

Salisbury Autistic Care Limited

61 Castleton Avenue

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

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This was an announced inspection carried out on 10 and 15 July 2014. We gave the provider 48 hours notice of our inspection. At our last inspection in February 2014 we

asked the provider to take action to ensure they considered people's capacity to consent to their tenancy agreements. At this inspection we found that the provider had made arrangements to ensure that people's rights were protected and that any decisions were made in their best interests.

The service provides supported living for five people with autistic spectrum disorder, learning disabilities and

Summary of findings

complex needs. The people who use the service require one to one support from staff due to the assessed risks to themselves and others as a result of behaviours that challenged the service.

People who use the service are tenants of a shared house. They have individual tenancy agreements for their own rooms and shared communal areas. The provider's website stated that the aims and objectives of the service were to see the world through the eyes of people with autistic spectrum disorder and to use this perspective to enable and support them to function as independently as possible.

There was not a registered manager at the time of our inspection. 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. The last registered manager left in November 2013, and the next manager left in June 2014 before they were registered. A new manager had started to work for the service and has since registered with CQC.

The provider's area manager was present for the inspection. They had started to work for the company in May 2014 and had carried out an audit of all records and

procedures at the service. We saw the development plan that resulted from the audit for improvements in record keeping, audits and communications with people who used the service, their relatives and staff.

Relatives of people who used the service told us that people felt safe, and staff supported them to keep safe in their home and out in the community. Staff supported people to be as independent as they wanted to be and encouraged them to follow their own individual activities and interests. Staff helped make sure people were safe in the community by looking at the risks they may face and taking steps to reduce those risks.

There were enough qualified and skilled staff at the service. Staff had access to the information, support and training they needed to do their jobs well. During our inspection we saw that staff were caring and attentive to people and had a good understanding of individual needs.

Care records we saw contained information about the healthcare and support people needed and we saw people had access to healthcare professionals when they needed them.

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service provided. The provider used information about quality of the service and incidents to draw up and follow a development plan for improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Relatives of people who used the service told us people felt safe and that staff treated them well. There were procedures around safeguarding adults from abuse and staff understood how to safeguard the people they supported.

People using the service had detailed risk assessments and these had been kept under regular review.

The provider had staff recruitment and selection processes in place to ensure that staff employed for the service were fit to work with people who used the service. We found appropriate checks were undertaken before staff could begin work at the service.

Good



Is the service effective?

The service was effective. Staff received training and support to ensure that they could meet the needs of people who used the service.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet.

People using the service were supported to maintain good health and have access to healthcare services and support when required.

Good



Is the service caring?

The service was caring. The relatives of people who used the service told us staff understood people's needs and treated them with respect.

Staff were aware of each person's methods for communication so that they could support people to make decisions about their daily activities and support needs. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Good



Is the service responsive?

The service was responsive. Care plans were centred on the person, and provided staff with information and guidance on how they wanted their support.

People had an individual programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately, in line with the provider's complaints procedure.

Good



Is the service well-led?

The service was well-led. At the time of our inspection there was no registered manager and the service was managed by the provider's area manager. Following the inspection a new manager has been appointed and registered with CQC.

Arrangements to assess and monitor the quality of the service were in place, so that people benefited from safe and quality care, treatment and support. Staff felt supported to raise any concerns in the knowledge that these will be taken seriously and addressed.

Good



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Detailed findings

Background to this inspection

This inspection took place on 10 and 15 July 2014. The provider was given 48 hours notice because the location provides a supported living service and we needed to be sure that someone would be in. One inspector carried out this inspection.

Before the inspection we reviewed the information that we held about the service, including notifications of significant events that the provider had sent to CQC. We asked the provider to complete 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. The provider told us that they did not receive our request for this information, and therefore did not respond.

People who used the service were not able to communicate with us verbally. We spoke with two relatives

of people using the service and we observed care and support in communal areas of the premises. We spoke with four members of staff, including the provider's area manager. We looked at three people's care records and three staff files as well as a range of records about people's care and how the home was managed.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' section of this report.

Is the service safe?

Our findings

At our inspection in February 2014 we found that assessments of mental capacity were not carried out to check whether people were able to agree to their tenancy agreements. On this occasion we saw that capacity assessments were in place for each person who used the service which showed that they did not have capacity to understand and sign their tenancy agreements. Family members signed the agreements on their behalf and in their best interest. Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) Code of Practice and how to make sure that people who did not have the capacity to make decisions for themselves had their legal rights protected.

Staff had received training in safeguarding adults. A safeguarding policy was available and staff told us that they knew the procedures for reporting any concerns. Staff were knowledgeable about the signs of any potential abuse. The relatives of people who used the service told us that they were confident that people were safe. One person said, "My relative would not be able to tell anyone if people treated them badly. But they would react and show from their behaviour if they were not happy." Staff were aware of their responsibilities for whistle blowing if they had any concerns about the safety of people using the service.

Staff knew how to respond to people's behaviour when it challenged the service. We looked at the support plans for three people who used the service. Action plans for behaviour included the triggers for any behaviours that challenged, a description of the behaviour, and the measures for supporting each person. Staff told us they had been trained in how to manage behaviour that challenged the service and training records we viewed confirmed this.

We saw individual risk assessments for each person, for example for activities in the community such as swimming and going out for lunch, and for risks if a person refused their prescribed medicines. These included details of the action staff should take to minimise these risks and keep people safe.

All the people who used the service had their needs assessed for one to one support at all times. In May 2014 the area manager had carried out audits of the staff duty rotas which showed that sufficient staff were not always on duty to meet each person's assessed needs. As a result changes were made to the duty rotas to ensure that there were sufficient staff available at all times of the day. The area manager carried out spot checks to ensure that sufficient staff were at the service to meet each person's assessed needs. During the inspection we observed that each person had one to one support from a member of staff.

We viewed the recruitment records for three support workers to see whether appropriate checks were undertaken before they began work to ensure that they were fit to work with the people using the service. The files contained all the required information, including evidence of identity, references from previous employment or training providers and criminal record checks.

Staff administered medicines for all the people who used the service. We saw evidence that staff had training in administering and recording prescribed medicines, and further training was scheduled for the week following our inspection. Some people required specific medicines, for example for epilepsy, and staff told us that they had training to administer these if required. We saw profiles for each person, which specified the purpose and any possible side effects for each prescribed medicine. The profiles also specified how staff should communicate with each person and how to give their medicines. For example one person liked to have a biscuit when taking their medicines. The provider's procedures stated that two members of staff should sign the medicines administration records (MARs) to show that they had given the medicine and observed that it was taken. We carried out a spot check of a sample of three MARs and noted that administered medicines were recorded appropriately.

Is the service effective?

Our findings

The relatives of people who use the service told us they were confident that staff had the training and skills to support their relatives effectively. One relative said, “The staff understand [the person’s] needs and how to manage their behaviour.” Staff told us that the training they received gave them the knowledge and skills to support the people who used the service and to meet each person’s specific needs. The area manager had recently completed an audit of training, and the training records showed that training was scheduled for health and safety, medicines and food hygiene to ensure that staff were up to date with all their training needs.

The area manager showed us evidence that they had set up a schedule to ensure that each member of staff received regular supervision of their work and training needs. Most staff had received supervision in the previous three months, and it was scheduled for the remaining staff. We saw two examples of supervision records, which showed that the discussions covered each person’s work, their training needs and any action points.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People who used the service were not able to prepare their own meals, and the provision of meals was included in their tenancy agreements. There was a communal kitchen and dining room at the premises, and staff prepared all the meals. Staff told us that they discussed menu choices with each person at house meetings or at individual meetings between each person and their key worker. They used pictorial aids to support people to make their choices. The relative of a person who used the service told us that staff supported their relative with healthy meal choices.

Staff supported people to access health professionals such as GP and dentist. People had health action plans in place which provided guidelines for specific needs such as epilepsy and behaviours that challenged the service. This included referrals to healthcare professionals such as a psychiatrist to assess people’s needs in relation to increased incidents of behaviours that challenged. This ensured that staff had professional guidance on managing any health conditions.

Is the service caring?

Our findings

The people who used this service had very high support and communication needs and were not able to tell us their experiences. A relative told us how staff understood and communicated with their relative. They said, “[The person] makes their views known by their behaviour. They will do the things they are happy about, or will refuse to do it. If they are not happy they will let you know about it.” Relatives told us that staff kept them informed about people’s need and any incidents or concerns. One person said, “The staff are very professional.”

Staff told us that support plans provided them with the information that they needed to support each person as they wished. They respected each person’s privacy and dignity and provided support with personal care needs in privacy in each person’s room.

We observed staff supporting people in the communal area of the premises. Each person had one to one staff support,

and the staff ensured that they were able to make choices and decisions, for example about what they wanted to eat and drink. Support plans contained details of how each person communicated and staff told us that they understood each person’s body language and the signs that they used. Pictorial symbols and pictures were used to support people to make decisions about their activities and the food they wanted.

Each person had a named key worker who met with them each week to discuss what they wanted to do that week, and to encourage them to express their views about the service they received. Each support plan we viewed provided details of how each person liked to be supported, and how they communicated their views, both if they wished to do something and if they were not happy. For example, one support plan included details of simple Makaton signs that the person used and understood, and pictures to use for communication.

Is the service responsive?

Our findings

The relative of one person told us that their life had improved a lot since living at the service. They said, “My relative is now much calmer and less destructive.”

People’s care files included a pen picture which detailed their likes and dislikes, communication and behaviours. There were support plans for each of these areas with recommendations for addressing any areas of concern. For example the support plan for one person noted that a frequent change of staff may cause them anxiety. The staffing rota showed that specific staff were allocated to provide one to one support to each person, so that they were supported by staff they knew. All support plans had been reviewed in the three months before our visit, and provided up to date information on people’s needs and preferences.

Each person had a daily schedule of activities. Pictorial symbols were used to help people choose what they wanted to do and to record the activities so people could understand what was planned for each day. Keyworkers completed monthly reports that showed what each person had achieved and their plans for the next month. For example one person had completed three new activities in the previous month, using the outdoor gym in the park,

going to the shopping centre and attending a barbeque. The records for another person showed that they had taken part in their choice of physical activities such as a walk in the park and “jumping on the trampoline in the garden”. During our visit to the service we observed staff preparing to take one person out for a shopping trip, which they had requested.

People who used the service were not able to communicate any concerns verbally. Each person met regularly with their keyworker to discuss any concerns they may have. Relatives of people who used the service told us that staff kept in touch with them about any concerns, and said that they would know if their relative was not happy by their behaviour. They said that they had not made any complaints. The provider’s complaints procedure was in each person’s file. However it was not provided in a pictorial or easy read format so that people who used the service could understand it.

Three complaints had been recorded in the previous 12 months, all from a neighbour about noise from the premises. The records showed that the provider had responded to the complainant. The area manager told us that they encouraged the neighbour to raise any concerns so that they could be addressed immediately.

Is the service well-led?

Our findings

There was no registered manager at the time of our inspection. The last registered manager left in November 2013, and the next manager left in June 2014 before they were registered. A new manager had started to work at the service the day before our inspection but they were not available during our visit. Since our inspection this person has become the registered manager of the service.

Arrangements were in place to monitor the quality of the service. The provider's area manager was present for the inspection. They had started to work for the company in May 2014 and had carried out an audit of all records and procedures at the service. We saw the development plan that resulted from the audit for improvements in record keeping, audits and communications with people who used the service, their relatives and staff. The minutes of a staff meeting in May 2014 showed that the development plan was discussed with staff and new duty rotas and training plans were implemented to ensure that sufficient

staff were available at all times to meet people's needs. The care plans we saw also contained evidence of the audits of records, with notes of actions that were needed to update each care plan.

Senior support workers carried out monthly checks of the action plans to monitor progress. The area manager carried out spot checks to ensure that sufficient staff were at the service to meet each person's assessed needs at all times of the day.

Staff told us that the area manager had discussed the changes that resulted from the development plan with them, and they had been able to give their views. The staff we spoke with said that they were happy with the changes that had been made to the duty rotas. Staff had commented that house meetings for all the people who used the service were not an effective way of communicating with people and encouraging them to give their views. As a result this had been changed to monthly one to one meetings for each person with their keyworker.

We saw records that showed the provider had praised staff following feedback from relatives in surveys that had been asked to complete.