

Autism Hampshire

Armstrong House

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We carried out a focused unannounced inspection on 11 February 2016 to check whether Armstrong House had taken action to meet the requirements of three warning notices we issued on 23 November 2015. This report only covers our findings in relation to these topics.

We undertook an unannounced comprehensive inspection at Armstrong House on 22 and 25 September 2015 at which breaches of regulations were found. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Armstrong House' on our website at www.cqc.org.uk.

Armstrong House is registered to provide accommodation for up to six younger adults who have a learning disability or autism and who require personal care. At the time of our inspection two people were living at Armstrong House.

The home had 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.

Action had been taken to meet the warning notices issued following the inspection in September 2015. The registered manager and provider's representatives were aware of key strengths and areas for development of the service. Quality assurance systems were in place using formal audits and regular contact by the provider and registered manager with people, relatives and staff.

People's healthcare histories were known and they had access to healthcare services when needed. Medicines were managed safely.

Risks were assessed and managed safely. Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely.

There were enough staff with the necessary knowledge and competency to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. Staff received appropriate training and were supported in their work.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

Systems were in place to ensure people received their medicines as prescribed. Individual and environmental risks were managed appropriately.

There were enough suitably skilled staff to meet people's needs. Staff were aware of how to respond in an emergency situation.

We could not change the rating for this key question from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Inadequate ●

People's health care needs were known and action was being taken to ensure these were met.

Staff were suitably trained, skilled and knowledgeable about people's needs and received support through supervision and staff meetings.

We could not change the rating for this key question from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Inadequate ●

A manager had been appointed who was now registered with the commission to run the home. Action had been taken to meet the warning notices issued following the inspection in September 2015.

Quality assurance systems were in place using formal audits and regular contact by the registered manager; the provider's senior management team; people; relatives; and staff. Policies and procedures had been reviewed and were available for staff.

We could not change the rating for this key question from inadequate because to do so requires consistent good practice over time. We will check this during our next planned

comprehensive inspection.

Armstrong House

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 was a focused inspection to check if the provider had taken action to address concerns identified at the previous inspection undertaken in September 2015. We checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 11 February 2016 and was unannounced. The inspection was carried out by one inspector. We inspected the service against sections of three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led. This is because the service was not meeting legal requirements in relation to these questions at the previous inspection in September 2015.

We reviewed the previous inspection report and information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We met both people living in the home. We spoke with the registered manager, both staff on duty and the provider's representative. We observed staff interactions with both people in communal areas, and looked at care plans and associated records for them both. We also checked medicine administration records, records relating to staff training and support, some of the provider's policies, procedures and records relating to the way the provider checked the quality of the service provided.

Is the service safe?

Our findings

At the last inspection we found that people were not receiving a safe service and issued a warning notice telling the provider they must make improvements. Medicines were not managed safely, risks were not risk assessed effectively, action was not always taken to reduce the risks and there were insufficient suitably qualified and experienced staff. At this inspection we looked at the action that had been taken to meet the requirements of the warning notice only. We found improvements had been made and action had been taken to meet the warning notices.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Neither of the two people were self-administering their medicines; however, we were told new procedures were in place should a person be assessed as able to self-administer some or all of their medicines. For 'as required' medicines there were individual guidelines for staff as to when these should be administered. A daily audit of all boxed medicines was completed which staff stated helped ensure new medicines were ordered prior to supplies running out. A full weekly medicines audit was also completed to identify any discrepancies in the number of medicines held and records of those administered. Medicines were administered by staff who had undertaken relevant training and been assessed as competent to administer medicines. Staff described the medicines administration procedures which correlated to the provider's updated medicines administration procedure. There were suitable systems in place to ensure people received other prescribed medicines such as topical creams.

Risks to people were managed safely. Both care plans included risk assessments which were relevant to the person and specified actions required to reduce identified risks whilst promoting the person's independence and choice. For example, where a person placed themselves or others at risk there was clear guidance for staff as to what the risk was and action they should take to minimise the risk. Where risks to people's health had been identified action had been taken to support people to access health services. A system was also in place to capture details of all accidents and incidents so any patterns could be identified and action taken to reduce the likelihood of recurrence.

Environmental risks were assessed and managed appropriately. Essential checks on the environment, such as fire detection equipment, were completed. Emergency information and equipment was accessible to staff who were able to describe the action they would take in the event of various emergency situations. Staff had received training in fire awareness and first aid.

There were sufficient staff with the necessary skills and experience to meet people's needs. Due to the increased staffing levels and competency of staff people were now able to access the community and were being supported to develop their skills and interests. Interactions observed between both people and staff showed staff understood the people and were aware of how to support them appropriately. Senior staff who provided on call telephone support said "Staff contact us less frequently and are now able to resolve more issues on their own". Staffing levels were based on the individual needs of the people living at Armstrong House. At the time of the inspection additional staff were being provided due to the increased support

needs of one person. Staff told us there was less reliance on the provider's bank staff or agency staff. They said that where these were required, consistency for people was achieved by using the same bank staff or by existing staff undertaking additional shifts. Duty rosters confirmed this. The registered manager described how they considered staff skills when assessing the roster and ensured that there was always a suitable skills mix for staff on duty. They told us they would, on occasions, work shifts if necessary to maintain the necessary skills levels required.

Is the service effective?

Our findings

At the last inspection we found that people were not receiving an effective service and issued a warning notice telling the provider they must make improvements. People's individual health needs were not known or met and they were not being supported to develop skills. Staff had not received all necessary training and were not supported by managers. At this inspection we looked at the action that had been taken to meet the requirements of the warning notice only. We found improvements had been made and action had been taken to meet the warning notices.

Staff showed a good understanding of the needs of people living at Armstrong House. They knew how to adapt their support to meet the changing needs of people with autism. We observed positive interactions between staff and both people. Staff knew what was important to people and responded appropriately to them.

People were able to access healthcare services. Health action plans were in place for both people. These detailed their health history and identified any ongoing healthcare needs and how these should be met. Action had been taken when new health needs had been identified. For example, one person had lost weight and they were referred to the GP, who requested a blood test. The person had been supported to attend the GP surgery to have the blood test but had declined once at the surgery. Staff had a plan to help the person become familiar with the procedure and therefore agree to a blood test in the future. Due to the person's anxieties about moving to a new home this had been appropriately postponed until they were more settled.

People were cared for by staff who had received appropriate training. The registered manager stated that staff were now more confident to support people who may present a risk to themselves or others. This meant people were able to enjoy more active and fulfilling lives. Staff had completed a range of training relevant to their roles and responsibilities including specific training related to autism. Systems were now in place which identified when staff required update training. This showed that most staff had completed most of the training they required. Further training was booked and was recorded on duty rosters. New staff completed a comprehensive induction programme. Arrangements were in place for staff new to care to complete the Care Certificate while being supported by an experienced staff member acting as their mentor. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people.

Staff told us they were supported appropriately in their role by the registered manager and said they felt valued. Staff told us they were now receiving regular formal and informal support and supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. Records of supervisions which had taken place showed a formal system was used to ensure all relevant topics were discussed. Staff meetings and handovers between shifts were held, providing opportunities for group supervision and discussion. All staff had received an appraisal with the registered manager.

Is the service well-led?

Our findings

At the last inspection we found that Armstrong House was not well led and issued a warning notice telling the provider they must make improvements. Management systems had not ensured that the breaches of regulations and compliance requirements we made in June 2014 were acted on. The provider's quality monitoring systems had not ensured that people were receiving safe, effective, responsive care or led to improvements in the service provided. At this inspection we found improvements had been made. Action had been taken to ensure the three warning notices issued following the inspection in September 2015 had been met. We could not improve the rating for well-led from inadequate because to do so requires consistent good practice over time.

The provider had sought the views of people who used their services in December 2015. The registered manager identified that the format used had been inappropriate for two of the people then living at Armstrong House and was looking at alternative formal methods by which their views could be assessed. Staff were positive about the changes which had occurred at Armstrong House. One staff member described the changes as "brilliant" and spoke positively about the achievements and the future. They said they felt well supported by the registered manager and felt that they could go to them for support whenever this was required.

Since the previous inspection the provider had recruited a new manager for Armstrong House who had completed the process to register with the commission as the home's 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. The registered manager was in day to day charge of Armstrong House. Discussions with them showed they were aware of the support both people required and how this should be provided. We observed people were relaxed with the registered manager and confident to discuss topics of interest with them. The registered manager had a good understanding of the way people living with autism should be supported and was able to direct staff to ensure best practice was implemented.

There was a management structure in place consisting of a registered manager, deputy manager, senior and junior care staff who had individual responsibilities. Staff told us they felt supported by the home's management. Staff said "[The registered manager] is really supportive; I can go to them about anything. If we have a problem they'll sort it". The provider had a senior management structure also in place including a new adult services manager had been employed who conducted visits to assess the quality of the service at Armstrong House.

The provider had introduced new quality monitoring systems including visits to the service by senior managers, including the newly appointed adult services manager. The process for the visits was formalised and the registered manager was provided with a report and action plan following the monitoring visits. Auditing of key aspects of the service, such as care planning, the environment, medicines and infection control were now in place and effective. Senior staff had been given specific areas of responsibility and

undertook daily and weekly audits. These audits were helping to identify areas requiring further improvement. For example, the registered manager told us audits had identified a need to improve the daily record keeping by care staff as the level of information was insufficient to provide a full and detailed record. For example, staff were not recording when people had refused activities or personal care and what action staff had subsequently taken. The registered manager described how they aimed to address this area and improve record keeping. They had produced examples of how the daily records should be completed and planned to discuss these individually with care staff during supervision sessions.

The registered manager was aware of key strengths and areas for improvement. All the people who had been living at Armstrong House were in the process of moving to a nearby home owned by the same provider. The registered manager of Armstrong House was also the registered manager for the new home. They described the actions that had been taken to support people to understand and manage this change. People and their relatives had been involved in the process and were aware of what was occurring.

The provider had a range of policies and procedures which had been adapted to the home and service provided. We saw these were available for staff in the office and most had been reviewed and updated since our previous inspection.