

Homes Caring For Autism Limited

Hilltop

Inspection report

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Date of inspection visit: 24 September 2015

Date of publication: 17/11/2015

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 inspected this service on the 24 September 2015. This was an unannounced inspection. At our last inspection in October 2013 no concerns were identified.

Hilltop provides accommodations for up to seven people who could have a learning disability or autism and who require accommodation and personal care. At the time of this inspection there were seven people living at the home. Hilltop has seven double bedrooms all with en-suites, a communal kitchen, dining room, lounge, sensory room, two offices, front and rear gardens.

There was a registered manager in post. 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.

Relatives and staff all felt people were safe. There was a safe system for the recruitment of staff and people were supported by staff who were trained and competent in

Summary of findings

their role. There were safe systems for administering medication. Actions were taken to ensure people were safe from abuse. Incidents and accidents were managed and care plans updated when required.

People were supported by staff who knew them well and who were competent and skilled. During our inspection there was a new manager who was taking over from the registered manager. The registered manager confirmed they planned for the new manager to become the registered manager. Managers provided effective leadership and relatives and staff all felt happy to talk to the registered manager or the new manager. People were supported by staff to access professionals; positive outcomes were achieved from their advice and support.

People were cared for by staff who had a strong emphasis on caring. People had their privacy and dignity respected. The atmosphere of the home was relaxed and people were involved in personalising their rooms with their

chosen wallpaper and colours. Staffing levels were meeting people's individual needs and staff were skilled in communicating with people, especially if people were unable to communicate verbally.

People, relatives and staff views were sought on the service. Feedback received was positive. There was a complaints and easy read policy in place. Complaints were actioned and addressed with learning opportunities sought to prevent a reoccurrence. People were part of their local community and were supported by staff to ensure they were safe. People and relatives were involved in care planning and activities were individually chosen.

The registered manager undertook effective quality assurance systems and demonstrated actions were completed following areas of concern. Staff felt supported and recognised for their personal commitment. They were nominated for their attendance and personal contributions to the service. The registered manager and staff demonstrated the values of the service and were supported to develop within the organisation.

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.

Risks to people were assessed and reviewed and staff were able to show how they keep people safe.

There was sufficient staff available to meet people's assessed care needs. Recruitment procedures were robust and ensured people were supported by staff who were of suitable character.

People received medicine safely by staff who were trained and competent in administering medicines.

Good



Is the service effective?

The service was effective.

People were supported by staff who were skilled and competent to meet their individual care needs.

People were supported by staff and managers who knew them well.

People were supported by staff to make decisions about their care in accordance with current legislation. Where restrictions were placed upon people, staff ensured people were enabled to continue living their life in accordance with their care preferences.

Good



Is the service caring?

The service was caring.

Staff were kind and caring towards people and relatives felt happy with the support staff provided.

People were supported with hobbies and interest that were important to them along with support to maintain relationships with people that were important to them.

People received care and support from staff that protected their dignity.

Good



Is the service responsive?

The service was responsive.

People's care plans were individual and personalised. People and relatives were involved in the care planning process.

People, relatives and staff were sought their views. Feedback was positive.

Where complaints were raised the provider ensured these were actioned and responded to. They used complaints as a learning opportunity to prevent a recurrence of the issue.

Good



Is the service well-led?

The service was well-led.

The aims and the values of the service were demonstrated through staff's commitment to their work.

There were effective quality assurance systems in place to monitor the quality of the service and drive improvements.

Good



Summary of findings

<p>The staff and managers felt well supported and they were recognised for their individual contributions to the service.</p>	
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Hilltop

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 inspection took place on 24 September 2015 and was unannounced. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of experience was learning disabilities and autism.

The service was previously inspected on 1 October 2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the

Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

People had communication and language difficulties associated with their learning difficulty. We therefore used our observations of care and discussions with people's relatives and staff to help us form our judgements.

We spoke with four relatives, three members of care staff, the registered manager, the manager and two health care professionals who regularly visited the service. We observed care and support in communal areas and looked at four people's care records. We also looked at records that related to how the home was managed and three staff files and records.

Is the service safe?

Our findings

People had communication difficulties associated with their learning difficulty. People's relatives, staff and professionals all told us they felt Hilltop was a safe place. Relatives told us, "Yes, it is a good safe environment" and "He seems to be safe, security is pretty good". Staff told us, "Yes I believe people are safe". Professionals told us, "I have no concerns".

Staff had received training in safeguarding adults. Staff were able to explain the services available and the local authorities' procedure in relation to the safeguarding of adults. Records showed the service was actively involved in helping to ensure people who use the service were safe and protected from all types of abuse. For example we found previous safeguarding referrals and actions taken to ensure concerns had been identified and new guidelines put in place. Where the home had previously had concerns in relation to two people these had been reported to the appropriate authority and actions taken to protect the individuals concerned.

People's care plans included detailed and informative risk assessments. These documents had clear identified risks and specific guidance for staff on how people should be supported in relation to the identified risk. Where accidents and incidents had occurred these had been documented and investigated with risk assessments updated when required.

There were personal plans in place for emergency situations. For example, people had their own emergency evacuation and missing person plan. The plans contained what support the person would need from staff in an emergency and any concerns staff would need to be aware of. Staff had access to personal alarms to enable them to summon help in emergency situations.

People were supported by staffing numbers which ensured their safety. The registered manager confirmed staffing numbers were calculated on the dependency of the people living at the home.

People's dependency was clearly documented in their care plans and we observed during our inspection this support provided. Rotas were planned in advanced to ensure sufficient staff with the right skills were on duty. There was a small turnover of staff and the registered manager confirmed sickness levels at the home were low. The home did not use agency staff and the registered manager confirmed if they required additional staff this would come from other homes owned by the provider.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Three staff files confirmed checks has been undertaken including, identification, references of the staff's character and their suitability to work with the people who use the service.

There was a disciplinary policy in place and the registered manager actioned this when required. Staff confirmed they were happy to raise any whistleblowing concerns with the management and felt it would be dealt with quickly.

People received medicines safely from staff who were trained in administering medicines. Systems were in place to ensure that medicines were ordered, stored and administered and recorded to protect people from the risks associated with them. People had their own medication cabinet within their room and there were individual guidelines in place with how people liked to take their medication. There were pictorial cards to enable people to indicate if they were experiencing pain, for example from a cut. Specific protocols were in place to support people who at times were reluctant to take their medication. For example, informing the GP and obtaining advice on when to next administer the medication if only some of the medication had been administered. There was robust procedures for investigating medicines errors and clear actions taken on lessons learnt.

Is the service effective?

Our findings

Staff and managers knew people well. They spoke caringly about people and were able to explain people's individual care needs. One relative confirmed how supportive staff had been to their son who had required medical appointments. They told us, "Staff support very well, with appointments and blood tests".

People were supported to access a variety of health and social care professionals if required. For example, one person had been referred to a speech and language therapist. Their care plan had been updated and a communication passport was in place to support and assist staff with their individual methods of communication. A communication passport gives staff clear guidelines to follow on how the person communicates and detailed information relating to that person's requirements. People used different methods of communication such as objects of reference, physically leading staff to show them what they wanted and communication boards. Staff knew people well and were able to interpret their body language or non-verbal communication. People's care plans contained a lot of detail about how each person communicated and care staff completed a 'this is me' portrait of themselves. This gave people they worked with information relating to what the staff member likes to do and a picture of themselves. This supported people to get to know staff.

Staff sought people's consent before they provided care and support. For example, one person was being supported by staff with their morning routine. The member of staff told us how they were involving the person to make their own decision about getting out of bed, and washed and dressed. The member of staff confirmed how it was the person's decision to get up. They told us, "[Name] doesn't want to get up at the moment, so we will give them a little bit more time and then see if they are ready to get up later".

The rights of people who were unable to make important decisions about their health or wellbeing were protected. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. People had mental capacity assessments where they were unable to make decisions. They covered a range of health and welfare decisions and involved

significant others in the decision making process. For example one relative told us, "We have been involved in best interest decisions, the home keeps us very well involved".

At the time of our inspection all people at the home were being restricted under the DoLS. The correct guidance had been followed to ensure this restriction was lawful and in people's best interests. People who had DoLS authorisations in place were supported to leave the home with the right level of support to keep them safe. For example, one person who had a DoLS authorisation in place to prevent them from leaving the home unsupervised was supported by staff to undertake an activity of their choice. This meant people who were being restricted under the DoLS still had their care preferences met.

Staff were flexible in their approach to mealtimes and people were well supported. People were able to choose what they ate, where and when. For example one person was supported to eat their breakfast in their own living space, another person had breakfast in the dining area. Both meals were served at different times. There was a four week seasonal menu that was based on people's known preferences. Care plans had likes and dislikes relating to meals and drinks. Staff confirmed each person could choose to have the main meal or something else of their choice.

People were supported by staff who had the knowledge and skills required to meet their needs. The manager told us it was essential that staff were competent and confident to undertake their roles at the home. Staff had access to a variety of training courses. For example, safeguarding, manual handling, fire safety, medicines management and infection control. Staff felt they had access to various training. One member of staff told us, "I have had training in infection control, administering medication, autism, positive behaviour training, food hygiene, and safeguarding". They felt the training available was good.

New staff were required to undertake a probationary period of induction which included shadowing and supervision. The manager was responsible for staff training, the training matrix confirmed training staff had attended. Staff had access to specialist training when required. For example, staff had received specialist autism training. A

Is the service effective?

specific programme of training had been developed to support the needs of one person living at the home. This meant people were supported by staff who had received training relating to their care needs.

Staff received supervision and annual appraisals. A robust programme of supervision was in place and was undertaken every four to six weeks. One member of staff

told us, “I get well supported, supervision is monthly, more or less”. Supervision covered topics such as support, training and professional standards. Safeguarding was incorporated into every supervision sessions using examples from practice. This demonstrated that staff understood safeguarding and could apply to their everyday practice. All staff had an up to date appraisals in place.

Is the service caring?

Our findings

Relatives and staff were happy with the care at the home. Relatives confirmed how good staff were and how they treated people well. They told us, “Staff are good, and this is the best autism home we have been too” and “I can’t fault them in anyway, they have been very good”. The atmosphere of the home was calm and relaxed. Relatives that we spoke with felt the home was relaxed and the environment was warm and relaxing. They told us, “The environment is also good” and “I would be able to tell if [Name] wasn’t happy, he is always happy to see us when we visit, we would know if he wasn’t happy”.

During our inspection we observed one interaction that did not demonstrate the person was always included. For example, one person was sat in the lounge. We observed a conversation that was about the person but that was not involving them. They were able to hear all that was being said. We fed this observation back to the registered manager, who confirmed they would address this practice.

Caring relationships had been developed between staff and people. The registered manager and a member of staff confirmed how they cared about people and how it upset them when they were not well. For example, one member of staff said, “It is upsetting to see, [Name] not well, we will try their GP later”. Another member of staff confirmed how one person was not themselves. They told us, “[Name] isn’t themselves today, we are trying to see if we can make them feel better by offering lots of different things”.

People had their rooms decorated to their personal wishes. Care plans confirmed people’s likes and dislikes relating to colours. Relatives told us that areas of the home were decorated nicely and one person had a new bedroom to come back to after their holiday. They told us, “[Name] has

just had their bedroom decorated, we go to see it tomorrow” and “The home is always clean”. Bedrooms were personalised with different wall papers and colours. Staff confirmed this was done by showing people samples and them picking what they wanted. Some people had customised prints near their rooms and these prompted people to recognise where their rooms were.

People were supported to maintain their dignity. For example, two people’s bedrooms looked out onto the street and road below. The manager confirmed a frosted screen had been put up against the glass to protect the person whilst they were getting dressed. This screen protected people looking in but still allowed the person to enjoy the view from their room. The service had three members of staff who were dignity champions. They attended meetings and training related to dignity and brought back topics to share with the rest of the staff team relating to good care practices.

Care plans included people’s personal interests and hobbies. Relatives we spoke with confirmed how important it was for their loved one to undertake activities that reflected their personal interests. One parent told us, “[Name] loves walking and we know that he does this a lot”. This meant people were supported to access interests and hobbies that were personal to them.

People were supported to maintain relationships with people who were important to them, such as family. Two people were away on holiday at the time of the inspection. We spoke with their relatives, they both confirmed what an enjoyable experience it had been for these two people. All relatives we spoke with confirmed they visited and kept in touch regularly with the home. They told us, “I keep in regular contact” and “I am visiting this weekend, we also feel involved and up to date with what is happening”.

Is the service responsive?

Our findings

People and their relatives participated in assessments and planning of care as much as they were able to. People's care plans were detailed and informative and were up dated following reviews and assessments. Care plans provided staff with guidance on each person's individual needs. Details of people needs were comprehensive and included guidelines for staff to follow. One care plan informed staff that the person was only allowed into cars which had green go stickers in them. These cars were either owned by the person of the service. For example 'Green stickers for [The person's name] means cars they can enter'. One member of staff told us, "[Name] now only enters cars with green stickers before they used to try and enter everyone's cars, it has worked really well and there are now no incidents."

During our inspection people undertook regular planned activities for example, two people were away on holiday and another person went swimming. People were well supported having one to one support with their activities. People had choice around their activities and one person spent time with their parent in their flat and the communal lounge. Staff confirmed many of the activities had been developed over time from what people liked to do. Part of their care planning was to encourage people to expand on their activities. For example staff were working towards one person catching the bus. They confirmed part of the persons activity was to start walking along the bus route to develop them towards catching the bus rather than walking everywhere. This meant activities were developed with people and there were opportunities to achieve greater independence.

People were supported to be part of their local community. Hilltop was close to the shops, cafés and restaurants. Staff

explained that they tried to use local amenities if possible, such as the local swimming pool, rather than one further way in a larger town. This was to encourage people to become part of their local community. There was a front and rear garden that was furnished with garden chairs, tables, a swing and a raised vegetable patch. The registered manager confirmed there were plans to develop the back garden so that it could be accessed throughout the year. There was also a communal sensory room that people could assess as they wished. It had soft chairs, sensory lights and was a quite area where people could go as they wanted.

There was a complaints policy and an easy read version was used to gain regular views with how people were feeling about their care. There had been four complaints in the last 12 months. These complaints had been resolved and response letters confirmed actions taken. Staff meeting minutes confirmed actions taken and learning opportunities to prevent similar issues occurring. One relative explained where they had raised a complaint this had been actioned. They told us, "I complained about the chairs. They were replaced". They also felt staff were knowledgeable and trusted them to be right, they said this was because they always explained why they were doing what they do. One parent raised a query with us, we passed this onto the registered manager to investigate. All other relatives we spoke with felt happy to raise any concerns they had with the registered manager.

People, relatives and staff were encouraged to give their views of the service. Questionnaires had been adapted to enable people to give their views. Feedback was positive. People and relatives praised the level of care and support provided at the home. One relative said, "The staff are always kind and supportive and I cannot thank them enough."

Is the service well-led?

Our findings

A registered manager was responsible for the service. During the inspection the registered manager was supported by a new manager who was soon to take over the management of the home. They confirmed the new manager had been learning the role working along side them for the past few months. This meant the new manager was being supported to learn their new role from the previous manager.

Staff were aware of the values for the service. Whilst talking to the managers and staff they demonstrated how they cared for people. They confirmed how important it was to involve people with their care and to provide it safely and compassionately. One parent we spoke with told us, "This is the best autism home we looked at. We like the atmosphere and staff are very good." The Provider Information Record (PIR) confirmed the provider's values as involving people and providing compassion and safety care as well as dignity, respect, equality, diversity.

There was a notice board within the communal area of Hilltop. It displayed photos of staff on duty, their names and the date, day and weather. One person had their activities pictures displayed. This enabled them to review the activities planned that day should they wish to. Other pictorial symbols were displayed throughout Hilltop so that people could view planned activities throughout the day. Staff updated these during our inspection. This meant people had access to information which enabled them to be independent.

Relatives felt all staff were approachable and that the managers were accessible. One parent told us, "The staff team are approachable and available to talk to me [Name key worker] is there most of the time, other staff are always approachable and there is always someone in charge."

Staff were encouraged to develop themselves and there were regular awards won by staff regarding their positive contribution to care. One member of staff had won the

outstanding contributions to care award in the South West. They confirmed they were now awaiting the London awards where they had been put forward for the Great British care awards.

Staff were happy and felt well supported by the manager and provider. They told us, "I have worked for the company for eight years and feel very well supported" and "I can't fault them, they are knowledgeable and passionate, they're happy to let you pick their brains." The manager confirmed the director of the company visits the house regularly (at least every six weeks). The provider has its own communication specialist and positive behaviour management specialists. The manager told us, "Here you can make progress, building relationships. We never use agency, we use staff who know the service users well." Other staff also felt the house had a "Happy staff team". They confirmed they "Absolutely love working here, the service users are a joy to work with. When [Name] smiles it makes your day."

The service used an 'Absence and performance management policy.' The registered manager confirmed how this supported staff including how they undertook return to work interviews. Return back to work interviews allow the staff member and manager to discuss any concern the staff member might have on returning back to work. Staff were put forward into a staff raffle if they had not been sick in the previous month. The registered manager told us they would then pick one person who was rewarded for their attendance. One member of staff had been at the home for 11 years and had never reported sick. Staff were also rewarded for long service. This meant staff were recognised and contributions were celebrated.

The home's records were well organised and staff were able to easily access information from within people's care plans and notes. Regular audits to monitor the quality of care and identify areas where improvements could be made had been completed. The registered manager was responsible for managing these actions and ensuring there completion. Improvements were seen to care plans following the registered managers audits which identified areas of improvements.