ASD Unique Services LLP

63 Collier Road

Inspection report

63 Collier Road
Hastings
East Sussex
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27 November 2018

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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

Summary of findings

Overall summary

63 Collier Road is a care home providing social and residential care for up to three people with learning disabilities. On the day of our inspection there were three people living in the home. People had varied needs related to their learning disabilities. Some had more specialist needs associated with autism and other specialist conditions. People had different communication needs. Some people communicated verbally, and others used gestures, body language and Makaton (a form of sign language) to make their needs known. The provider runs four other care homes locally.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This comprehensive inspection took place on 22 and 27 November 2018 and was announced. The service had a registered manager. 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.

People were treated with dignity and respect by kind and caring staff. Staff had a very good understanding of people's complex care and support needs and they had developed positive relationships with people. People were supported to attend health appointments and, if necessary, professionals came to the home for visits. Professionals spoke positively about the service. One health care professional told us, "63 Collier Road has always been a competent, efficient and caring service that cooperate with our specialist services very well."

People had enough to eat and drink and menus were varied and well balanced. They were supported to take part in a variety of activities to meet their individual needs and wishes. This included aromatherapy, swimming, music sessions, theatres, cafes and restaurants.

There were enough staff who had been appropriately recruited, to meet people's individual needs. Staff had

a very good understanding of the risks associated with supporting people. They knew what actions to take to mitigate these risks and provide a safe environment for people to live. Staff understood what they needed to do to protect people from the risk of abuse. Incidents and accidents were well managed and lessons were learned to pre-empt and avoid similar occurrences. People's medicines were managed safely.

People's needs were effectively met because staff attended regular training to update their specialist knowledge and skills around supporting people with autism and behaviours that challenged. Care staff attended regular supervision meetings and told us they were very well supported by the management of the home. People were encouraged to make decisions and choices. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had effective good systems to monitor the management and quality of the home and through regular internal monitoring the registered manager ensured a range of audits were carried out to monitor the care and support provided. The registered manager had very strong links with local organisations to both gain what would benefit the organisation and to provide support for other services for people with learning disabilities.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

63 Collier Road

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 comprehensive inspection took place on 22 and 27 November 2018 and was announced. The registered manager was called the day before our inspection to let them know we were coming. We did this as the location was a small care home and people are often out during the day; we needed to be sure someone would be in. When planning the inspection, we took account of the size of the service and that some people at the home could find visitors upsetting. As a result, this inspection was carried out by one inspector.

Before the inspection we reviewed information, we held about the home. This included notifications of events that had affected the service such as any safeguarding investigations. We did not ask the provider to complete a Provider Information Return as this inspection was brought forward. 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.

On the day of inspection, we spoke with two people and we also observed staff interacting with people to help us understand their experience of living at the service. We spoke with the registered manager, assistant manager and two staff members. We spent time reviewing records, which included two care plans. We looked at two staff files, staff rotas and training records. In addition, we viewed documentation related to the management of the service such as accidents and incidents, quality assurance and meeting records. We also 'pathway tracked' the care for two people living at the service. This is where we check the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection, the registered manager sent us a copy of an infection control audit and action plan, training matrix, provider service visits, assistant manager audit, staff rotas, service user assessment (anonymised) and the maintenance tracker. We also received feedback from three health and social care professionals.

Good

Is the service safe?

Our findings

People were observed to be relaxed and content in their surroundings. A relative told us they felt their son was safe at the service. They said, "The staff would tell me if anything went wrong. I get phone calls and emails when things go wrong but also to tell me the good things." A health professional told us, "I have always felt safe due to the protocols the home has in place."

The home used a system of differential reinforcement of other behaviours (DRO) as a way of eliminating behaviours that caused one person to be in a heightened state of anxiety. DRO is a way of giving a person a positive response every time they do not display a behaviour that challenges. There were detailed protocols that looked at how to avoid sanctions, the importance of building a rapport with the person, active listening and how to interact positively. The registered manager had completed an extensive assessment of the person that included every aspect of the person's life. The assessment highlighted what the person was like when they were calm, triggers and warning signs, crisis management and how to support the person following incidents. As a result of the assessments, changes were made to the environment and routines and some restrictions were imposed as a short-term measure. The person was given very clear guidelines and understood what was expected of them. Initially the person earned stars and when accumulated, these earned additional computer time for the person. It was clear if in the morning stars were not earned, there were opportunities to earn them in the afternoon. Over time, some of the restrictions had been relaxed and the strict guidelines were no longer necessary. There was evidence lessons were learned and the approach was effective as the number of times incidents had occurred a month went from 28 to three. Prescribed PRN medicine had not been needed in the past year. As a result of the approach used, the person's relationship and trust in staff increased and their use of local facilities and amenities also increased.

Another person received support from two health professionals. They spent time analysing incidents that had occurred and looked at the strategies used by staff to support people. One of the professionals also went out with the person and a staff member to look as the strategies used by staff in practice. The home had a periodic service review that was a checklist used to analyse all incident charts. Although the incident reports were analysed regularly by staff and professionals, the last formal review had been completed in January 2018. This had no impact for people as it was evident each person's incident reports were evaluated and changes made to care documentation as needed to ensure people received safe person-centred support.

Appropriate checks for the recruitment of staff were carried out and ensured as far as possible, only suitable staff were employed. There were enough staff to keep people safe and meet their needs. There were no staff vacancies. People were funded for one to one support throughout the day and two people had two to one support outside of the house. Records demonstrated these hours were provided. There were good on call procedures for evenings and weekends.

People's medicines were managed so they received them safely. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff had received training in the management of medicines. Some people took medicines on an 'as and when required' basis (PRN) for example, for pain

relief or for agitation. There were good procedures to make sure people received these medicines when they needed them and reasons given were documented.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Staff had received training in safeguarding and were able to tell us that if an incident occurred they reported it to the management team who were responsible for referring the matter to the local safeguarding authority.

People lived in a safe environment because the home continued to have good systems to carry out regular health and safety checks. These included, servicing of gas safety, electrical appliance safety and portable appliance testing. A legionella risk assessment had been carried out and water testing undertaken. There were robust procedures to make sure fire safety checks were carried out. People were protected from the risk of infection. All staff had received training in food hygiene and infection control. The house was clean and cleaning schedules were kept that demonstrated the cleaning tasks completed.

Good

Is the service effective?

Our findings

People had enough to eat and drink. There was a set two weekly menu. However, people were asked daily if they wanted the menu on offer and could choose an alternative if they wanted one. Menus were varied, nutritious and well balanced. Staff told us it was easy to prepare an additional meal if someone did not eat their meal. People were offered a choice of drinks throughout the day. We were told when one person moved to 63 Collier Road, they had a limited diet and staff worked with them to increase their food choices. The person rarely refused any food now. A relative told us their relative had, "Opportunities to be involved in food preparation and to spend time observing in the kitchen."

There were very good arrangements to ensure people's health needs were met. People were supported to attend healthcare appointments or, if assessed as needed, professionals visited them at 63 Collier Road. If a person had an identified condition there was information in their care plan giving advice about the condition and how it might affect the person. In addition, there was easy read literature to assist the person in understanding their condition. Each person had a hospital passport that would be used if they needed to go into hospital. This included, important information about the person hospital staff would need to be aware of to provide care in a person-centred way that suited the individual. One person had had an annual health review and appointments had been made for a professional to visit two people at 63 Collier Road to carry out their health reviews as both people did not like attending the local surgery.

People had equipment needed to meet their individual needs. Some people had 'tough furniture' (heavy duty furniture) secured to the wall to prevent them causing damage to themselves or others if they were in a heightened state of anxiety. The television in the communal lounge was positioned behind Perspex and the cabinet was secured. One person had their own iPad. Two people had Motability cars (funded cars for people with learning disabilities).

During our inspection staff demonstrated a thorough understanding of involving people in decisions and asking their consent before providing care and support. This was seen during interactions between staff and people and was also documented within care plans. 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. We found best interests meetings had been held when needed.

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 applications had been submitted for standard authorisations and any conditions made were met.

Staff continued to receive training in a variety of subjects including safeguarding, medicines, first aid, infection control and food hygiene. Specialist training had also been provided in relation to autism, dealing with behaviours that challenged, positive behavioural support and epilepsy. New training was offered this year in relation to assertiveness and resilience. The registered manager told us this training had been introduced with an aim to support staff, "To understand why people do the things they do. When you understand people, this helps you to remain cool when they are in a heightened state of anxiety. The work can be very challenging."

There were systems to ensure when training was due, arrangements were made for this to happen. Staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. One staff member was behind in completing this training and a deadline had been set for completion. By the second day of our inspection an action plan had also been drawn up to ensure additional support and monitoring was done to make sure this was achieved.

Staff attended supervision meetings regularly and told us they felt well supported in their role. A staff member told us, "I feel supported. I have never had a question go unanswered. I don't tend to get stressed, if I need support I phone or email for advice."

Two people had received specialist support from the local speech and language therapy team (SaLT) in relation to the risk of choking. There was a very comprehensive advice pack for staff on how to prevent and deal with choking should it occur. The SaLT staff member had assessed one person both in the home setting and in their favourite fast food restaurant and there were two sets of guidelines in use. The detailed advice and guidance provided to staff meant the person was able to continue to eat out in their favourite restaurant. All staff had completed choking awareness training and basic first aid. Staff told us the detailed guidance gave them confidence to support people in and out of the home.

Good

Is the service caring?

Our findings

A health professional told us when they visited the service, "The atmosphere seemed relaxed and welcoming. The staff from my experience with them, are caring and knowledgeable about the people they are caring for." A relative told us, the staff are all really nice and caring in their approach. They know the triggers for behaviours and (relative) is now much calmer and has a very happy character."

People were treated with kindness and compassion. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. There was a very low turnover in the staff team so people were supported by staff who knew them very well as individuals and staff were able to tell us about people's needs, choices and interests. We observed staff talked and communicated with people in a way they could understand.

All staff received training on equality and diversity and we asked them how this was put into practice. A staff member said, "Everyone is equal, we don't discriminate here in relation to race, religion or sex. People are supported to do what they want to do and because they are one to one funded they can do activities when it suits them in house. Two of the three people need two to one staff support outside of the home. They go out daily and we make sure we have alternative activities to offer in the house." Staff told us one person chose to attend church services. Every week they were given a choice and if they chose to attend a service they were taken. Records demonstrated the choices made.

Staff told us they spoke regularly with people's families to keep them up to date. People were also supported to keep in touch with their families whether this was through visits to their family home or family visiting them. One person was supported to have skype calls twice a week. One person went to a disco each month and told us they enjoyed going to the pub. We were also told people were invited to parties and barbeques in the summer at some of the sister homes run by the organisation.

Daily records demonstrated people were encouraged to do as much for themselves as possible to maintain their independence. People were encouraged to develop skills such as making lunch and making drinks and doing their laundry. One person made drinks regularly throughout our visit.

One person loved to use a particular fast food restaurant. However, the ordering and waiting process had proved difficult for them. Staff now supported the person to make their choices before they left their house. This was written up in a format the person could understand and the person handed this to staff at the restaurant. This meant they could move swiftly to the second counter to wait for their food and no staff intervention was necessary. The person had a choice of two restaurants and staff told us they knew a lot of the staff in the restaurants as they used them regularly. Staff said they tried to avoid busy times but, if it was busy, they brought the person's iPad so this could be used as a distraction only if needed.

Bedrooms were regarded as people's 'safe space' and were designed to ensure they had furniture and fittings that met each person's individual needs. People's privacy was respected and we saw staff knocked on people's doors and only entered when permission had been given.

Good

Is the service responsive?

Our findings

A health professional told us, "The residents are well cared for and have a variety of activities (two of the residents have told me (one with sign language)). The focus of the staff on the residents is something that they do well." A social care professional told us, "I believe the service offers my client who has a complex diagnoses a confident staff team who are able to recognise patterns and deal with behaviour appropriately. They offer a good choice of activities and access the local community. They are responsive to his needs on a daily basis and provide a caring environment for him to feel safe and secure."

During the year one person achieved a long-term goal. They had never been away on holiday. The person researched and chose where they wanted to go. With careful risk assessment and planning this had been made possible. The person thoroughly enjoyed their time away and they enjoyed showing us photos on their iPad of their memories. A staff member told us, "Others told us, it couldn't be done but we did it and had a fantastic time." A relative told us this holiday had been a major achievement and every aspect had been done so well. It was fantastic."

During our inspection one person had their guitar and harmonics session. They were very excited to see their tutor arrive. They chose all the songs they wanted to play and their expression demonstrated very clearly, they thoroughly enjoyed and valued their lesson. There was a very warm and easy rapport between both. The person paid for their session and asked the tutor, whom they regarded as a very good friend, if they could have a Christmas drink in the pub with them to, "Celebrate another year of rocking out."

People did not attend any formal day care but activities were planned in a person-centred way to meet their individual needs and wishes. One person had an electric guitar and harmonics session with a local guitarist, enjoyed pool at the local pub, swimming, aromatherapy and attended calm farm (a local music and sensory group). Others enjoyed walks, bowling, computer time, visits to local restaurants, theatres and shops. We were told birthdays, Halloween and Christmas were celebrated with parties and barbeques were held throughout the summer months. The Christmas party had been planned for early December 2018.

People were encouraged and enabled to make choices. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so they can communicate effectively. People's communication needs had been thoroughly assessed. One person used social stores and visual cues. Another used Makaton (a form of sign language using symbols) to communicate. They also had a very good understanding of a widgits (simply-drawn, colourful symbols to illustrate a single concept in a clear and concise way. Both were used to aid their communication. A staff member told us they needed to give people options to choose from rather than ask open ended questions.

In order to support people to manage their anxieties and help them understand changes to routine, staff told people an hour before any change. All changes were explained through the use of social stories. We saw this when we arrived at the service. One person answered the door and they had an easy read social story

that explained what would happen when we arrived. They checked identification, asked us to sign in the visitor's book and showed us to the office.

Each person's needs had been assessed and from this information, detailed care plans had been drawn up. Care plans contained information about people's needs in relation to personal care, nutrition, health and personal preferences. There was information within care plans that was personal and specific to each individual. One person's needs varied from time to time so there were two sets of guidelines that ensured staff knew how to support the person in a way that suited them. Care plans were reviewed and updated as and when changes occurred.

There was a monthly booklet kept in relation to each person that detailed on a daily basis the support that had been given to people. This included details of personal care provided, daily activities and work carried out to support people to be more independent around the house. Records showed how people had reacted and responded to various situations. These records demonstrated the way staff worked in a very person-centred way to meet people's needs and wishes.

Along with a detailed complaint procedure there was also an easy read document using widgit symbols. Through keyworker meetings people were asked regularly if they were happy and if they had any concerns or worries. We asked about complaints. The registered manager told us about a complaint received from neighbour and the actions taken to resolve them. Staff knew what to do if a concern was raised with them and would report it to the right person if needed, such as the senior person on duty or the registered manager.

People living at 63 Collier Road were young and had limited understanding of dying and death. An assessment of needs had been started, families had been consulted for their views, and where they had been provided, these were documented. The registered manager said that if anyone needed end of life care in the future this would be fully assessed at the relevant time. One person had suffered a loss and there was an emotional support plan to assist them in coping with their grief.

Good

Is the service well-led?

Our findings

A relative told us, "I cannot fault the service, my son has progressed enormously. There is a stable staff team who know him very well and they have a calm and relaxed approach." A health care professional told us, "63 Collier Road has always been a competent, efficient and caring service that cooperate with our specialist services very well. The manager pays attention to detail, is appropriately demanding of specialist services but self-critical too. There is very good contact with the patients' families." Another health professional told us, "The staff team have good leadership and from what I've seen are listened to." A social care professional told us, "The service is well managed and staff are consistent enabling them to know (person) well."

There was a registered manager in post who was also registered to manage four other homes locally. They were supported by an assistant manager who worked full time at the service. Both the registered manager and the assistant manager said they worked well together and there were extremely good systems to ensure clear communication at all times.

The registered manager was determined care provided would be based on the most up to date professional guidance. The provider, registered manager, assistant manager and senior staff attended a two-day advanced coaching training on positive behavioural support (PBS) with the British Institute of Learning Disabilities (BILD). This was done to ensure the service met the PBS academy standards in this area. The home then sought support from an independent external professional to carry out an audit of the service in February 2018 to check they complied with external PBS academy standards for the purposes of quality assurance. One of the recommendations made had been to have fewer locks on doors. The registered manager told us this was being achieved on a gradual basis. Changing people's routines at peak times had eliminated the need for some doors to be locked and this element was under continual review. Records showed the use of PBS had been instrumental in reducing the number of restraints and restrictions. This gave staff more confidence to support people outside of the home and empowered people to lead more active and stimulating lives.

The organisation had signed up to STOMP (Stopping the over medication of people with a learning disability, autism or both). We asked what benefit this had for people who used the service. The registered manager said it gave access to easy read literature related to medicines and advice about non-drug therapies and practical ways of supporting people so they were less likely to need as much medicine, if any. Over the past year one of person had a very gradual reduction to their medicines and two people now rarely needed PRN medicines.

The registered manager continued to learn and share knowledge about autism locally to support other managers in the area. They were part of a behaviour support network across East Sussex and they had a co-chair role for this group. Through this group they had been able to access funding for managers' training. They were also involved in setting up another forum for leaders and managers of learning disability services. This forum was set up with support and funding from Skills for Care. Skills for Care offers advice and guidance for organisations to recruit, develop and lead their staff." Through this forum an evening had been planned for families of people with learning disabilities to see if this would be a useful support for them.

The providers were very involved in the service and had very good systems to ensure they kept up to date with the running of the service. They carried out service visits, supervised the registered manager, held meetings with assistant managers and attended all case reviews to provide support for the registered manager.

The assistant manager ensured monthly audits had been carried out in relation to infection control and monitoring of cleanliness. Medicine audits had also been carried out. A maintenance tracker was kept to log all work that had been highlighted that needed addressed and when this work was completed. The registered manager also carried out a monthly audit of the service. This was a detailed check on the running of the service and checklists were built into this to ensure all aspects of the service were examined and up to date.

Staff meetings were held regularly and there were detailed minutes kept. Minutes demonstrated an inclusive and supportive approach was used to ensure all staff were kept up to date with changes, and had opportunities to share their views about the service. All discussions were documented and actions reached were clear so that if a staff member had not been at the meeting they would clearly understand the agreed actions and outcomes. A staff member told us, "We communicate well and get along. It's a happy home, I'm excited to come to work."

The organisation had carried out an annual survey to seek the views of people and their relatives. The survey for people was very basic but ensured people were given an opportunity to say if they were happy with the care and support they received. Following the last staff survey a new format had been devised for the next survey but this was not due to be carried out yet. Results for the last survey demonstrated staff felt supported and had good opportunities for training.