Avon Autistic Foundation Limited

Ann Coleman Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an unannounced inspection of Ann Coleman Centre on 28 June 2016. When the home was last inspected in June 2014 no breaches of the Health and Social Care (Regulated Activities) Regulations were identified.

Ann Coleman Centre provides personal care and accommodation for up to seven people with autism. At the time of our inspection there were five people living at the home.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home ensured people were safe by having thorough and robust recruitment procedures. Staffing levels were safe and the use of agency staff was planned carefully. Risk assessments were in place to enable people to maximise their independence whilst remaining safe.

Medicines were administered safely and regular checks were undertaken. People were involved in ensuring support they needed in regards to nutrition and hydration was in place. There were effective systems to regularly monitor and test equipment to ensure it was safe for the intended use.

There was a comprehensive induction programme to support staff when they started in post. Staff received regular training.

The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. Senior staff members kept clear records of the steps taken in the DoLS process. Conditions made as part of the authorisation were being met. Staff were aware how the Mental Capacity Act 2005 was relevant to their role and applied the guiding principles through choice and enablement.

Care and support was person centred. People were supported in their access to healthcare in individual ways that suited people's needs. Records kept about people's healthcare were clear and accurate. People and relatives spoke positively about the activities and opportunities on offer at the Ann Coleman Centre.

We observed positive relationships between people and staff. Staff knew people well and respected people's dignity and privacy. Positive comments were made by relatives about staff's kind and caring approach. Care records described people's preferred method of communication.

The home was not always well-led. Policies, procedures and assessments had not always been kept up to

date or reviewed when specified by the home. There were limited systems in place to gain feedback from people living or involved with the home. Regular staff meetings were arranged. This enabled staff to provide consistent care. Staff felt valued in their roles and commented about the positive support given to them by senior staff members. The current management structure was not always clear to people outside the home. A range of audit systems were in place to check the quality of care provided to people.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

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 home was safe.

Medicines were administered and managed safely.

Staff knew how to identify and report safeguarding concerns.

Recruitment procedures were followed and staffing levels were safe.

Risk assessments were in place to help keep people safe whilst promoting independence.

Is the service effective?

Good

The home was effective.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005.

The requirements of the Deprivation of Liberty Safeguards were being met.

Staff were supported through effective induction and supervision.

People's nutrition and hydration needs were met.

Is the service caring?

Good

The home was caring.

Staff treated people with kindness and respect.

People were involved in their care and were supported to be independent.

People's privacy was respected.

Is the service responsive?

Good

The home was responsive.

Care and support was person centred.

A range of activities were provided in accordance with people's wishes.

The home had a complaints procedure. Complaints were investigated and changes made in response.

Is the service well-led?

Requires Improvement

The home was not always well-led. Policies, procedures and assessments had not always been reviewed as specified.

There were limited systems in place to gain feedback from key people.

The home and staff reflected the values of the provider. Staff felt supported in their role.

There were effective systems in place for staff communication.

Ann Coleman Centre

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.

The inspection was carried out by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

The people at the home had autism and were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home.

During the inspection we spoke with three people living at the home, the registered manager and four staff members. After the inspection we spoke with three relatives of people that lived at the home. We looked at three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "Yes, I am happy here." People said they could come and go as they pleased but liked having staff there for support when they needed it. We observed staff supported people to remain safe when they became anxious. One relative said, "[Name of person] is safe and well looked after." Another relative said, "He is safe and settled."

Medicines were administered safely. Medicines were received at the home every four weeks. A senior staff member checked and signed them onto the Medication Administration Records (MARs). Medicines were stored in a locked cabinet. A system was in place to monitor the storage temperatures to ensure medicines were kept as directed. Staff received regular training in the administration of medicines and were observed in their practice to check competency. There was regular auditing of medicines to ensure they were stored and administered safely. There was clear guidance for when 'as needed' medicines may be required. It was noted on the MAR sheets that there was no indication if people had any allergies or not. A senior staff member said this would be added. One person chose to take their medicines at a different time than was recorded on their MAR. Staff recorded the time they took their medicines. A senior staff member said this had been discussed with their GP to ensure it was safe however, they would make sure the prescription was amended to reflect this difference.

Individual risk assessments identified potential risks to people and gave clear guidance to staff on how to support people safely. Assessments included risks such as diet, water safety and behaviours which may be viewed as challenging. For example, we reviewed an assessment detailing how someone was at risk of scalding themselves due to a lack of awareness of water temperatures. Staff were directed to always check and record the temperature of the bath.

Staffing levels were safe. We reviewed the staffing rotas from the previous eight weeks and the number of staff was consistent with the planned staffing levels. There was currently one full time vacancy which was being recruited for. When agency cover was required this was planned thoughtfully as some people could become anxious or distressed by unfamiliar faces. An on-call management system was in place for when staff were lone working or if an emergency arose. One member of staff said, "Staffing levels are good." One relative said, "There is enough staff. There is always staff around."

An agency induction was in place to ensure agency staff had essential information and clear procedures to follow to keep people safe. A senior staff member was developing new 'communication passports' which gave information on how to communicate and support people safely and in their preferred way. These were now in place for two people. This enabled new or agency staff to refer easily to this documentation.

The home had safe recruitment processes in place before new staff commenced employment. Staff files were well organised and showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain vulnerable groups of people. A checklist detailed steps taken in

the recruitment process and when important information had been requested and received. Any information that required following up was recorded.

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received training in safeguarding vulnerable adults and it was included in the induction process. This was confirmed with the staff with spoke with. Staff were knowledgeable about the different types of abuse and how to recognise potential signs of abuse. Staff said they would report any concerns to a senior member of staff. One staff member said, "I would approach my line manager if I had any concerns." A senior staff member showed they knew the procedures the home would take should a concern needed to be shared with the local authority safeguarding team.

Staff had regular training in fire awareness and had completed a questionnaire in May 2016 to check their understanding of fire safety. One staff member said, "We had a questionnaire to test our knowledge." Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. Practice fire drills took place to ensure staff and people living at the home knew the procedure to follow. A senior staff member told us that all people living at the home responded to the fire alarm appropriately. However, this was not documented.

We reviewed records which showed that appropriate checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of electrical equipment, the stair lift and kitchen appliances. There were also certificates to show testing of fire safety equipment and gas servicing had been completed. A health and safety check was completed as part of the senior managers meeting held at the home on a regular basis.

Staff reported and recorded any accidents or incidents that took place. We saw that incidents led to risk assessments being reviewed and changed if action was needed to minimise the risk of reoccurrence.

Good

Is the service effective?

Our findings

People received effective care. People told us they were happy with support they received. One relative said, "He is very happy and settled."

We found staff received regular training in a variety of subjects. The records showed staff had completed training in first aid, diversity and equality and food hygiene. One member of staff said the training provided was, "Quite good." The provider facilitated staff to pursue further nationally recognised qualifications in health and social care

New staff completed an induction programme when they joined the organisation that was aligned with the Care Certificate. One member of staff said, "The induction was really good. I was trained properly." The induction consisted of three stages, which focused on the different skills and knowledge new staff needed to gain. The provider took time with new staff to ensure they were trained to the standard they expected. The induction also went into fine detail of how people living at the home liked things to be done. For example daily routines, personal preferences and domestic tasks. This was important for people living at the home, as small tasks not done in accordance with people's usual routines could be unsettling due to their autism. The latter stages of the induction focused on specific knowledge and practice around working with people with autism. New staff shadowed a more experienced member of staff. One member of staff said, "I felt confident at the end of the process. I had a meeting with the manager at the end of my induction to check I was all OK. I could have taken longer if I had needed." We noted that checklists in place to ensure staff had completed all areas of the induction process were not consistently signed off. A senior staff member said this would be addressed.

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.

Best interest meetings are held when a person lacks the capacity to make a particular decision about their care and treatment. These are held with relevant people for example, family, staff from the home and health and social care professionals. We reviewed meeting minutes which showed the involvement of people in meetings about their care and support.

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 application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider had met their responsibilities with regards to the Deprivation of Liberty Safeguards (DoLS).

Appropriate applications for one person living at the home had been made. Conditions set out in DoLS authorisations were being met. For example, changes had been made within the care plan to ensure guidance to staff was clear and that a medicines review had been arranged. A senior staff member had notified the Commission as required when applications had been authorised and recorded this.

Training records showed that staff had completed training in the Mental Capacity Act (MCA) 2005 and DoLS and staff we spoke with confirmed this. Staff understood the principles of the MCA and how this applied to their working practice. One staff member said, "People make their own decisions for example, what they eat, who they see and what they want to wear." Care records gave clear information to staff about areas where people could make their own decisions and how people could be supported to make decisions, for example with the use of communication aids. One care record said, 'Can brush own hair. Chooses own clothes, needs support to not put on back to front'. One member of staff said, "We use Picture Exchange Communication Systems (PECS) to support people to make choices."

Staff said they received regular supervision and appraisals and this was confirmed in the records we reviewed. One staff member said, "I can voice my opinion in supervision. It is supportive." Another member of staff said, "We have supervision regularly. It is useful. I can discuss my keyworking role and request any training." Supervision records showed that matters such as the staff member's performance and role were discussed, together with development needs and staff well-being.

People told us they enjoyed the food provided. One person said, "The food is nice. I like the menu" Another person said, "Yes, I like the food." A relative said, "The meals seem good." People's weights were regularly monitored to ensure any changes were acted upon. The home supported people in recommendations made by health professionals around diet and nutrition. For example, one person was following a low fat diet. One person who was identified as being at risk in regards to their nutrition had been involved in discussions and developing a menu which suited them and met their needs. A three step menu had been created to support the person in making choices about what they wanted to eat.

People had a health action plan. This document showed records of health appointments and guidance on health care. Outcomes of any appointments, any further action needed and the next visit date was recorded. For example, after a dental appointment a person had 'plaque build-up on top right teeth.' Staff were directed how to follow the dentist's guidance. One relative said, "He receives regular healthcare. He had toothache, an appointment was made for that day." Another relative explained how the staff had supported their relative to have their medicines reviewed. A member of staff told us how a mobile optician had been arranged to come to the home for someone. This was because they became anxious visiting an optician and this method enabled them to have their eyes tested regularly.

People had a, 'hospital passport.' This was a document containing vital information about a person so it could immediately accompany them should a hospital visit be required. This was important as people may not be able to communicate necessary information to healthcare professionals such as their current medication or known allergies. The document described different behaviours and communications and how these may be presented.

Good

Is the service caring?

Our findings

People told us they were supported by staff who were kind and caring. One person said, "There is always someone to here to talk to." Another person said, "The staff are OK. I like doing activities with them." One relative said, "He is happy with the staff. He gets on with them. They understand him. He has got a good sense of humour and enjoys sharing a joke with staff."

People were not always able to tell us about their experiences. For some people, having an unfamiliar face in their home was unsettling and could make them anxious. Therefore our observations were respectful of this. We observed a member of staff reassure and support a person who was distressed and anxious. The staff member spoke calmly to the person We observed people participating with staff in their crafts activities. A member of staff said, "Would you like to do the cutting." The member of staff moved aside and gave the person space and encouragement in their task. Another person was engaged in painting. They were happy and comfortable in the presence of staff.

The home had received five compliments in the previous 12 months. One compliment read, "Would like to thank-you so much for the gift and support." Another card read, "Thank-you for all your support." Another card said, "Thank-you for all you do for [name of person] and the care he gets."

Family and friends were welcome to visit. Visitors were understanding of the needs of the people living at the home and how unexpected visitors could be unsettling. Therefore relatives we spoke with would usually pre arrange visits to the home or take out people out.

The home supported people's independence. One person said, "I can go out on my own. I like going round to the shops. I have got a bus pass and can use the bus." Another person said, "I can come and go as I please." People said they liked being independent but felt reassured knowing there was always a member of staff around if they needed. One person said, "There is always someone here to ask if I need support." One relative said, "Staff give him support. He would not cope on his own. He enjoys going out. It is like a family, his home from home."

We observed people being treated with dignity and respect. We saw staff ask people questions politely and kindly. We observed staff giving people the time they needed to get ready to do a task or to go out. Staff did not rush people and gave people prompts when appropriate. We observed staff knock on people's rooms and wait for a response before entering. One staff member said, "I respect people's privacy. If people are in their room, I knock and wait." When people wished to have time to themselves in their room this was respected. One person said, "When I want to be on my own, I can be in my flat."

People were involved in their own care. For example, we saw people had meetings to discuss certain aspects of their care. This gave people the opportunity to voice their opinions and discuss how they wished to be supported. It enabled people time to discuss any issues they were facing and how changes could be made.

Staff were knowledgeable about maintaining confidentiality within their role. One member of staff described this as, "Not taking information outside the house and valuing people's privacy."

Good

Is the service responsive?

Our findings

People told us the home was responsive to their needs. Care and support was person centred and met individual needs. One person said, "I love it here. It is the perfect place for me. I like having my own space but there is always someone here to help me." A relative said, "[Name of person] goes out a lot which she enjoys. There is a lot for her to do and be involved in."

Care records contained a photograph of people, essential information and people's background and interests. This included details of people's personal preferences. For example, in one care plan it said a person liked 'green tea and going shopping' but disliked 'changes in daily activity at short notice. Another care plan said the person, 'likes doing housework for example loading the dishwasher and changing their bedding.' The level of support people needed in different areas had been assessed. For example, with personal care, finances and domestic tasks. This described the type of support people required by staff to ensure people retained their independence. For example if people were independent, needed prompting or physical support.

People's preferred method of communication was described. This described people's verbal communication, gestures and signs. One member of staff said, "Communication is definitely the key." Included in care records and in a separate document was information about people's behaviour, how people may react to certain triggers and how staff could support people effectively. For example, how a person may be react to strangers or a change in routine. It also described if people preferred to be supported by a male or female carer.

The home was person centred. People's individual needs were met. We spoke with people who told us how the support suited them. One person said, "I don't like waiting for people, so I go out on my own. But other times I like having people with me so I go with the group."

People had an individual timetable of their chosen activities displayed in their care records. This was in 'easy read' and picture format. A board on the landing showed in photographs the members of staff that were on duty on different shifts and the different activities on offer.
People's timetable showed the activities people participated in at the day centre, in house activities such as domestic tasks and outings to the shops or places of interest. One person said, "I can go out when I want. I like to go the shop and buy my TV magazine."

People told us they were involved in different activities and they enjoyed the things they did. One person said, "I like the activities. I do some cooking." We saw that people went swimming, worked on the allotment, and participated in arts, crafts and music. One member of staff said, "Yes, there is enough for people to do. Lots of day trips and outings." The home was located in the same building as the day centre. People therefore had the benefit of the facilities of the day centre at all times. For example, the snooze lounge with lights and bubble machines, the computer room and music equipment. Relatives commented positively on the amount and variety of activities on offer for people and felt it was an area the home did particularly well in. One relative said, "Can do what activities he likes. He goes out a lot and thoroughly enjoys it."

People were supported to maintain relationships with family and friends. The home supported a person to regularly visit their family. The home had responded to circumstances within the person's family and had adapted arrangements accordingly. The registered manager told us about 'splash parties' that the home had arranged where people could have fun and socialise with other people. An annual Christmas party was also arranged. Senior staff said they were responsive to people's needs around Christmas as sometimes this can be a difficult time for people.

The home was developing its provision to take people on holiday. In 2015 the home had facilitated two people from the home to go on holiday. The home intended to offer this opportunity to more people. One person told us about their holiday last year and how they had such a good time they were going again this year. One relative said, "He really enjoyed going on holiday. This meant a lot to him." Another relative said, "I hope everyone has a chance to go on holiday as it has saddened me that [name of person] has not had a holiday away for a long time."

People had an allocated keyworker. The keyworker oversaw care and support and ensured areas people had identified in their care plan were being facilitated. The keyworker conducted regular checks to ensure all areas of care was at a good standard and people's needs were being met. For example this included checking the standard of people's rooms, clothing, and care records. People had regular one to one meetings with their keyworker. This gave people an opportunity to raise any issues and plan things they would like to do. One member of staff said, "I keywork [name of person]. They cannot always tell me how they feel or what they want. I make observations and record these." Regular reviews of people's care and support were held. Relatives were invited to attend. One relative said, "I am always invited to attend reviews." Another relative said, "I am invited to reviews on an annual basis."

People's rooms were personalised. People had arranged and decorated their room according to their personal preferences. There were pictures of people's choice on the outside of their door. One person showed us their room, they said, "I like my room." We observed how they had put the TV on the wall and had set up their music and other equipment how they wished. One person told us, "I like my flat. I asked for this. It is the best thing I could have." The home had made adaptations to their living space. This enabled them to have their own flat as having space to be by themselves was very important.

We observed people moving around the home and spending time in different areas of the home and garden as they wished. We saw that people got up for the day when they wanted and went out when they chose to.

The home had received one complaint in the last 12 months. We saw that a document recorded how the complaint had been investigated and what appropriate action had been taken to deal with the complaint effectively. Measures put in place to prevent reoccurrence had been maintained. It was recorded that the complainant was satisfied with the outcome. Relatives we spoke with said they were aware of the complaints procedure and would raise a complaint if necessary but would often speak a senior staff member first.

Requires Improvement

Is the service well-led?

Our findings

The home was not always well-led. We found that some policies, procedures and assessments had passed the review date as documented on them. For example, we found risk assessments relating to fire safety had not been reviewed since 2009. Documentation in the fire safety file said fire assessments would be reviewed every six months. There was also a previous assessment in the file dated 2004 and this made in unclear which document was in use. In 2016 an update had been made relating to the risks from smoking. A disaster policy was in place which gave procedures should the home experience emergencies such as a gas leak or electrical failure. However, this had not been reviewed since 2012 when the document said the plan was due for review in 2014. If procedures and assessments are not reviewed regularly they may no longer be meeting the needs of the people at the home.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there were limited systems in place to gain feedback from people, staff, relatives or other key people involved in the home. People had one to one sessions with their keyworker. This gave people the opportunity to discuss any issues and plan for things they wished to do. People had annual care reviews, which relatives confirmed they were always invited to. This gave an opportunity to discuss individual's care and support. However, other methods to find out key peoples experiences of the home had not always been explored. It is important for the home to monitor and evaluate different aspects of the service from a range of stakeholders and to use this information to develop and improve the home for people. The registered manager said that feedback about the home was welcomed and other methods of gaining feedback would be sought.

The registered manager was supported within the home by a team of senior staff members who undertook the day to day management tasks. The senior management structure was currently undergoing changes and a senior staff member was being trained in further management operations. Staff we spoke with were clear who further matters should be referred to within the senior staff team and spoke positively about the registered manager and senior staff members. One staff member said they were, "Caring, approachable and good." Staff said there was always someone to contact and an on call system was in operation for evening and weekends.

People and family members with spoke with were all happy with the way the home was managed. Relatives said they were kept informed about their family member. One relative said, "Yes, I am notified of things." Another relative said, "I can ring up the office and ask. We have a chat about how she is doing." However, we found relatives were unclear on the current management structure of the home. We found that relatives had often not met or spoken with the registered manager or other key senior staff members. The registered manager said this would be addressed.

Staff said the home represented the values of the organisation by always working in a person centred way. One member of staff said, "We have quality time to give people support." Staff said they felt well supported

in their role by the registered manager and senior staff team. One staff member said, "It is a positive place to work." Another staff member, "We work well as a team."

There were effective systems in place to ensure information was communicated within the staff team. One staff member said, "We share information between staff and have systems to support this." A shift plan was in place with prompts for different days on tasks staff needed to complete in relation to areas such as record keeping, cleaning and activities. There was a written and verbal handover at the beginning of each shift to ensure staff had the information they needed to care for people safely and effectively. Staff had a range of checklists they completed and signed off to ensure the home was kept safe, clean and tidy.

A senior staff member had recently started arranging regular staff meetings. Staff spoke positively about this change. One staff member said, "We have just started having team meetings. They are useful, a time to discuss things." We saw from the most recent meeting minutes that health and safety issues had been discussed as well as consistent approaches to supporting people. Senior staff members had achieved or were working towards nationally recognised qualifications in care. The registered manager and senior staff members spoke of being well supported by the provider. They were regular meetings with the provider to discuss any day to day issues.

Senior staff members undertook regular audits of the home to check that systems were safe and effective. These covered areas such as medicines, fire safety and nutrition. Audits did not always record the actions taken in response to identified areas. A senior staff member said this would be addressed.

The registered manager and senior staff members understood the legal obligations in relation to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the PIR within the timeframe allocated and explained what the home was doing well and the areas it planned to improve upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance arrangements had not been kept up to date.