

Autism Care (UK) Limited

# The Holt

## Inspection report

Heath Farm, Heath Road  
Ashby De La Launde  
Lincoln  
Lincolnshire  
LN4 3JD

Tel: 01526322444  
Website: [www.autismcareuk.com](http://www.autismcareuk.com)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

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. It provides accommodation for people living with a learning disability. The home can accommodate up to six people. At the time of our inspection there were six people living in the home.

There was not 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. In this report when we speak about both the company we refer to them as being, 'the registered persons'. A manager was in post and was in the process of being registered with CQC.

At the last inspection the service was rated, 'Good'. At the present inspection the service deteriorated to 'requires improvement'.

Medicines were managed safely. However, we found staff medicine training records on the day of inspection showed staff were due medicine updates. PRN protocols were not kept with medicine administration sheets to ensure safe administration.

Where people were unable to make decisions arrangements had been made to ensure decisions were made in people's best interests.

Suitable quality checks were being completed, on issues such as infection control, health and safety, however it was not always clear when actions had been taken. There was insufficient staff on duty to ensure people received all of the care they required.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Background checks had been completed before new staff had been appointed.

There were arrangements to prevent and control infections and lessons had been learned when things had gone wrong. However the environment had not been maintained in a manner which ensured it was appropriate.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives and to maintain their independence. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their choices and be actively involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was stored securely.

Information was provided to people in an accessible manner. People had been supported to access activities and community facilities. The manager recognised the importance of promoting equality and diversity. People's and relatives concerns and complaints were not always listened and responded to in order to improve the quality of care.

Staff did not feel supported by the provider. They were not confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. There were arrangements for working in partnership with other agencies to support the development of joined-up care. The provider had taken steps to enable the service to meet regulatory requirements. People and their relatives and members of staff had been involved in the running of the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service has deteriorated to Requires Improvement

There were insufficient staff available.

PRN protocols were not kept with the MARs sheets to ensure PRNs were administered appropriately.

Systems were in place to keep people safe.

### Is the service effective?

**Requires Improvement** ●

The service has deteriorated to Requires Improvement

Areas of the home required refurbishment.

Staff had not consistently received supervision. Staff received appropriate training.

People were supported to live healthy lives by receiving on-going healthcare support.

Suitable arrangements were in place to obtain consent to care and treatment in line with legislation and guidance.

### Is the service caring?

**Good** ●

The service was Good

Staff were kind and caring and understood people's needs.

People were treated with dignity and respect and supported to make choices about their care.

### Is the service responsive?

**Good** ●

The service was Good

People received personalised care that was responsive to their needs and assessments had been completed before people came to live at the service.

Information was presented to people in an accessible manner.

People were supported to access activities of their choice.

Arrangements were in place to ensure complaints were dealt with appropriately.

**Is the service well-led?**

The service has deteriorated to Requires Improvement

Regular checks on care were carried out however actions to improve quality were not always dated or completed. Staff did not feel supported by the provider. They did not think that issues raised were taken seriously.

A refurbishment plan was in place but actions were behind.

The registered persons had informed CQC about reportable events and had suitably displayed the quality ratings we gave to the service at our last inspection.

There was not a registered manager in post. However the manager had submitted their application to register with CQC as a registered manager.

**Requires Improvement** 

# The Holt

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was a comprehensive inspection.

This inspection took place on 5 June 2018 and was unannounced.

The inspection was carried out by an inspector and two Specialist Advisors. The specialist advisors had expertise in governance and the care of people living with a learning disability.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

People living within The Holt were not able to fully express their views about the services provided. Staff helped us to understand people's ways of expressing their feelings through their behaviours.

During the inspection we spoke with the manager three members of care staff and the area manager. We also looked at four care records and records that related to how the service was managed including staffing, training and quality assurance.

# Is the service safe?

## Our findings

The service was rated Good at the last inspection. At this inspection it had deteriorated to 'requires improvement'.

The provider had not ensured there was consistently enough staff on duty to provide safe care to people. Staff said they thought there was insufficient staff. Two people required only "male" care intervention. We saw this was difficult to achieve because apart from team leaders who would not usually provide 'hands on' care there were only two full-time male care staff employed. Staff told us that in order to ensure the person was supported by male staff, staff worked additional hours and swapped roles. In addition one person sometimes needed three support staff to attend to their needs and two people were reported as needing two support staff to attend to their needs. Review of the staff rota and discussion with staff, identified that staff were working excessive hours. There was a risk staff would become tired and unable to provide safe care due to being tired and overworked. We noted the provider operated a system to provide welfare checks to staff who worked excessive hours. Staff told us due to the shortage of male staff, it was not always possible to support people to access the community and activities.

Review of training records on the day of inspection indicated that some staff had not received training at the appropriate level. However a record of the latest medication observations was forwarded after the inspection which showed staff had received training and the outstanding observations were booked.

We observed the medicine round and saw people were given their medicines safely and according to their preferences. Medicine administration records (MARs) were completed according to the provider's policy. Medicine front sheets were in place and included information about allergies and how people liked to take their medicines. Information to support staff when administering as required, (PRN) medicines, was usually available to staff to ensure people received their medicines when they needed them. We found one occasion when a PRN protocol was not in place. We spoke with the manager who confirmed they would address this. In addition PRN protocols were not kept with the MARs sheets. This meant they were not available at the point of administration for staff to use to ensure PRNs were administered appropriately.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they were able to tell us about these. Medication Administration Records were mapped to care records and incident reports and revealed that PRN antipsychotic/sedative medication tended not to be utilised to manage challenging behaviour.

We examined records of the background checks that the registered persons had completed when appointing new members of care staff. We found the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

People told us that they felt safe living in the service. We saw evidence of people being supported to maintain their feeling of safety. Relatives also told us they were confident that their family members were safe. We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to manage the risk of accessing the community. Arrangements were in place to protect people in the event of situations such as fire or flood.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of reoccurrence.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse both internally and externally to the service, so that they could take action if they were concerned that a person was at risk. They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.

People told us they felt the home was clean. Suitable measures were in place to prevent and control infection. A recent audit had been carried out and we saw actions which were required following the audit had been completed. Staff had received training and understood how to prevent the spread of infection.



## Is the service effective?

### Our findings

The service was rated Good at the last inspection at this inspection it had deteriorated to 'Requires Improvement'.

Where people required specialist equipment and furniture this had been provided. However we saw that there were areas of the home which required refurbishment and maintenance. For example, a person had an ensuite facility which required redecoration and tiles needed replacing in a bathroom area. A refurbishment plan was in place however most of the significant work had not commenced according to the date indicated on the plan. This meant the home was not maintained to a good standard. The issues had also been identified in an audit carried out in March 2018 and the actions required identified.

Arrangements were not in place to ensure all staff received one to one support. Supervision records showed that 13 staff had not received supervision from January 2018. Supervisions are important to ensure staff have the appropriate skills and support to deliver care appropriately.

People were confident the staff knew how to support them and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the Care Certificate which sets out common induction standards for social care staff. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs arrangements had been put in place to provide training to staff. For example, training about autism and epilepsy. The provider also encouraged staff to study for nationally recognised qualifications in care and management.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Initial assessments had also considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were supported to eat and drink enough to maintain a balanced diet. Drinks and snacks were available to people throughout the day. We observed lunch. People were given a choice about what they would like to eat at meal times. Where people had specific dietary requirements we saw these were detailed in care records and staff were aware of these.

People were supported to live healthy lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. The manager told us that the home had good relations with the local GP practice.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. They demonstrated that people such as family members, an advocate, service commissioners and social workers were involved in the discussions. People's care plans recorded the types of decisions they could make for themselves and the support they needed when they could not do so. This ensured people's rights were protected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found where people were subject to DoLS the appropriate arrangements had been put in place. At the time of our inspection there were five people subject to a DoLS.

## Is the service caring?

### Our findings

The service was rated 'requires improvement' at the last inspection at this inspection it had improved to 'Good'.

Staff were observed communicating with people in a positive manner. For example, we saw a staff member sitting with a person having a conversation. They were very relaxed and the person was smiling and laughing. People in the home appeared to be happy. Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. People could move about the home safely as there was sufficient communal space to enable people to pass. We observed people could choose where they wanted to be and what they wanted to do. we observed a person sat listening to music. The member of staff supporting them sat calmly and quietly allowing the person to have their own space and time to themselves.

When we spoke with staff they were able to tell us about people's preferences and how they ensured they met these. for example the type of music or film a person preferred.

We found that people had been supported to express their views and where possible be actively involved in making decisions about their care and treatment as far as possible. Most people had family, friends or representatives who could support them to express their preferences. We noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

We observed people were encouraged to remain as independent as possible. For example, people were encouraged to make choices at meal times.

People's privacy, dignity and independence were respected and promoted. People were called by their preferred name and records also referred to people by this. Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, knocking on doors and asking people if they required support before providing it.

We found that suitable arrangements were in place to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

# Is the service responsive?

## Our findings

The service was rated good at the last inspection and remained good.

We found that people received personalised care that was responsive to their needs. Assessments had been completed before people came to live at the service. People were not able to be consulted about their care. However staff reported that relatives would be consulted with on admission to the home and annual follow-up consultations would take place. This helped staff to understand people's needs and wishes. Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Where people's needs had changed this was detailed in care records.

Information was included in the care record to inform staff about what was important to people. For example, information about people's family. Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard. The Accessible Information Standard, details how providers assess and meet people's communication needs, relating to a person's disability, impairment or sensory loss. Information was presented to people in an accessible manner. For example, words and pictures were used in documents to make them more accessible for people.

Arrangements were in place to provide a range of activities on a daily basis. People had individual programmes however these were flexible according to people's preferences on the day. We observed people had access to transport so they could go out on visits. However staff told us it was sometimes difficult to go out into the community because of staffing availability.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. Furthermore, the manager recognised the importance of appropriately supporting people if they identified as gay, lesbian, and bisexual and transgender.

Arrangements were in place to support people who could not communicate verbally. For example, care records detailed how staff should communicate with people. Staff told us that communication training was developed around individuals to ensure it met their needs and facilitated effective communication. We observed staff used different techniques when they communicated with people, for example, gestures and pictures. For example, at lunch staff used pictures to help people to recognise different foods and assist them to make a choice. Care records detailed what was important to people and how they indicated this. For example, a care record explained if a person said 'night, night' they wanted to go to bed.

The complaint procedure was not on display. However staff were able to locate the policy book and say what actions they would take in the event of receiving a complaint. There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. There had been one formal complaint received since our last inspection. We observed this was resolved. A complaints policy was available to people and people were aware of this. Regular meetings were also held to facilitate people to be able to raise concerns. When we spoke with relatives they told us they would be

happy to raise concerns however.

At the time of our inspection there was no one receiving end of life care.

## Is the service well-led?

### Our findings

The service was rated Good. At this inspection we found it had deteriorated to 'Requires Improvement'.

There was not a registered manager in post. The manager had submitted their application to register with CQC as a registered manager. Following our inspection the provider informed us the manager had subsequently been registered as the registered manager.

Regular checks were carried out on a range of issues such as health and safety, by the manager and also by an independent external assessor. However we observed that actions agreed from the checks did not always have a completion date to ensure action was taken. Records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. These checks included making sure care was being consistently provided in the right way, and staff had the knowledge and skills they needed. Despite this we found issues had not been consistently addressed. For example, staff had not received regular supervision and refurbishment had not taken place.

Medication protocols in relation to PRN medications were not with the MAR charts and this meant that staff did not have the information at hand to ensure appropriate administration of PRN medications. The new manager explained that they were in the process of changing these so that staff would instantly have access to policy.

Staff told us that they did not consider the service to be well run. Specifically they expressed concerns about the staff shortages and the failure to address this in the home. Staff told us they were not confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. Staff had been invited to complete an annual questionnaire anonymously to encourage their involvement in the service provision. Where staff worked a substantial amount of additional hours we saw welfare checks had been carried out with them. This ensured the additional work was not affecting their wellbeing.

Regular house meetings were held and staff received feedback with regard to issues in the home. In addition the provider had established annual meetings with nominated staff. However when we spoke with staff they were unaware of when these meetings were held.

We found that people who lived in the service had difficulty engaging in the running of the service. However people who lived on other parts of the providers services were involved. For example, people were involved in the recruitment of staff. We observed on the day of inspection interviews were being held and two people were involved in these. Another person provided training to staff about living with autism.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included linking with local organisations such as the local authority to introduce improvements. Two-weekly meetings were in place to review care and referrals, we observed other professionals and services such as Primary care services and therapists were involved in these meetings.

Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents and injuries. The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.