Autism Hampshire

Autism Hampshire - 1 Ford Road

Inspection report

1 Ford Road
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Date of inspection visit:
18 November 2015

Date of publication:
24 December 2015

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 18 November 2015 and was unannounced.

1 Ford Road Gosport provides support and accommodation for up to five people with learning disability and/or those with an autism spectrum disorder/condition. At the time of our inspection there were five people living at the home. People were accommodated in single rooms, with a shared lounge, kitchen, dining room and an enclosed garden.

There was a registered manager in place. 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 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.

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.

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

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.

Is the service effective?

Good

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.

Is the service caring?

Good

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.

Is the service responsive?

Good

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.

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.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager.

The service had an effective quality assurance system.

The quality of the service provided was monitored regularly and people were asked for their views.

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Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 18 November 2015 and was unannounced. The inspection was carried out by one 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 five people who lived at the home. We spoke with two members of staff, the registered manager and the service manager. We spoke with the families of three people who lived at the home. We observed care and support people received in the shared areas of the home.

We looked at the care plans and associated records for three 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. 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. For example we observed one person talking in sign language with a member of staff; they were asking about tea that night, going to a club and lunch the next day. The member of staff was able to communicate with them. One relative told us, "[name] asks to go back to Ford Road at the end of their visit; they never not want to go back so that's a good sign". Another relative said "I talk to [name] every day and I would know if they were not alright".

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 had originally carried out infection control risk assessments and audits. However, a member of staff had recently attended training and part of their role now was to audit infection control, health and safety generally and first aid boxes. Staff told us about equipment which was colour coded and were aware of what should be used where. People using the service also had a rota of helping at the home; one person's role was mopping the kitchen floor; staff ensured the correct equipment was used. Staff told us the person took great pride in their job. The person told us that this was "their job", and was pleased we had noticed.

The registered manager had identified and assessed the risks associated with each person's care; 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, one person had a particular interest with water, and after looking on the internet with a member of staff they expressed a liking for a 'bubble fish' lamp. Staff researched types available then offered a selection to the person to view on line. They then went to the shop with staff to purchase one. The risks associated with this item were assessed and as the lid could come off the staff decided to put tape around it. These actions were explained to the person who could understand the risk of the lid coming off and that they had to "Leave the lid alone".

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. Following a review of this incident, staff had discussed with the person about moving their bedroom downstairs to lessen the need to go upstairs. The person was very happy to show us their room and their alarm which alerted staff of any seizures. They told us they had had an incident on the stairs with their "dizzy head" and "no one wants a dizzy head". The move downstairs has meant they are in the hub of the home and know everything that is happening.

There were enough members of staff available to meet people's needs. The manager told us that staffing levels were based on the needs of people who used the service. The home maintained its own staffing structure or did so with support from the providers staff supply list. A senior carer looked after the rota to ensure sufficient staff were available. They explained how shifts were managed depending on where people were. For example four days a week people went to day care, two staff were on duty in the morning to assist where needed and they used the home's bus to take people to day care. As there would be no one left in the home on these occasions, staff then are off duty and come back in the afternoon to collect people from day care and assist with making supper and other care. The rota included any one to one time planned in people's support plan. Staff responded to people promptly and were able to support individuals continuously throughout the inspection.

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.

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 to ensure their practice was safe. Medicines records, including for medicines prescribed "as required" were accurate and complete.

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.

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.

Good

Is the service effective?

Our findings

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. One person told us "It's my home".

Staff promoted decision making and respected people's choices. People's consent to aspects of their care had been recorded in their care plans. Support plans were also available in an easy to read format and in two cases the person themselves had signed their support plan. 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. One relative told us "I am involved in the care plans and I am always told of changes, for example staffing". A second relative told us "I am involved in care plans and reviews".

People had good access to a range of health support services. Care planning records covered the person's physical health and mental welfare. The health plans identified if a person needed support in a particular area. Some people required specific healthcare support and there was evidence this was provided. The registered manager told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care. For example one person was receiving support from the neurological department at the hospital and epilepsy specialists; the care plans had been written with support from these health care professionals. All appointments with health professionals and the outcomes were recorded in detail.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. 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.

Where best interest decisions were made staff consulted with the person, health professionals and family members before making the decision. The manager and staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us how people were supported to make decisions. Legal processes had been followed to ensure the appropriate people were involved in making decisions about people's care and welfare.

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.

There were arrangements in place to ensure staff received an effective induction into their role. Each

member of staff had undertaken an induction programme based on the Care Certificate. These are a set of standards 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 had my appraisal and I have been supported in applying for training". Staff were able to demonstrate an understanding of the training they had received and how to apply it. They also told us of the training schedule the provider offers and what training they had applied for.

Staff had received supervisions and most had had an annual appraisal. 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 showed us their action plan, and training was on the plan. We also confirmed what staff had told us by looking at the training matrix and planner. We could see where training had been booked for staff where the time may have lapsed for updating them in a particular area. The manager and a member of care staff told us of a new employee who just finished their 'four week hands off' induction and they were then on a week's training in other areas.

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. One person said they liked spaghetti carbonara, and they were pleased it was on the menu the next day. 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. The menu was available for all to see and as a group they chose which meals they would like based on the ingredients they had at the home. One person asked about garlic bread for the next day and told staff they would check the freezer.

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. One person had been told they had coeliac disease and staff ensured they had appropriate gluten free food available. The person still had a choice of what they wanted to eat and staff would encourage a diet that would benefit their health. We saw that the service had a "very good" food hygiene rating from environmental health.

Good

Is the service caring?

Our findings

All five people living at the service returned from day care during the inspection visit. We spent some time in communal areas observing interactions between staff and people who lived at the service. Staff were respectful and spoke to people with consideration. We saw people were provided with the choice of spending time on their own or in the lounge and dining areas. We saw relationships between people were relaxed and friendly and there were open conversations and laughter. People said they liked living at Ford Road. People said, "Been here a long time, my friends are here and [manager] is very kind to me". The registered manager took time to introduce us and explained why we were visiting the service. They also asked for peoples consent to speak with us.

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. One person had developed their own sign language and a number of signs they used to communicate. We saw a copy of these signs in their care plan for staff to refer to if needed. One relative told us that they are, "Like a family and as a group they are happy together". Another relative said, "The new team is better, different outlook for the people at the home, 'more swing', active, energetic".

Daily records were maintained and demonstrated how people were being supported. The records communicated any issues which might affect people's care and wellbeing. For example when a doctor or other health professional might be required. The registered manager had a system in place which made sure they were up to date with any information affecting a person's care and support.

People's privacy and dignity was respected when they received support with personal care. People living at Ford Road had varying levels of dependency. Independence was promoted by encouraging people to do things for themselves; however where more support was required there were support systems in place to address the need. Staff supported one person to have a bath on their own in a sensitive and caring manner, whilst ensuring their safety.

One person told us their privacy was respected when they wanted to spend time in their room or other parts of the service. Another person said, "I love my room but I like coming in and out when I want to". People looked physically well and made their own choices about what they wanted to wear. Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them.

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.

Good

Is the service responsive?

Our findings

The service focussed on the importance of supporting people to develop and maintain their independence. People were supported to maintain relationships with their friends and where possible family members. For example, most people visited relatives for week end breaks or special occasions. One person's relative spent months abroad and was not able to visit them; the person missed them a great deal during these absences. Their keyworker had been looking at the use of emails and for the person to talk to their relative via the internet. The home had purchased a device to enable this.

Care plans had recently been reviewed and updated. They were structured and detailed the support people required. The care plans were person centred identifying what support people required and how they would like this to be provided. Staff asked people what they wanted to do and how they wished to spend their time. Wednesday was club night and staff accompanied people in the minibus to the local centre. During the day services had offered the ladies a pamper session and hair dressing for that evening. We also saw that two people liked spa days and had attended several; they were going with a member of staff to another spa day the weekend after our inspection. Assessments had been carried out to ensure their safety.

In addition to care plans, each person who lived at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed daily and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

Relatives were asked their views about the care and support their family members received. People and their representatives were involved in assessments and care planning. Staff were responsive to people's communication styles. They gave them information and choices in ways 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 a keyworker picked from the staff team 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, 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 on the action people could take if they were not satisfied with the service being provided. There were no issues

recorded. One relative said "I can talk to anybody, if something is not okay".

Good

Is the service well-led?

Our findings

There was a clear focus on what the service aimed to do for people. The emphasis was on the importance of supporting people to develop and maintain their independence. It was important to the registered manager and staff that people who lived at Ford Road were supported to be as independent as possible and live their life as they chose. This was reflected in the care planning documentation.

The registered manager recognised the changing needs of people who lived at the home including illnesses. They ensured the service had the necessary facilities available to meet specific needs and closely monitored any changes to ensure the resources were available.

Day to day communication systems ensured any issues were addressed as necessary. For example people told us they felt the manager and staff acted on their views. The registered manager was always available and also spent time supporting people.

People were consulted regularly both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually and as a group about activities both in the service and externally. For example, meals and any changes made to the environment. This showed people who lived at the service were provided with as much choice and control as possible about how the service was run for them.

Documentation relating to the management of the service was clear and had recently been updated. For example, people's care and support records and care planning were kept up to date and relevant to the person and their day to day life. We saw on each care plan where the files had been audited, that there was an action plan to ensure missing documents or care plans had been updated. This ensured people's care needs were identified and planned comprehensively and met people's individual needs.

The manager understood and complied with their legal obligations, from CQC or other external organisations and these were consistently followed in a timely way. The registered manager regularly audited the service policies and procedures to ensure they reflected current good practice guidelines. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly. 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.

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 "brilliant and fantastic" and communications as "good".

There was an opportunity for staff to engage with the manager 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 anything and [Name] listens." Staff said that they enjoyed their jobs and described the manager as very 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. They had undertaken a thorough audit when they started at the home. From this they had produced an action plan with clear goals and priorities; we saw that this had been reviewed and amended over the last twelve months and was a 'live' document. They had audited all the care plans and placed an action plan in each, and then monitored that action had been taken and signed items off when achieved.

The manager had already carried out some work, for example updated policies had 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. The statement of care provided from Ford Road had been updated and included pictures of staff and the manager. We could see the changes that had been made to the environment in the last few months to make areas more 'homely'. For example the lounge had been painted, had a new carpet and new furniture. People had been asked about the colours and types of sofas they wanted.

Staff logged accidents and incidents. These logs would be analysed to identify any trends, but there were none identified at the time of our visit.

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, care 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.