ASD Unique Services LLP

63 Collier Road

Inspection report

63 Collier Road
Hastings
East Sussex
TN34 3JS

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12 February 2018

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10 October 2018

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?	Requires Improvement

Summary of findings

Overall summary

63 Collier Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This location is registered to provide accommodation and personal care to a maximum of three people with learning disabilities. Three people lived at the service at the time of our inspection. People who lived at the service were adults below the age of sixty five years old. People had different communication needs. Some people were able to communicate verbally, and other people used gestures and body language. 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.

This comprehensive inspection took place on 12 February 2018 and was announced. 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.'

The service was last inspected in August 2015 when it was rated as 'Good' overall. At this inspection we found the service had maintained their rating of 'Good' overall.

People were supported to maintain their independence 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. People were supported to meet with family members and to attend activities within the local community.

Relatives told us that people were safe and well supported by enough staff, who knew people well. Staff were checked before they worked with people. People could be involved in cooking and staff undertook the cleaning. The premises suited people's needs. The home was clean and being maintained.

People had support to keep well and healthy and to take the medicines they needed. People were involved in making decisions about what happened at the service so that they all had a say. The registered manager had been managing the service for several years and was experienced and skilled at supporting people with learning disabilities. However, the registered manager did not have sufficient oversight, therefore risks to people were also not always being reported, monitored and assessed.

There was a clear complaints procedure available in an easy-read format.

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. Risks to individuals were assessed. Relatives told us that people were well supported by enough staff, who knew people well. Staff knew people well and everyone had the support they needed. Staff were checked before they worked with people. The premises suited people's needs. The home was clean and being maintained.

Is the service effective?

Good

The service was effective. People were supported to maintain their independence, have control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Is the service caring?

Good

The service was caring. People had support to keep well and healthy by staff who knew them. Privacy and dignity was protected and staff were kind to people.

Is the service responsive?

Good

The service was responsive. People were involved in making decisions about what happened at the service so that they all had a say.

Is the service well-led?

Requires Improvement

The service was not consistently well led. Risks to individuals were not always fully assessed. The registered manager had been managing the service for several years and was experienced and skilled at supporting people with learning disabilities.

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 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 comprehensive inspection took place on 12 February 2018 and was announced. We telephoned the service 48 hours before the inspection visit because the service was a small residential home for adults who are often out during the day. We needed to be sure that people would be in.

The inspection was carried out by two inspectors. Before the inspection the registered manager completed a Provider Information Return and we used this as part of the inspection process. We require providers to send us a Provider Information Return at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We spoke with three members of staff and to the registered manager. We sampled various records including two care plans, two recruitment files, medicine records, audits, health and safety checks and supervision notes. We observed how people were supported and how staff interacted with the three people who used the service. We also spoke to two relatives.

Good

Is the service safe?

Our findings

Relatives told us they felt their loved ones were safe. One relative said, "He's well looked after and is safe." Another relative said, "He's safe, relaxed and happy there." We saw that people who used the service looked happy and were comfortable in the presence of staff. We observed a very calm, supportive atmosphere.

Some risks to people had been identified and support plans included personalised risk assessments. Records confirmed staff had received training in safeguarding adults.

Information about reporting concerns and whistleblowing was displayed in the staff office. Staff knew about whistleblowing and explained to us what this was as well as how to report concerns.

We looked at how the premises was maintained and we saw evidence that any issues identified had been logged on maintenance sheets, with actions in relation to work that had been carried out. The home looked clean and smelled fresh. Support workers undertook most of the cleaning and people were supported with their laundry. We observed that staff used Protective Personal Equipment (PPE), such as gloves, appropriately during our inspection.

Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A fire risk assessment was in place and people had a personal emergency evacuation plan (PEEP) in place, with a copy kept within their care plan. A PEEP sets out the specific physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire.

We viewed servicing certificates, which were in date for gas and electrical installations. A legionella risk assessment, to reduce bacteria in the water, was in place and water supplies were being maintained appropriately.

The registered manager continued to ensure that there were enough staff available to meet people's assessed needs. We saw there were enough staff on duty to support people and that one-to-one support was provided to people at home and two-to-one support for activities. Additional staff were rostered on duty to cover activities, as necessary. Records showed a consistent number of staff were on duty each day. From the recruitment files we reviewed, recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining references, identity checks and completing a Disclosure and Baring Service (DBS) background check. These check employment histories to help ensure staff were safe to work at the service. Where issues had been identified on a DBS, we were provided with evidence that these had been investigated and considered before an offer of employment was made. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained.

Medicines continued to be managed safely and people received their medicines as prescribed. Staff were

trained in how to manage medicines safely and were able to tell us about people's medication. We looked at medication administration records (MARs) for the people who lived at the service. These were clear and accurate and showed medicines had been given to people at the right times and the right dose. Medicines were stored securely and appropriately, in a locked cabinet.

During our inspection, we observed the medicines being administered. Staff administered medicines to people and accurately recorded when they had been taken. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency and purpose of the medicine and ensured these were given appropriately.

Good

Is the service effective?

Our findings

We observed people with non-verbal communication using positive body language in the presence of support workers and that there was a good rapport with friendly interactions.

Staff continued to have the training and support they needed to carry out their jobs effectively. Staff told us they were provided with the training they needed to develop knowledge and skills to support people and understand their needs. They also told us that they received supervision. Through training, staff had learnt how to communicate with people more effectively. We were told "I ask specific questions now and keep the questions short to help [people] understand." All staff records were completed on the National Minimum Data Set (NMDS). This is a computerised training database which holds data on adult social care workforce. Staff were provided with an ongoing programme of training, which included safeguarding, moving and handling, fire safety, medicines, Epilepsy, Autism Sensory Experience and Positive Behaviour Support. Staff were also trained in Health and Safety, Infection Control and Equality and Diversity. Staff told us that the training they received was good and that there was plenty on offer for them. Staff competency was assessed after completion of some training, such as medication. The registered manager told us that staff had been booked for training in these areas. The staff we spoke to were aware of their roles and the needs of people they were supporting.

Positive Behaviour Support (PBS) continued to be used to support people to engage in activities and increase their independence. A PBS behaviour specialist, the registered manager and staff worked with one person to help them to develop their independence and manage their anxiety. The PBS specialist provided a letter to congratulate the service on their achievements with the person, who was now able to access the community without experiencing high levels of anxiety. As a result the person was discharged from the PBS specialists care. A restrictive practice reduction plan was in place and people had an individual restraint story, which included their history of being restrained. Differential reinforcement schedules were in place which looked the use of reinforcement for people presenting with challenging behaviour as well as less restrictive intervention's to be used to support people. A comprehensive functional analysis was completed by the registered manager by observing staff in public supporting the team and giving feedback to enable them to gain confidence. The service has had a reduction in incidents between people as a result of PBS and similar interventions. During the inspection a video was shown evidencing that the services used reflective practice to help staff support people more effectively.

Health eating was encouraged. We observed that people participated in preparing nutritious meals. Menus included calorie content of food items to ensure a balanced diet. We saw a person preparing their lunch, with the assistance from a support worker. The registered manager had involved the people who lived at the service in planning of menus and in food shopping. People had a choice of meals and drinks and were provided with sufficient quantities of food and drink to enable them to maintain a balanced diet. We observed people involved in the unpacking of shopping and choosing healthy meal options. Menus were on display and pictures were used to illustrate options.

People's needs had been assessed before they moved into 63, Collier Road. People's needs were regularly

assessed and reviewed to note any changes. We saw evidence that healthcare professionals, such as GPs and dentists were involved in providing care, as necessary.

Staff promoted friendships and we saw that regular trips to community events were organised for people. There were regular outings, including to the local café and people were taken out in their cars by support workers to activities or to visit their relatives.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The manager and staff were aware of their responsibilities under the MCA, and DoLS.

People's consent and ability to make specific decisions had been assessed and recorded in their care plans. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted. We did observe staff seeking consent from people before delivering care to them during the inspection.

The physical environment was suitable to meet people's needs. Resilient furniture was in use, which was suitable in the event of challenging behaviour being exhibited. The lounge and bedrooms had been adapted to support people with behavioural needs. We noted that people's bedrooms had been personalised and decorated according to their wishes. There was a garden area which people used for relaxing when the weather permitted.

Staff were provided with training in equality, diversity and human rights. The staff we spoke to were able to explain their understanding of equalities and diversity. One person told use, "We don't discriminate against anyone."

Good

Is the service caring?

Our findings

We observed staff supporting people who lived at the service throughout the day. We saw that interactions between staff and the people they supported were positive and done in a kind way. There was also a relaxed atmosphere.

A relative told us, [name] is doing really well since joining the service. I'm really pleased with how he's getting on. The carers really know him."

We observed people getting ready for their daily activities. There was respect and understanding between the person and the staff. People were treated with compassion and provided with emotional support. We were told how the service was working with the learning disabilities team to provide emotional support to a person whose relative was expected to pass away soon. Staff were working with the person to understand the process of death and were supporting the person to visit their relative regularly in a care home. We observed staff were attentive to people's needs throughout our inspection and were caring. Staff involved people in conversations. Some staff members told us that they were learning Makaton, a form of sign language, to enable them to communicate more effectively with a person who was non-verbal. We saw staff using Makaton to communicate with the person on the day of the inspection.

Support workers gave examples of how they protected people's privacy and dignity whilst offering them care and support, for example, closing doors and using towels to maintain privacy and ensuring that they had people's consent prior to carrying out any tasks. We observed staff knocking on doors and waiting for an answer before entering. The staff team was stable and they knew people's likes and dislikes well.

People's care plans included information and guidance about their individual communication needs and personal preferences, such as preferred health and care needs as well as people's long and short-term goals. One person's short term goal was to learn to do their own laundry and to be able to order their own food at a restaurant. Some goals had been marked as achieved. Records were being stored securely. Care plans included 'My health plan'. This was an easy read document completed with people to ascertain their sexual health and mental health needs. This was used to determine people's needs as well as to make referrals to other health professionals. Staff continued to promote people's independence and encourage them to do as much as possible for themselves. People continued to choose what to wear and what they wanted to do. For example, one person had chosen to go on a day trip to Diggerland after seeing it advertised with other events in a magazine.

People were involved in meal planning and preparation. We observed one person cooking in the kitchen, with support from staff and other people making choices about activities or having quite time in their rooms. People were also able to get involved in the planning of activities during resident meetings.

People were supported to maintain relationships with family. People could have visitors when they wanted to and were taken by staff to visit relatives in their homes. Relatives told us they felt welcomed by the staff and were looked after when they visited the service. Staff spoke with empathy and understanding about

people's needs.

Good

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. We observed staff were there when people needed them and that staff always responded to their needs. People were comfortable and happy in the presence of staff. We saw a support worker playing an instrument with a person and this was stopped when the person changed their mind after a few minutes.

The care plans we looked at contained information about the support people needed. This included information about health and behaviour. Care plans were being reviewed regularly and updated when people's needs changed.

Staff knew what care and support was required for each person at 63 Collier Road. We reviewed daily notes for a person at the service, written by the support workers. Notes included what support had been given each week for activities undertaken.

The provider ensured staff had the time and resources they needed to give good support. There were consistent numbers of staff on duty so people could go out to activities, with people being supported by two members of staff for outings and where necessary, one to one support was provided. The service continued to keep daily records of the activities that people undertook. Trips had been planned to the pub and to bowling. A relative told us, "They go out a lot." Another relative told us "Staff do a 'social story' with [name] to help him prepare for visits home or outings. This helps to keep him calm." 'Social stories' can help people with learning disabilities develop greater social understanding and stay safe by using short descriptions or photographs of a particular situation, event or activity, which include specific information about what to expect in that situation and why.

The registered manager had started to discuss with people about the care they wanted as they got older and where they wanted to be at the end of their life, however the process had not been completed. The registered manager was in discussion with people and their relatives about their wishes for end of life, including whether they wanted a funeral and to be buried.

The complaints procedure was displayed in easy read format and details were included about who people could raise concerns with including the registered manager. The registered manager talked us through the complaints procedure; there had been no complaints since the last inspection. A relative told us, "I'm very happy with the service. If anything happens they always let me know."

The registered manager held residents meetings, where activities and meal planning was discussed. Weekly activity planners continued to be developed and accessible. Each person had a key worker, who spent time with the person discussing their needs and preferences. We saw records of a meeting between people and their key worker. People were asked to fill in an easy read form to record how they were feeling and how they were getting on with staff. The feedback was reviewed and any action required taken forward by the key worker.

People's independence was being promoted. People were able to go out with support on a regular basis. People's needs had been considered in relation to the Equalities Act and there had been some consideration of this in people's care planning. Their communication methods had been detailed as had their needs in relation to cultural or religious preferences. We were told one person who used the service attended church regularly.

People had access to computers and used these to play games as well as to communicate with relatives.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager who had been managing the service for several years. The registered manager was experienced in managing services for people with learning disabilities. The registered manager told us that they were responsible for five care homes in the area and typically spent one day a week at each location. One potential safeguarding incident had not been identified and reported appropriately by the registered manager. The incident had been documented by a senior member of staff, however it was not reviewed by the registered manager at the time and the provider did not recognise and respond to the risk appropriately. We were provided with evidence the safeguarding incident had been reported, investigated and unsubstantiated following the inspection.

We also found that the registered manager did not always assess risks to people. A person with a potential choking risk had not been appropriately assessed and monitored. The registered manager had not fully completed a choking risk assessment and referred the person to the speech and language therapist to be assessed. We were provided with evidence the choking risk assessment was completed and a referral was made to speech and language therapist after the inspection. Other referrals had been appropriately made. The registered manager confirmed subsequent to the inspection they had recently spent more time at the service and their allocation of days was dependent on who needs their support.

The registered manager continued to complete monthly care plan audits to ensure that they were up to date. The service had maintained their '5' star National Food Hygiene Rating. We saw from the documentation in the care plans and other records that there was good communication with other professionals.

The registered manager engaged with the staff team, holding regular staff meetings and supervision meetings so staff felt valued and included. Staff we spoke with said they "enjoyed" working at the service. They were also aware of the management structure and told that they felt supported in their roles. The registered manager proudly told us about people's achievements including being able to go on holidays.

Meetings were held that so that people could discuss activities and any issues they had. People's views were recorded and followed up by their key workers. This meant people living at the home were able to express their views and that they were being listened to. We looked at the minutes of the staff meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager on a regular basis, including health and safety and medicines management. There was a service review by external organisations. This was used to look at the service and provide feedback. Feedback from audits was used to make changes and improve the service provided to people. Relatives told us that they were asked to review the service on an annual basis. One relative said, "If I had any issues, I wouldn't have any concerns about raising them. They are very open."

Registered providers are legally required to display the rating awarded by the Care Quality Commission. We noted this information was visible in the front lobby area.