouraged to maintain their family relationships.

People received care and treatment that met their needs and took into account their wishes and preferences. Staff delivered care and treatment in line with plans and assessments. The service had a procedure in place to manage complaints, but people had not felt the need to use it.

Staff supported people in a variety of individual activities, including trips outside the home and day care services.

People, their families and staff were all complimentary about the atmosphere and culture in the home. People expressed affection for the home and its staff. Staff expressed pride in the service provided, and described it as homely and well run.

The manager had an effective and organised management system. They had completed an audit of the home when they started work there and had developed an action plan. The service manager who oversaw the work of the day to day manager, had also completed an audit and action plan and had found similar issues to be worked on. Work was underway to maintain the quality of the service and to communicate the priorities and values.

There was a thorough and wide ranging system of checks and audits to monitor and assess the quality of service. Actions arising from these checks were followed up.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

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

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

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

Good

Is the service effective?
The service was effective.

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

Staff obtained people's consent to their care and treatment. They followed legal guidelines to make informed decisions in people's best interests where people lacked capacity to make certain decisions themselves.

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

Good

Is the service caring?
The service was caring.

People had positive relationships with the staff who supported them.

People were able to make their views and preferences known. They were encouraged to take part in reviews of their care.

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

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Good

Is the service responsive?
The service was responsive.

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

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

Good

Summary of findings

A procedure was in place to manage complaints, but people told us they had not had reason to raise concerns about the home.

Is the service well-led?

Good

The service was well led.

Whilst we identified some issues with records and training the manager had already found these issues and had a plan in place to manage the changes needed.

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

Management of the service was effective, organised and imaginative.

Systems were in place to monitor, assess and improve the quality of a wide range of service components. These included regular audits and unannounced spot checks by the manager and service manager.

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

The inspection took place on 29 October 2015 and was unannounced. The inspection was carried out by a single inspector who had experience of mental health and learning disability services.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The registered provider gave us additional information on the day of the inspection.

We spoke with or observed care and support given to all four people who lived at the home. We spoke with three members of staff, the manager and the service manager, the day to day manager's line manager. We observed care and support people received in the shared areas of the home.

We looked at the care plans and associated records for two people. We reviewed other records, including the provider's policies and procedures, emergency plans, internal and external checks and audits, staff training, staff appraisal and supervision records, staff rotas, and recruitment records for three members of staff who had joined the service recently.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said they felt happy and safe because, "staff are nice". We observed those people who were unable to tell us verbally about their experiences and they demonstrated that they felt safe, through their interactions with the staff and their willingness to engage with us as visitors. On their return from day care people were introduced to us or they came up to us on their own and asked who we were and why we were there and many other questions. Those that did not wish to talk to us said hello, nodded or walked away.

The recruitment process, which was managed centrally by the registered provider, ensured that new staff were of good character and suitable to carry out the role. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We looked at three recruitment files which had a full employment history, references and copies of the questions asked at interview.

There were systems in place to protect people from the risk of infection. The manager carried out infection control risk assessments and audits. Staff told us about equipment which was colour coded and were aware of what should be used where. We observed staff using the correct equipment in the appropriate place for example a red mop and bucket in the bathroom.

The registered provider had identified and assessed the risks for each individual; these were recorded along with actions identified to mitigate those risks. They were written in enough detail to provide the information staff required to protect people from harm whilst promoting their independence. For example, there were risks associated with a person leaving the home alone. We saw staff followed guidelines available in this person's care records, when they left the home in a hurry. Staff quietly followed them outside and were able to encourage them to come back inside. We saw that this was consistent with the care plan and risk assessment as giving the person some space enabled staff to encourage them back in.

Where an incident or accident had occurred, there was a clear record of this and an analysis of how the event had occurred and what action could be taken to prevent a recurrence. For example one person could become unsettled and had in the past used cutlery to express their anger. Following a review of these incidents, cutlery was securely stored unless being used for meals. Staff explained that if other people went into the kitchen, they would support them to access anything they needed from these drawers.

There was a duty roster system, which detailed the planned cover for the home; this was overseen by the manager. This provided the opportunity for short term absences to be managed through the use of overtime or the staff supply list operated by the provider. Cover was also provided by senior staff and management if staff needed assistance to take a break or carry out another task. Staff told us they worked with all of the people regularly and had been allocated one person each to ensure care plans were up-to-date and they had sufficient personal supplies such as toiletries. This aided consistency in their support and meant they were able to support people safely.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All staff and the manager had received safeguarding training in the past and knew what they would do if concerns were raised or observed in line with the providers' policy. One member of staff told us that they had reported concerns in a previous employment and explained, "We have a duty of care". Another member of staff said they would have, "no hesitation in going higher, including reporting it to the CQC, if [any concerns] were not sorted out here". Safeguarding concerns which had been identified in the home had been investigated and reported in a timely way. Where appropriate, actions had been taken to address concerns raised.

There were suitable systems in place to ensure the safe storage and administration of medicines at the home. All medicines were administered by staff who had received appropriate training. Once staff had completed training in this area they then had their competency assessed by the manager or deputy manager to ensure their practice was safe.

Accidents and incidents were recorded in a way that allowed staff to identify patterns. These were available for the manager and senior managers to monitor and review to ensure appropriate management plans were put in place.

Good

Is the service safe?

There were arrangements in place to deal with foreseeable emergencies. There was also a fire safety plan for the home. Staff were aware of the plan and were able to tell us the action they would take to protect people if the fire alarm went off.

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Good

Is the service effective?

Our findings

The service was effective and staff understood the needs of the people who lived at the home and had the skills to meet them. Staff sought people's consent before supporting them.

Staff promoted decision making and respected people's choices. People's consent to aspects of their care had been recorded in their care plans. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests. These were updated yearly in a review of people's care needs or as needed if a new situation arose.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Where best interest decisions were made staff consulted with health professionals and family members before making the decision. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's care records contained decision specific capacity assessments for each area of care and support included in their care plan. These assessments were in line with the legal guidelines. Records showed family members were consulted appropriately.

The manager told us that they had noted that the DoLS authorisation had lapsed under the previous manager and this was on their action plan to be undertaken as a matter of priority. It was through their monitoring that the manager had reviewed these applications to ensure they were still relevant and necessary.

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme and were being enabled to work towards the Care Certificate. The Care Certificate is the standard employees working in adult social care should meet before they can safely work unsupervised.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as fire safety, infection control, health & safety and control of substances hazardous to health (COSHH) training. Staff had access to other training focussed on the specific needs of people using the service. For example, epilepsy awareness, de-escalation training to support people with behaviour that challenged, autism awareness and communication training such as Makaton training, which is a communication tool using signs and symbols.

One member of staff said "I have attended some training and the new calendar is due soon, we talked about this in my supervision recently". Staff were able to demonstrate an understanding of the training they had received and how to apply it. People told us that staff had the appropriate skills to meet their individual needs.

Staff had started to receive supervisions and an annual appraisal was planned. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, and provide assurances and learning opportunities to help them develop.

Staff said they felt supported by the management and senior staff. There was an open door policy and they could raise any concerns straight away.

The manager advised us that they had identified issues with training updates, supervisions and appraisals. Staff told us they had had supervision with the manager since they started at the home a month ago, or it was planned. We saw from records that only a few staff had yet to receive supervision however, we saw the dates planned in the diary. The manager also showed us their action plan and training was on that agenda. The providers training schedule would be available from November 2015 and staff had been prioritised to attend this.

People were supported to have enough to eat and drink. They were complimentary about the food and told us they could eat what they liked. Meals were appropriately spaced and flexible to meet people's needs.

People were regularly offered snacks or could ask staff or help themselves. At mealtimes people were offered a choice or an alternative if they did not want what was on the menu. Staff told us that menus were discussed on an individual basis and they had menus available to help

Good

Is the service effective?

people make choices. People were provided with the opportunity to engage in food and drink preparation. Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. The service had a certificate from environmental health showing the home had a "very good" food hygiene rating

People's health and wellbeing were supported by access to healthcare services when needed. Records were kept of appointments with and referrals to other providers such as people's GP, chiropodists and opticians. Speech and language therapy and psychiatric consultations were involved to inform people's care and support. There were frequent reviews of people's care with their social workers and the community mental health team. All appointments with health professionals and the outcomes were recorded in detail.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people and treated them with dignity and respect. They were sensitive to people's individual needs and stressors. We observed that one person was becoming upset and the member of staff spoke with them calmly and was able to introduce an activity to distract them from their anxiety and so calm them.

Staff treated people affectionately and recognised and valued them as individuals. During conversations with people, staff spoke respectfully and in a friendly way. They chose words that people would understand or used the method of communication needed by that person and took time to listen or observe. For example sign language or speaking and using body language to emphasise want was being said.

When assisting with meals or drinks, staff supported people in a way that maintained their dignity and engaged the person in the activity. Staff were positive about working with people and told us they enjoyed their work. Staff responded in a caring way to difficult situations. For example, when a person walked about from room to room a member of staff checked they were alright and if they needed anything. When people came home from day care, the staff introduced us carefully and gave people the opportunity to speak to us or not.

People, and their families, were involved in developing their care plans, which were centred on the person as an individual. We saw that people's preferences and views were reflected, such as the name they preferred to be called and personal care preferences such as, "I like to have my medicines in my room or in the chillax room". Each person had a communication support plan which detailed their own way of communicating for example sign language, and how staff should support them in this.

Staff knew the people they were supporting and were able to tell us about people's life histories, their interests and their preferences. People were encouraged to build and retain their independent living skills. Care plans set out how people should be supported to promote their independence and staff followed these. For example, several people were being supported to contribute to making snacks, clearing away cups or laying the tables for lunch.

Staff understood the importance of respecting people's choice, privacy and dignity. We observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited before entering. People at the home were able to choose where and how they spent their time. Three people were at a day centre and the fourth had a 'home' day. They started their day at their own pace and spent time in the kitchen, living room or their own room.

People's bedrooms were individualised and reflected people's preferences. People were able to choose the colour of their rooms and decide how their rooms were decorated. The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing. One person's had a collected a lot of new paper towels. The staff showed us a snow man they had made last year with the person using their collected paper towels to help empty the room and be creative at the same time. They were also asked to make one for a relative's church.

In the communal areas there were pictures of people using the service and other items on display. In the lounge people had chosen their own area and had their personal possessions around them there too.

Good

Is the service responsive?

Our findings

People and their representatives were involved in assessments and care planning. Staff were responsive to people's communication styles. They gave people information and choices in ways that they could understand. They used plain English, repeating messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. Staff communicated with some people in Makaton, a particular form of sign language. Staff told us how people often used a variety of signs to express themselves, and we saw staff were able to understand and respond to what was being said.

Each person had recently been allocated a staff member as a keyworker whose role was to support that person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. Each of the key workers carried out a monthly review with the person of their needs, their progress towards any goals identified and sought the person's views about their support.

People were involved in decisions about their care and support, which reflected people's assessed needs. The support plans described people's routines and how to provide both support and personal care. Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, medical conditions and behaviours. Staff knew when and how often they would support someone. This helped people get to know the staff and have a consistency in their care and support.

Staff were knowledgeable about people's right of choice and the types of activities people liked to do, and knew what activities they would likely choose. People had access to activities that were important to them. Staffing levels meant that staff were able to respond to individual recreational needs. These included; visiting local places and parks, swimming, going for a walk and attending day services. One person told us they were happy with the level of activities they were offered and said, "Staff take me to town, I love the shops, we can get a coffee".

People were supported to maintain friendships and important relationships with their relatives; their care records included details of their circle of support. A circle of support describes who is available to support that person; this can be friends, family or health and social care professionals. We saw from care plan and medicine records when people went home to their families and when they wanted to make contact by phone.

People, their relatives and friends were encouraged to provide feedback and were supported to raise complaints if they were dissatisfied with the service provided at the home. The manager had a plan to arrange regular house meetings to give people an opportunity to express their views about the service.

There were arrangements in place to deal with complaints which included detailed information for example picture symbol form, on the action people could take if they were not satisfied with the service being provided. There were no issues recorded.

Good

Is the service well-led?

Our findings

There was a clear management structure with a service manager, manager, deputy manager and support workers. Staff understood the role each person played within this structure. The manager encouraged staff and people to raise issues of concern with them, which they acted upon.

Staff we spoke with responded positively to the manager's style of leadership, felt they could go to them at any time if they had a concern about people's care, and felt they were kept up to date and informed. They said they had a good relationship with the manager, and described them as being "very good" and communications as "good".

There was an opportunity for staff to engage with the management team at the home on a one to one basis through supervisions and informal conversations. Observations and feedback from staff showed us the home had a positive and open culture. Staff spoke positively about the culture and management of the service. One staff member said, "We are encouraged to discuss any issues and the managers listen." Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one to one meetings and these were taken seriously and discussed

The manager was enthusiastic, and had a clear vision and ambition for the service. Whilst we identified some issues with records and training the manager had already found these issues and had a plan in place to manage the changes needed. They had undertaken a thorough audit when they started at the home a month prior to our inspection. From this they had produced an action plan with clear goals and priorities. For example staff training needed to be updated, DoLS applications needed to be reapplied for and staff needed supervision and appraisals.

The manager had already carried out some work for example updated policies had recently been introduced by the provider. The manager had introduced a 'read and sign' folder with the new policies and staff were aware of their responsibilities of familiarising themselves with the policies in that file.

Staff logged accidents and incidents. These logs would be analysed by the management team to identify any trends, but there were no trends identified at the time of our visit.

There were systems in place to monitor the quality and safety of the service and help manage the maintenance of the building and equipment. These included regular audits of medicines management, environmental health and safety and fire safety. The manager told us they had requested a visit from the provider's head of maintenance and safety. As a result of that recent visit, they had changed and updated the monitoring of health and safety and had ordered items that were missing from the first aid box.

There was also a system of daily audits in place to ensure quality was monitored on a day to day basis, such as daily audits of medicines and the fridge and freezer temperatures.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary. The service manager, registered provider and the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.