Autism Care (UK) Limited

The Holt

Inspection report

Heath Farm, Heath Road, Scopwick, Lincolnshire.
LN4 3JD
Tel: 01526 322444
Website: www.autismcareuk.com

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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?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected The Holt on 25 September 2015. The inspection was unannounced. The last inspection took place in January 2014 and we found the provider was compliant with all of the outcomes we inspected.

The Holt provides personal care and support to people who live with complex needs related to the autism spectrum, and learning disabilities. The service can accommodate up to six people and there were six people living there when we visited.

The Holt is part of a larger site called Heath Farm, which consists of five other homes, an activity resource centre and a main administrative office. It is located within the Scopwick area of Lincolnshire.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered

Summary of findings

necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection five people who lived within the home had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS legislation.

There was an open and inclusive culture within the home and people were kept safe by staff who supported them in a way that minimised risks to their health, safety and welfare. They were supported to engage in a range of personalised activities and social interests. They had access to a wide range of health services and their nutritional needs were met.

People were treated with warmth and dignity and their privacy was maintained. However, the provider did not take account of the security of people's personal records when they were out of the building.

There were enough staff to ensure people's needs, wishes and preferences were met. Staff were recruited appropriately to ensure they were suitable to work within the home. They were well trained and supported to carry out their job roles. They recognised the importance of supporting people to be as involved in their care as they could be and make their own decisions wherever they could do so. Where people could not do this staff used the principles of the MCA effectively to ensure decisions were taken in their best interests.

The provider recognised that not all of the systems in place to enable people to express their views and raise concerns or complaints were effective for people who had different ways of communicating. They told us they were taking action to improve this.

Systems were in place to assess and monitor the quality of the service provided for people and actions were taken to address any issues arising from audits. The provider ensured that the care and support provided for people was based on up to date care approaches and took account of lessons learned from analysis of events and incidents.

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.

People were kept safe by staff who supported them in a way that minimised risks to their health, safety and welfare.

Staff knew how to report any concerns about people's safety.

There were enough staff with the right skills and knowledge to make sure people's needs, wishes and preferences were met.

Good

Is the service effective?
The service was effective.

People were encouraged to make their own decisions where they were able to. Appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

People had access to appropriate healthcare and their nutritional needs were met. Staff received training and support to meet people's needs, wishes and preferences.

Good

Is the service caring?
The service was not consistently caring.

People were treated with warmth and dignity by staff who understood and respected their rights, views and wishes. Their privacy was respected and maintained.

People and those involved in their care were consulted about the care they received and staff provided that care in line with their preferences.

The provider did not take account of the security of people's personal records when they were out of the building.

Requires improvement

Is the service responsive?
The service was responsive.

People and those who were important in their lives were involved in assessing and planning for their care needs.

They were supported to engage in a range of personalised activities and social interests.

There was a system in place to have complaints listened to and resolved.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was an open and inclusive culture within the home.

Systems were in place to assess and monitor the quality of the service provided for people.

The provider recognised not all of the systems in place to enable people to express their views and raise concerns were effective and were taking action to improve this.

The Holt

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 was 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 25 September 2015 and was unannounced.

The inspection team consisted of one inspector and a specialist advisor. A specialist advisor is a person who has up to date knowledge of research and good practice within this type of care service. The specialist advisor who visited this service had experience of working with people who live with autism and learning disabilities.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as the local authority and social services.

People living within The Holt were not able to fully express their views about the services provided. Staff helped us to understand people's ways of expressing their feelings through their behaviours. We also spent time observing how staff provided care for people to help us better understand their experiences.

We looked at two people's care records and we spoke with the registered manager, a team leader and three other members of care staff. We also had contact with a local authority representative, a visiting health professional and the provider's local Service Delivery Director. We looked at two staff recruitment files, training, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

People who lived within The Holt were not able to manage their own safety needs so staff supported them in a way that maintained their safety and well-being. Decisions about people's safety were made using the principles of 'best interest' as set out by the MCA, 2005.

Clear protocols were in place to help people keep safe which staff had used in an efficient and timely way. The appropriate external agencies had been contacted and investigations into incidents had been completed. Staff demonstrated clear knowledge and understanding of the protocols and how to help people stay safe. Records showed that they received regular training about this subject to ensure their knowledge was up to date. All of the staff we spoke with said that any issues relating to people's safety would be reported straight away.

Detailed reports were kept which showed staff had reviewed incidents, discussed how they could avoid similar incidents occurring in the future and made changes to people's care plans and risk assessments to take account of any lessons learned.

One staff member commented, "Keeping people safe involves a lot of different things like for example, here it is really important to keep people occupied and active…. which reduces the risk of issues which may lead to alerts occurring."

We saw staff followed people's care plans and risk assessments to help them stay safe. For example, staff helped people to move between their individual daily activities in a way that helped them to remain calm and reduce the risk of them becoming upset. People were fully supported to use the kitchen area to ensure they were not at risk of harm from things like sharp objects or hot water from the kettle. The registered manager and staff also ensured specialist furniture was available that reduced the risk of people being injured if it became damaged or broken.

Detailed risk assessments were in place for people's safety needs such as personal evacuation from the building in the event of an emergency, medication and financial arrangements. Pre-admission checklists identified any safety concerns for people and plans were put in place before people moved into the home. The plans were regularly reviewed and updated to take account of people's changing needs.

Where people needed extra support with their behaviours to enable them to remain safe, there were detailed management plans in place which included the use of physical restraint techniques. Staff had been trained to use positive behaviour management approaches and approved physical restraint techniques prior to starting to work with people and the training was regularly updated. Some of the provider's senior managers held nationally recognised qualifications to enable them to provide training for staff in regard to behaviour management approaches. They also assisted staff to develop appropriate management plans for people.

Staff files showed that they were recruited based on information such as checks with the Disclosure and Barring Service (DBS) to ensure they were suitable to work within the home. Checks about their previous employment and their identity were also carried out and references had been obtained from previous employers.

There were enough staff on duty to meet people's needs. Rotas showed that some people had one to one support from staff to enable them to fulfil their individual daily programmes and social activities. Some people required more than one to one staff support and we saw this was provided consistently. Shortfalls in numbers of staff due to vacancies within the team were covered by existing staff members.

Staff told us, and records showed, that they were trained how to manage medicines in a safe way and in line with good practice guidance. The registered manager assessed staff performance regularly to make sure they maintained their knowledge and skills in this area.

Good

Is the service effective?

Our findings

Staff demonstrated a detailed knowledge and understanding of people's needs and we saw they provided care in line with people's care plans. For example, people who lived within The Holt had various ways of communicating their needs and wishes. Some people used body language and sounds and others used a nationally recognised communication method based on picture cards. We could see staff reacted appropriately to people's preferred methods of communication because people got what they wanted from their interactions and remained relaxed around the staff members who were working with them. Staff supported some people to follow a very structured plan for their day in line with the person's preferences. Staff we spoke with were able to explain why this was important to the person and how it had a positive impact on the person's life.

Staff understood their job roles The provider had training frameworks in place for team leader roles and the registered manager role. The registered manager training included an operational focus about how to provide and maintain a specialist autism service.

Records showed new staff received a comprehensive induction programme which included training in subjects such as fire safety, infection control and health and safety. We also saw they received training that was tailored to meet people's needs. An example of this was a person specific training pack that told staff all about a person's needs and preferences. It was accompanied by a training analysis to show what skills and knowledge staff needed to support the person appropriately. Training was also provided in subjects such as autism specific support, positive behavioural approaches and epilepsy management. Staff completed workbooks to guide some of their training such as medication management, which allowed the registered manager to assess their understanding of the subject. Staff who worked in other parts of the provider's service such as administration and domestic services told us they received the same training as care staff which enabled them to work with people more effectively.

A planning tool was available to show when supervision sessions and annual appraisals had been carried out with staff and when it was next booked. Each member of staff had completed an annual appraisal of their work; however, supervision sessions had not always been carried out in line with the timing set out in the provider's policy. The registered manager demonstrated their awareness of this issue and showed us how they planned to make improvements to the timings of supervision sessions. Staff members told us they found the registered manager and team leaders were very supportive and they could go to them for advice whenever they needed to.

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.

The registered manager and staff understood the principles of the legal framework. People's care plans recorded the types of decisions they could make for themselves and the support they needed when they could not do so. Decisions taken in people's best interests were detailed and showed that everyone involved with the person's care had been consulted. We saw staff encouraged people to make decisions that they were able to, such as what they wanted to eat and drink, where they wanted to spend their time and what time they wished to rise in the mornings.

People can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection five people who lived within the home had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS.

Menus were based on people's known likes and dislikes and healthy eating guidance. Information about what people liked and did not like was readily available in the kitchen area along with any of their special dietary needs. A range of foods were available for people to choose from if they did not want what was on the menu. We saw staff encouraged people to choose what they wanted to eat from the range of foods available. Staff had sought input

Good

Is the service effective?

from other professionals such as dieticians, in a timely manner wherever needed. A range of drinks were available to suit people's tastes and we saw they were supported to have drinks whenever they wished.

Detailed health action plans were in place. They showed people had regular reviews of their health needs with their GP and were supported to access a wide range of health professionals such as consultant psychiatrists and speech and language therapists. Staff demonstrated they had a detailed knowledge of how people communicated if they were feeling unwell and they had received training about health needs such as diabetes and epilepsy. Records showed people were supported to attend their GP clinic or local hospital whenever they needed to.

Requires improvement

Is the service caring?

Our findings

Throughout our visit people actively sought out the company of staff and engaged with them using their personal methods of communication. They displayed relaxed body language when they were with staff. Staff responded consistently in a warm and friendly manner and showed respect for people's adulthood and the different ways in which people liked to live their lives. Some people used sounds, touch and gestures to express their emotions and staff demonstrated a clear understanding of what people were conveying to them.

People's privacy and dignity was respected by staff. Their bedrooms were personalised so that they could use the room as they wished. Staff supported people with personal care in private areas and made sure they knocked on doors before entering a room. One person had the use of a separate lounge area so that they could relax in their own very personal way when they did not wish to use their bedroom.

People were supported to engage with advocacy services when required and the registered manager recognised that people could not access them independently. Advocacy services are independent of the provider's services and can support people to communicate their decisions and wishes. The registered manager and staff demonstrated that they were aware of the importance of using these services so that people's views could be represented. The registered manager described situations in which people had been successfully supported by these services when decisions about their lifestyles needed to be made.

Records showed that house meetings took place and people were free to join whenever they wished. However, the registered manager recognised that people were not able to fully engage in the discussions that took place due to their differing communication methods and mental capacity needs. The registered manager and the provider's Service Delivery Director told us they were looking at alternative and more appropriate ways to support people with this.

The home was clean and tidy. The registered manager and the provider's Service Delivery Director demonstrated the actions they had taken to improve the feeling of homeliness within environment so far and the planned actions that were due to take place. Plans were in place to add another conservatory area so that people could have more communal space. There were also plans to extend the kitchen area so people could be more comfortably supported to develop their skills of independence.

People's personal information was kept in the main office which was locked when no one was in the room. Some personal information was stored within a password protected computer. However, the provider had recently taken the decision to remove the office printer. We saw that people's personal documents were now sent to a printer located in a public space of the administration office, which could compromise people's confidentiality. The provider's Service Delivery Director demonstrated that they had raised issues about this arrangement with the provider.

The registered manager and the provider's Service Delivery Director also recognised that there was no clear protocol in place to effectively manage people's personal records when they were taken out of the building. An example of this was when one document had been taken out of the building to read and sign following a meeting. Although the registered manager and staff knew where the documents were, records did not support this or demonstrate that they had considered the security of the information.

Good

Is the service responsive?

Our findings

People had a comprehensive package of care which was individually tailored to meet their needs and preferences. The package of care included a range of specialised autism assessments, care plans, risk assessments and best interest decision making processes. Records showed that care packages were regularly reviewed with everyone involved with the person's care. They also showed that wherever people were able to be involved they had been, and were consulted about their care package. One member of staff told us about how they had supported a person's aspiration to go on holiday. They described a process of consultation, experiential learning for the person and testing of various options. This meant that the person could enjoy a holiday that was fully tailored to their needs and preferences.

Another care planning process was also in place to support the development of people's skills and achievement of their goals. This was called a "12 week development plan." It gave people the opportunity to set shorter term goals and monitor their progress.

People had individual daily programmes which included their preferred social interests and opportunities to maintain and develop their personal skills. We saw that activity programmes were linked to people's 12 week development plans and other care plans. Staff rotas showed that people's activity plans were used as one of the factors for determining how many staff should be on duty.

Throughout the visit staff supported people in line with their daily programmes. For example, one person was able to engage with their interests in football and being outside. An area of the garden was arranged with a football goal and the person's preferred chair. A staff member supported the person to use this area whenever they wished. People were also encouraged to maintain and develop relationships that were important to them. We saw people were supported to visit their families and family members were encouraged to visit The Holt.

The provider had a policy in place to manage concerns and complaints. The registered manager and staff demonstrated that they knew how to use the policy to respond in a timely and appropriate manner to any concerns or complaints raised. Records showed that no complaints had been raised since we last visited The Holt in January 2014. Results of annual surveys and the complaints record history showed that people's relatives and professionals involved in their care knew how to use the complaints policy. However, the registered manager and the provider's Service Delivery Director recognised that most people who lived within the home would not be able to use the complaints system effectively. They said they were looking at alternative and more appropriate ways to support people with this.

Good

Is the service well-led?

Our findings

Throughout our visit we found there was an open and inclusive culture within the home. People were relaxed around staff. They indicated their needs and wishes freely in their own personal communication styles and staff were focused on ensuring their safety and well-being was maintained to a high standard.

The registered manager, team leaders and care staff communicated freely with each other and with people they supported. We saw the registered manager and team leaders guided staff in their job roles when necessary and staff gave clear reports of events.

Staff told us they felt well supported by the registered manager and the wider team. They said the registered manager and the provider's Service Delivery Director always responded to issues in a timely and appropriate manner.

Staff demonstrated that they were aware of the provider's whistle blowing policy and said they would not hesitate to use it if there was a need.

Regular satisfaction surveys were carried out with people who lived within the home, their families, staff members and external support agencies. The registered manager and the provider's Service Delivery Director had recognised that not all of the current systems in place to enable people to express their views or raise concerns were effective, given people's differing communication methods and levels of mental capacity. They said they were exploring other, more suitable, ways to support people to express thoughts and views about their care.

Links had been developed with some parts of local community organisations such as the police and a nearby military base. The provider's Service Delivery Director and other staff had recently provided training for local police officers to help them understand more about autism and learning disabilities. The registered manager said that this training had helped police officers to support people more effectively and help to keep them safe when there had been a need to do so.

The registered manager made sure we were informed in a timely manner about any untoward incidents or events within the home. This was in line with their responsibilities under The Health and Social Care Act, 2008 and associated Regulations. Records showed that they also informed other agencies involved in people's care where appropriate.

Records showed that incidents or events were analysed by the registered manager and the provider's Service Delivery Director to identify any trends or learning opportunities. Learning from the reviews was shared with staff by way of team meetings, operational memos and a regular operational briefing paper. We also saw that learning from our inspections of some of the provider's other registered services was shared through the operational briefing paper.

Another example of how events were analysed was related to the high turnover of staff. The analysis of exit interviews had identified a common theme and the Service Delivery Director and other local managers were now working with the provider to address the issue. They also demonstrated they were working closely with local authority representatives to monitor and address the issues.

Systems were in place to show how many hours staff were working over and above their contracted hours. Some staff told us they worked extra hours to ensure staff levels were maintained and they supported some of the provider's other registered locations due to staff vacancies. During the visit the registered manager and the provider's Service Delivery Director made improvements to their systems in order to monitor the well-being of staff more effectively.

Systems were in place to regularly monitor the quality of the services provided. A quality assurance audit was carried out within the home regularly by the manager of another of the provider's registered locations. The senior managers from the provider organisation also carried out an annual quality and health and safety audit. The audits covered topics such as medication arrangements, health and safety arrangements and care records. The outcomes from all of the audit activity were combined into an action plan. The progress with the action plan was monitored by the provider's quality assurance department.

We saw that some actions identified during the last audit cycle had been completed and others were in progress. The provider received regular feedback on the progress with action plans as was shown in the minutes of their meetings with local managers.

Good

Is the service well-led?

A new audit tool had recently been implemented, based on current research, called “All About Autism” (AAA). The aim of the audit was to show how the service provided was specific to autism and met the criteria for positive behavioural support. Central to the process was feedback from people who live in the home and others involved in their care so that the provider could work to continuously improve people’s experiences. The registered manager said that improvements to the ways in which they supported people to express their views and thoughts about their care would take account of the AAA audit tool requirements.