Autism Hampshire

The Holt

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Holt is a service managed by Autism Hampshire which provides accommodation and personal care for up to six people with autism and learning disabilities. At the time of our inspection there were six people living at the service and there were eight staff supporting these people.

There was a registered manager in post that was responsible for the day to day running of the service. 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 and associated Regulations about how the service is run.

People, Relatives and healthcare professionals told us people were safe. One relative said, "I feel my relative is incredibly safe and incredibly well looked after, always clean and tidy." Risk management plans were in place to manage risks to people. Staff demonstrated a good understanding of protecting people from risk and supporting them individually. Safe practice for the administration, recording, checking, reporting and disposal of medicines was in place.

People were protected from harm and potential abuse because staff had a good understanding of how to recognise signs of potential abuse. People, relatives and

Summary of findings

healthcare professionals and relatives felt people were safe. Safe medicines practice was carried out and risk management plans were in place to manage risks to people and learn from safeguarding issues.

People's needs were met by staff who knew them well and were competent to understand the needs and preferences of people. Relatives were positive about the support their relatives received from the home. One said, "It is a home, but not a care home, it is actually their home, like a family home. They all get on really well together." People were supported to make choices on how they wanted to live their lives and consent to care and treatment was always sought in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received care from staff who understood their likes and dislikes and personal histories. People, their relatives and professionals were positive about the care and support received from staff. One person said, "I'm happy." One relative said, "Wonderfully looked after, excellent." Staff spoke to people in a kind and respectful manner and people responded well to this interaction. People's privacy and dignity was respected and their independence promoted as much as possible.

People's needs were individually assessed and reviewed and they, their relatives and other professionals were involved in the reviews and assessment of their needs. Varying communication techniques were used to try and ensure people were engaged with and involved in making decision about the support they wanted. People were given the support they needed in terms of their religion and beliefs and were given a choice about who provides their care and support. Activities were personalised and people were supported to carry out the activities they enjoyed.

There were a clear set of visions and values in the home. Quality audits were completed and staff were confident to raise concerns and question practice. Staff confirmed management were very good and very supportive. One said, "[Manager] is a good leader, very responsive and supportive." Health care professionals confirmed the manager was a good leader, one said, "Very Proactive and receptive to implementing training."

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?

Good

The service was safe because staff kept people safe from harm. Healthcare professionals and relatives felt people were safe. People were treated as individuals and staff, people and their relatives were encouraged to raise concerns about their care.

Risk management plans were in place to manage people risks and staff demonstrated a good understanding of protecting people. Staffing levels were being reviewed for one person.

Safe practice for the administration, recording, checking, reporting and disposal of medicines was carried out.

Is the service effective?

Good

The service was effective. People were supported to make choices on how they wanted to live their lives**.** Staff knew people well and could demonstrate an understanding of people's needs and how they liked to be supported.

Consent to care and treatment was always sought in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were in place.

Staff had received training on when and how to restrain people effectively without physical intervention being used.

People were supported to have access to healthcare services and were visited regular by healthcare professionals to support them with eating and drinking.

Is the service caring?

Good

The service was caring. People and their relatives experienced care that was caring and compassionate and provided by staff who treated people as individuals and respected their privacy and dignity.

People were encouraged to do as much for themselves as possible whilst staff respected their privacy and dignity. Staff offered sufficient choice for people to make a decision without them becoming anxious. Where necessary referrals were made to advocacy services.

Is the service responsive?

Good

The service was responsive. People received the care they needed, were listened to and had their rights respected. A variety of communication techniques were used to ensure people were engaged with and involved in making decisions about the support they wanted.

People's needs were regularly assessed and reviewed and they, their relatives and other health care professionals were involved in the reviews and assessment of their needs.

Activities were personalised and people were supported to carry out the activities they enjoyed. People were given the support they need in terms of their religion and beliefs and were given a choice about who provides their care and support.

Summary of findings

Is the service well-led?

Good 

The service was well led. There were clear visions and values in place that staff were aware of and they put these into practice when supporting people. Staff confirmed management were good and felt supported to raise concerns about bad practice.

The registered manager had good knowledge of people's needs and personalities and interacted well with them. They demonstrated a good understanding of their role and responsibilities and were proactive in identifying development needs of the service and putting them into place.

Quality audits were completed, which included discussions about and with the people who lived at the home and health, including medicines and treatment records and any actions following these discussions. Safeguarding issues, incident reports and feedback on staff were also discussed and actions were put into place following these discussions.

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 checked 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 8 October 2014 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. We looked at notifications received by the provider. A notification is information about important events which the provider is required to tell us about by law. We spoke with one social care professional and one healthcare professional to obtain their views on the service and the quality of care people received.

On the day of the inspection four people were attending a day centre and two people were present at the service but were not able to tell us their views of the service. We observed people and staff so we could understand people's experiences of living at the home. We spoke with three relatives and one person who arrived back from the day centre who was able to tell us their views. We spoke with two members of staff, healthcare professionals, including Speech and Language Therapists and the registered manager. We looked at three people's care records, their activity timetables and risk assessments, behavioural risk assessments, incident records, safeguarding records and outcomes, medicines records, training records and quality audits.

We asked the registered manager to send us information after the visit. We requested policies on medicine management, complaints and concerns, and, safeguarding minutes. We requested information on the content of the restraint training given to staff from the instructor who carried out this training. We requested this information be sent to us by 13 October 2014, which was sent.

The last inspection of this home was in October 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People felt comfortable and happy when being supported by staff. One person told us they were safe and health care professionals and relatives felt people were safe, treated as individuals and were encouraged to raise concerns about their relatives care. One said, "I feel my relative is incredibly safe and incredibly well looked after, always clean and tidy." Another said they had previously raised concerns regarding their relative's health and felt listened to because the home looked into it and made the changes that were discussed.

Staff said they would keep people safe from harm by reporting any concerns to their manager. This included recognising unexplained bruising and marks or a change in behaviour. Staff had received training in safeguarding vulnerable adults in June 2014 and had a good knowledge of the procedures they should follow if they had a concern. Safeguarding concerns raised by the home were raised and reported by management to the local safeguarding authority and the Care Quality Commission (CQC) had been notified of these concerns. Management plans had been created following outcomes of safeguarding meetings and all staff were aware of the management plans in place for the people they supported.

Staff said they had received training on equality and diversity and understood how to put this into practice when supporting people. Staff said they would treat people as an individual when helping them to make a choice. One said, "Being non-judgemental." Staff said they would sometimes need to consider what adaptations were available when meeting people's needs. For example, one person enjoyed visiting the hairdresser but did not like crowds therefore adaptations had been considered and arrangements made for the person to have their hair cut upstairs at the hairdresser's. This supported the person to access the community safely and prevented them from being discriminated against on the grounds of their disability.

Risk assessments were completed for each person and within these were identified risks to themselves and others. Risk management plans were implemented to ensure people and those around them were supported to stay safe. For example, one person's risk management plan identified their fluid intake needed to be monitored as excessive drinking could cause an exacerbation of their health condition. The person had been involved in and supported to develop their skills in understanding this risk.

The registered manager said there were not always enough staff to meet people's individual needs and to keep people safe. They told us they had recently identified a person was at risk of choking and required additional support around meal times and throughout the day. The person mobilised around the home and due to current staffing levels it was difficult to know where this person was at all times. The registered manager had identified an issue where additional support was needed for one person and they had applied for additional funding for this. Staff were aware of this issue and confirmed that management were looking into this matter.

Relatives told us they felt there were enough staff but an additional member of staff would mean people would be able to do more activities and have more one to one support if needed. This meant the home had identified the need for additional staffing to ensure people were cared for safely and had acted in the person's best interest.

Staff and management confirmed agency staff were used in the event of the service being short staffed due to sickness. The service used Autism Hampshire's supply bank staff to cover shifts. These staff had undertaken the same recruitment process as permanent staff and were familiar with people living at the home. Staff confirmed when bank staff were used they were always known to the person and supported by a permanent member of staff to make sure they were aware of the person's updated needs.

There were clear procedures for supporting people with their medicines. Relatives confirmed they did not have any concerns with how the home managed people's medicines. The medicines were kept in a locked cupboard and only staff that had been trained and confirmed as competent were able to support people with their medicines. Staff members demonstrated a good understanding of safe storage, administration, management; recording and disposing of PRN (as required), controlled and non-controlled medicines. For example staff confirmed they had been trained to use techniques that would lessen the person's anxiety without the need to use PRN medicines first.

Good

Is the service safe?

Checks were completed daily by day staff and night staff to manage the amount of medicines left and ensure medicines were kept safe and did not go missing. Weekly medicine audits were also completed by the management team which included checking for gaps in MAR sheets and any medicine errors. Two medicine errors had been identified by the management team and Incident reports had been completed for both errors which detailed the reason for the error and what action had been taken.

Good

Is the service effective?

Our findings

Relatives were positive about the support their relatives received from the home. One said, "It is a home, but not a care home, it is actually their home, like a family home. They all get on really well together." Relatives confirmed careful consideration was given when new people moved into the home to ensure staff were able to meet the needs of the person and to ensure they would get on with other people in the home.

Relatives felt staff were sufficiently skilled and experienced to care for their relative. One said, "All the people have different temperaments and staff seem to cope with them pretty well." Staff demonstrated a good understanding of people's support needs and behaviours.

Staff knew people well and could demonstrate an understanding of people's likes and dislikes. Staff confirmed they received an induction when joining the home and this lasted for four weeks. Over this four week period staff would shadow an experienced member of staff and watch and learn communication techniques and people's behaviours. Staff would also read people's support plans and take part in corporate induction training. One staff member said, "This was brilliant as it allowed me to meet people, get to know them and understand their behaviours before working on my own."

Three staff had received regular supervision which gave them the opportunity to discuss people who live at the home and identify additional support for them. Staff were delegated responsibilities in line with their job description and abilities. They were given the opportunity to feedback on their performance and personal development. These staff did not have an up to date appraisal in their file. The registered manager informed us they were due to complete an appraisal for these staff as had only been in post for six months. Staff confirmed they felt supported and could request any additional training that would help them meet the needs of the people.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how to put this into practice. For example when applicable mental capacity assessments had been completed when people were deemed to lack capacity and a decision needed to be made concerning a person's wellbeing or finances. Best interest decisions had been carried out and if the person's freedom was restricted a DoLS application had been submitted to the appropriate Supervisory Body for authority to do so.

Staff received training on Strategies for Crisis Intervention and Prevention – Revised (SCIP–R). The registered manager confirmed staff could not restrain people and were taught proactive interventions and when they should be used in relation to the level of anxiety of the person. Physical interventions such as 'The Hug', which is an Invasive technique for real emergencies only, relying on surprise from behind, may only be used if a person would injure themselves or others, for example run into the road. Staff confirmed they had received this training and demonstrated an understanding of the techniques to be used when supporting people who experienced behaviour, which may challenge others. Incident reports had been completed for people who had received physical and non-physical interventions from staff which detailed the reasons for the use of interventions and the outcomes.

Relatives felt people were given a choice of meal and were involved in decisions about their meals. One said, "[Person] seems quite happy with the meals and they tell me what they have had." Staff confirmed menus are discussed a week in advance with people and they are asked what they would like to eat. Staff also stated people could have different meals and change their minds on the day if they wished. A menu folder was in place which detailed the meals selected. The folder included Picture Exchange Communication (PEC) symbols and pictures to assist people in choosing their meals that were unable to communicate verbally. A person asked a staff member what was for dinner upon their return from the day centre. The staff member responded positively and reminded the person what they had selected and checked if the person still wanted that meal.

Relatives felt their relatives were supported well at mealtimes. Two people were on a specialised diet because they were at risk of choking. Staff confirmed they had sought advice from a Speech and Language Therapist (SALT) who advised for one person a fork mashable diet and another for their food to be cut into two centremetre pieces.

Staff confirmed people regularly accessed healthcare services and confirmed yearly check-ups with the GP and six monthly with the dentist took place. Staff said people

Good

Is the service effective?

would also be taken to see healthcare professionals when there were concerns for their health or if they were displaying certain behaviours which may be a result of feeling pain. A person was supported by a family member and a staff member to visit the GP. The staff member and relative told us the person had started to rock backwards and forwards which would indicate they were in pain and they were visiting the GP for tests to be completed.

A referral to a dietician and Occupational Therapist (OT) was present on people's files. For example, one person had developed a pressure area on their skin as a result of being underweight. Advice and treatment was given and records showed the area had improved. Equipment had been ordered following the advice of the OT and this piece of equipment was being used by the person to prevent further pressures areas developing.

We spoke with health care professionals who confirmed they had received referrals from the home and that the home always implemented everything that was suggested. One health care professional told us they had been working with the staff on different communication techniques for people. They confirmed staff were working well with people who required the use of Makaton and they had seen "Real improvements." in their behaviours as a result.

Good

Is the service caring?

Our findings

People, their relatives and professionals were positive about the care and support received from staff. One person said, “I’m happy.” One relative said, “Wonderfully looked after, excellent.” Another said, “Always try to please.” Staff spoke to people in a kind and respectful manner and people responded well to this interaction by smiling and following the staff member. People felt at ease and comfortable with staff and management and one person enjoyed sitting outside the office watching what was going on.

Staff knew about the people they were supporting. Staff knew what people liked and disliked and gave us examples of how they supported people differently dependent upon their needs and behaviours. For example, One person liked music and having their feet rubbed but needed encouragement to participate in activities and to wash and write. Another person self-cared but could get anxious when their routine did not go according to plan.

People were encouraged to do as much for themselves as possible. We observed a person bringing their laundry down from their room ready to be supported to do their washing. We saw a person choosing the activities they wanted to do for the next day and another person go to the sensory room to relax and spend time with their relative. Staff said they always asked people what they wanted to do and would use different communication methods to support people to make a choice. Staff managed this by offering people two choices as it would help them decide without becoming anxious. In one person’s room they had a whiteboard which highlighted the routine for the day. The registered manager said this person liked to do this each day for the next day so they knew what was happening.

Relatives said their relatives were always asked to be part of discussing their care. One relative said, “I am always contacted and consulted on decisions but understand the overall decision is not mine.”

The registered manager had introduced communication sheets in which a person must meet with their key worker regularly and have a conversation about their support. We saw examples of communication sheets which detailed the interaction between staff and people and the communication techniques used to assist the person to make a choice about their support. For example, one detailed a conversation between a staff member and person concerning the activities this person may want to do on their holiday. Pictures were used to support the person to make a decision and an action plan was written to ensure this person was supported to complete these activities on their holiday.

There was an effective system in place to request the support of an advocate to represent people’s views and wishes. Where necessary referrals were made to advocacy services. Advocates had been involved in best interest decisions for people.

Relatives felt staff respected their relative’s privacy and dignity and promoted their independence. One said, “Where possible [person] has independence, however they need support with their finances.” Another said, “[Person always closes the door when they need to use the bathroom and they can go anywhere in the home, bedroom, garden, sensory room, there’s no restriction.”

Staff confirmed they always encouraged people to do as much for themselves as possible and would respect their dignity and privacy by closing doors, knocking before entering the person’s room and informing them what they are going to do before supporting them with personal care or other support tasks. People were walking around the home freely and staff closed doors when they were supporting people with personal care. Relatives confirmed people were always clean and tidy.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed by staff and they were involved in the assessment of their needs. Relatives were always invited to attend reviews and felt very much part of people's lives. One relative said people were always invited to attend reviews and they mostly attended but sometimes they did not want to. Reviews were also held between the staff and other professionals who supported people from the home the day centre. These reviews discussed the activities completed at the day centre and the support required for each person.

Staff knew about the people they were supporting. Staff gave us examples of how they supported people differently dependent upon their needs. For example, one person liked music and having their feet rubbed but needed encouragement to participate in activities such as attending to their personal care and writing. Another person was independent in personal care but could get anxious when their routine did not go according to their preferences

All people had an Individual Learning and Support Folder (ILSF). This contained support plans and risk assessments. The support plans were very detailed and included people's likes and dislikes, personal histories such as when their condition was diagnosed, communication needs, personal care support, community participation needs and activities they enjoyed. The registered manager and staff confirmed families and other professionals were involved in gathering information about people. Regular observations of people's behaviours and interactions were used to develop the support plans and risk assessments over time. Staff said they reviewed support plans with people on a monthly basis by using varying communication techniques to involve people in making decisions about the support they wanted. For example we saw people had a daily activity sheet which included cleaning their teeth, having breakfast, and taking medicines. One person had drawn a picture of what they wanted to do after they had taken their medicines and this was included in their daily activity sheet.

Different communication techniques and tools were used with people to encourage them to openly communicate their thoughts, feelings, likes and dislikes. Staff were using a variety of techniques with people which ranged from signs and symbols to Makaton, verbal communication and body language. People came into the office on a regular basis and communicated with the manager about their day using Makaton and communication books.

Four people were attending a day centre where they had the opportunity to meet other people and take part in activities they enjoyed. The home had a list of the activities people did at the day centre and reminded them each day of the activity.

Two people who did not attend the day centre were supported in the afternoon with an activity. Risk assessments had been completed for this activity and people were supported to participate. Relatives confirmed people took part in a lot of activities that they enjoyed, such as swimming, horse riding and walks along the beach. One relative said, "Activities do change, they try lots of different things, I believe they went cycling the other day."

Activities were personalised and people were supported to carry out the activities they enjoyed. One person who returned from the day centre asked the staff if they could go to Gosport tomorrow and have a coffee with a particular staff member. The person's activity folder showed this had already been put into place and the preferred staff member would take them. Another person was supported on a Sunday to attend church to observe their religious beliefs. The person's notes detailed they were often supported to attend. People were given the support they needed in terms of their religion and beliefs and were given a choice about who provided their support.

Relatives confirmed they had never needed to make a complaint about the service. One said, "I have not complained but I would imagine it would be dealt with." Relatives felt confident to express concerns and if they had any issues they knew who to complain to. One relative told us if they mentioned something to a staff member when they visited their relative, such as ensuring their relative's hair was cared for in a particular way the matter was always dealt with. The registered manager said they had not received any complaints in the past 12 months. However complaints received prior to 12 months had been dealt with and resolved.

Good

Is the service well-led?

Our findings

The registered manager said they had an open door policy and was approachable to staff. They said, "Staff come and talk about things formally and informally." Staff said management were very good and very supportive. One said, "[Manager] is a good leader, very responsive and supportive." Another said, "If I needed anything I could discuss this with them." Health care professionals confirmed the manager was a good leader, one said, "Very proactive and receptive to implementing training."

Staff were supported to question practice and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management. One said, "If you have reported a problem, and it was not dealt with satisfactorily you can go to higher management or the Care Quality Commission (CQC)." The registered manager confirmed they would support and protect staff and people who raised concerns about other staff members and gave an example of when this happened and what the outcome had been. Staff supervision and training records were reviewed which identified appraisals were in place for some staff and appraisals needed to be arranged for those staff who had not received one

The home had a clear vision and a set of values that was part of the Autism Partnership Validation (APV) process. APV is a philosophy and practice framework that organisations within the Autism Alliance UK (AAUK) have developed to improve and further develop their autism practice. The AAUK is an umbrella membership organisation for regional voluntary sector organisations that specialise in autism services and strives to share and develop best autism practice. The APV process listed five values that the home and staff were required to work towards. These were, continues development of skills and strategies, use of eclectic and personalised approach, shared understanding of people's strengths and preferences, use of 'power with' rather than 'power over' approach and people as an independent and valued citizen. Staff were aware of the visions and values of the home and put these into practice when supporting people. We observed these values being put into practice at the home during our inspection.

The registered manager had a good knowledge of people's needs and personalities and interacted well with them. They demonstrated a good understanding of their role and responsibilities and were proactive in identifying development needs of the service. For example, They had highlighted a need for a person to communicate using Makaton which helped them to communicate more effectively and reduced their anxieties.

The registered manager was supported by an area manager, who was not based at the home and there was an on call system run by the Autism Hampshire in place for both registered manager and staff if they needed additional support.

The home had a system in place to analyse, identify and learn from incidents, and safeguarding referrals. Members of staff told us they would report concerns to the registered manager or out of hour's provider managers and follow this up in writing. Incidents and safeguarding referrals had been raised to the local authorities and CQC were notified of concerns. Management plans had been developed to help learn from incidents that had taken place and manage people's behaviour that may challenge others.

Bi monthly quality audits were completed by the area manager who was not based at the home and other registered managers from different homes run by the provider. The audits included discussions about and with the people who lived at the home, their health, medicines and treatment records and any actions following these discussions. Safeguarding issues, incident reports and feedback on staff were also discussed and actions were put into place following these discussions. For example, communication passports were planned to be updated for each person with the support from their Speech and Language Therapist. This was in progress on the day we inspected. A communication passport is a way of supporting a person with communication difficulties across transitions, drawing together complex information, including the person's own views as much as possible, and translating into a clear, positive and accessible format.

There was an action tracking record attached to the audits that was monitored and completed once the action had been met. The audit also included infection control checks and maintenance requests.