Autism Hampshire

Hampshire - Domiciliary Service

Inspection report

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10 November 2016
22 November 2016
24 November 2016

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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?	Good

Summary of findings

Overall summary

This inspection took place on 9, 10, 22 and 24 November 2016. The provider was given 24 hours' notice to make sure someone would be in. This was the first inspection of this service. Previously the service was known as Southampton Domiciliary Services and was registered at a different address. The provider is a registered charity and a not for profit organisation.

Hampshire Domiciliary Service offers a supported living service to people within their own homes or shared houses. People who use the service have learning disabilities, autism spectrum disorders and/or physical disabilities. People who use the service are supported with personal care, medicines, cooking, shopping, activities and other day to day tasks. At the time of this inspection 21 people were using the service.

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

People and relatives said the service was safe and they felt comfortable raising any safety concerns with staff. One person who used the service told us, "I like it here."

Staff had completed training in how to protect people from harm and abuse and understood the different forms and potential signs of abuse. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately and promptly.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed which included references from previous employers and a Disclosure and Barring Service (DBS) check.

Contingency arrangements were in place in case of accidents or staff emergencies and on-call management arrangements were in place. Each person had a personal emergency evacuation plan (PEEP) which meant people could be evacuated safely in the event of a fire.

The arrangements for managing people's medicines were safe. Medicines were stored securely and there were clear policies in place for supporting people with their medicines.

Risks to people's health and safety were assessed and managed, without compromising people's independence.

Staff training in key areas was up to date. Staff told us they felt confident to care for the people who used the service.

Staff understood the Mental Capacity Act 2005 and how to apply this to people in their care. Staff understood the need to support people to make their own decisions and the role of best-interests decision-making.

People were supported to maintain a balanced diet and to have enough to eat and drink. People were supported to maintain their physical and mental health needs.

Relatives we spoke with said staff were caring. Comments included, "Staff care about their residents," "Staff have a great relationship with clients, they talk regularly and are amenable" and "Staff are brilliant."

Staff supported people to do the things they enjoyed and also encouraged independence with daily living. Relatives told us how staff had gone 'over and above' what was expected of them.

Support plans contained clear information about the person's level of independence as well as details of areas where staff support was required. Support plans detailed people's needs and preferences and risk assessments were in place where appropriate.

Relatives told us the service was well-led and described the registered manager and the management team as approachable. Relatives and staff told us there had been changes within the organisation due to a re-structuring exercise and things were more settled now.

There were systems in place to gather regular feedback from people who used the service and their relatives. Feedback was acted upon.

The provider ensured the quality of the service was assessed and monitored by carrying out regular audits of all aspects of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people's health and safety were assessed, managed and reviewed regularly.

Staff had a good understanding of safeguarding adults and their obligations should any concerns arise.

There were robust recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults.

The arrangements for managing people's medicines were safe.

Is the service effective?

Good

The service was effective.

People were supported to have enough to eat and drink in line with their needs and preferences.

Staff received appropriate training to ensure they had the skills and knowledge to support people effectively.

Staff received regular supervisions and appraisals.

Staff understood the Mental Capacity Act 2005 and how to apply this to people in their care.

Is the service caring?

Good

The service was caring.

Relatives said staff were caring.

Staff supported people to do the things they enjoyed and also encouraged independence with daily living.

Relatives told us staff often did more than was expected of them.

Staff had a good understanding of the importance of treating

people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Detailed care plans were in place which were specific to the needs of individuals.

Staff were responsive to people's needs and acted promptly and appropriately when people's needs changed.

There were systems in place to respond to compliments and concerns.

Staff had a good knowledge of people's preferences and support needs.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager. Staff told us there was a positive culture and they felt supported.

Systems were in place to assess the quality of care people received.

People's feedback was sought regularly and acted upon.

Staff told us they could approach the management team at any time.

Hampshire - Domiciliary Service

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 provider was given 24 hours' notice because the location provides a supported living service for younger adults who are often out during the day, so we needed to be sure that someone would be in.

The inspection was carried out by two adult social care inspectors on 9 November 2016, three adult social care inspectors on 10 November 2016 and an expert by experience on 22 and 24 November 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience contacted relatives of the people who used the service to obtain their views.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Before our visit, we reviewed the information included in the PIR along with other information about any incidents we held about the service.

Some of the people who used the service during our visit had complex needs which limited their communication. This meant they could not always tell us their views of the service. To ensure we gathered people's views we also asked their relatives for feedback about the service. We spoke with six relatives on the telephone.

During the inspection we visited three shared houses and spent time with the people who lived there. We also spent time with one person who lived in their own home. We spoke with the area manager who was

also the registered manager, the support manager, three assistant support managers and five support workers. We also viewed a range of records about people's care and how the service was managed. These included the care records of five people, the recruitment records of four staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

People and relatives said the service was safe and they felt comfortable raising any safety concerns with staff. One person who used the service told us, "I like it here."

Staff we spoke with said people were safe. Staff understood the different forms and potential signs of abuse such as changes in people's behaviour, mood or sleep pattern. Staff understood the need to report any concerns to the management team immediately. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately and in a timely manner.

Systems were in place to reduce the risks of harm and potential abuse. Staff told us, and records confirmed, they had completed safeguarding vulnerable adults training and this was regularly updated. A staff member said, "Safeguarding training is prioritised and staff are really aware of safeguarding issues here." Staff we spoke with were aware of the provider's whistle blowing procedure.

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Staff files contained relevant information such as evidence of qualifications, photographic proof of identity and background checks. These included references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. The provider's policy was to repeat DBS checks every three years which meant checks were updated.

The service employed 27 staff. Staff rotas we viewed were as described by the registered manager. Most people who used the service had been assessed as needing high levels of staff support to keep them safe. Rotas were based on people's assessed care hours and comprised 'core hours' when people shared support and dedicated one to one support so people could access the community for example. Staff were on-site 24 hours a day seven days a week.

The provider was recruiting to fill four vacancies on the staff team. The service manager said, "We've got steady staff teams now." Staff members worked at each location so the people who used the service could get to know them. This meant when there were staff shortages staff could be deployed to other locations with ease. The registered manager told us they didn't need to use agency staff as the provider had their own bank of supply staff. The registered manager told us they tried to ensure consistency for people who used the service.

Relatives and staff we spoke with said there were enough staff on duty. One staff member told us, "There's definitely enough staff to support people."

Contingency arrangements were in place in case of accidents or staff emergencies and on-call management arrangements were in place. The business continuity plan detailed the level of support people who used the

service might need in such circumstances. For example, each person had a personal emergency evacuation plan (PEEP). These contained details about the specific needs each individual had, which meant people could be evacuated safely in the event of a fire.

The arrangements for managing people's medicines were safe. Medicines were stored securely and there were clear policies in place for supporting people to take their medicines. Each person had a medicines support plan which recorded details of their specific needs. For example, allergies, possible side effects of medicines and if there was a history of seizures. Where people managed their own medicines this had been risk assessed and was clearly described in support plans.

All staff members who administered medicines were trained in the safe handling of medicines. Medicine administration records (MARs) we viewed had been completed correctly which meant people received their routinely prescribed medicines as directed. The temperature of the rooms where medicines were kept were checked regularly, and were within recommended limits for safe storage.

For people who were prescribed medicines 'as and when required' there was clear guidance in place to guide staff when it should be administered. For example if a person was having a seizure or if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. This was particularly important for people who could not always communicate verbally.

Risks to people's health and safety were assessed and managed, without comprising people's independence. Risk management plans were in place for daily activities such as washing, using kitchen equipment, accessing the community and managing money. Plans were well written and clearly showed how each person could participate in daily activities with the right support.

Accident and incident forms were completed accurately. There was evidence of follow up action for staff and people who used the service. For example, a medicines error resulted in further staff training. An analysis of accidents and incidents was carried out regularly to prevent recurrence.

Good

Is the service effective?

Our findings

New staff completed a comprehensive training programme as part of their induction. This included training on the provider's values and principles, health and safety, safeguarding vulnerable adults and autism specific training. All staff had also completed the Care Certificate. This is a set of standards that health and social care workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. New staff also shadowed a more experienced member of staff before working independently.

The organisation used a computer-based training management system which identified when each staff member was due further training. Training records showed that staff training in key areas was up to date, for example safe handling of medicines, first aid and epilepsy awareness. The provider had their own training department so most training was classroom-based.

Staff we spoke with told us they had received sufficient relevant training and they felt confident to care for the people who used the service. One staff member told us, "We have in-house training and external training. It's really useful and relevant to our roles. Also, a lot of the trainers know the people we support which makes it even better." One of the managers said, "I feel blessed with my staff team. They are confident and know what they're doing."

Records confirmed staff received regular spot checks or direct observations of the care they provided. Records confirmed staff also received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. A supervision and appraisal planner was in place so the management team could monitor and plan when these were due. Records relating to supervision and appraisal were detailed and set out agreed actions in terms of development and training. New staff received more frequent supervisions until they had completed their probationary period. Staff told us they felt supported and valued by the service manager, registered manager and the provider.

We looked at how the provider protected people's rights under the Mental Capacity Act. 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.

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. 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.

Staff received training in relation to the requirements of the MCA. We also saw written guidance on the use of mental capacity assessments, best-interests decision-making and how to support individual's choices in

people's care files. The registered manager and staff we spoke with demonstrated an understanding of the implications of the MCA for their work with people who used the service. Staff understood the need to support people to make their own decisions and the role of best-interests decision-making. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. We saw evidence that people and/or relatives currently using the service had consented to their care, treatment and support plans.

Records showed people were supported to maintain their physical and mental health needs whenever this was required. For example people attended appointments with their GP, optician, and dentist. Records of these appointments were kept in people's support plans.

People were supported to maintain a balanced diet and to have enough to eat and drink. Staff used a menu planner which was based on people's preferences and health needs. People were involved in decisions about menus. People were encouraged to help with the weekly shopping and to prepare meals with support from staff where appropriate.

Good

Is the service caring?

Our findings

All the relatives we spoke with said staff were caring. Comments included, "Staff care about their residents," "Staff have a great relationship with clients, they talk regularly and are amenable" and "Staff are brilliant."

On the day of our visit staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew how to support people in the way they needed. People were comfortable with staff which meant the service had a relaxed, homely atmosphere. One staff member said, "Staff care about the people we support and have an emotional investment in people."

Staff spoke to people kindly and calmly and explained what they were doing before providing care. Staff supported people to do the things they enjoyed and also encouraged independence with daily living. One person who used the service proudly told us how they did their own cooking and had chosen how they wanted their room re-decorating. Staff told us how they wanted people to progress so they could have their own homes in the future.

Staff told us how important it was to encourage people's independence while ensuring they were safe. For example, staff told us it wasn't safe for some people who used the service to use the oven without staff support, but they could be supported to chop vegetables for example so they could be involved.

Staff told us how they made sure people's privacy and dignity was maintained. For example, closing bathroom doors when people were receiving personal care, or closing bedroom doors when people were getting changed. Staff knew people well and knew exactly what support people needed in various situations. For example, one person preferred to communicate in a specific way so staff encouraged them to do that in a way which reduced their anxiety. Staff had a good understanding of what was important to people who used the service and talked about people who used the service with affection and respect. One staff member said, "We're like a big family here."

Relatives told us how staff had gone 'over and above' what was expected of them. For example, we saw office based staff regularly gave reassurance to a person who used the community service over the phone. This staff member told us, "I'm happy for people we support or their family members to ring me at any time." The service manager told us how staff had gone shopping for a relative of a person who used the service when the relative was ill.

The service had received feedback from relatives who used the service. Comments included, 'The support is doing [person] a lot of good. Thanks for your help and understanding of my worries' and '[Person] is doing so well and is able to think about a more independent life, precisely because he is involved in every stage of decision making. We very much appreciate your continued support. [Person's] flexibility these days is marvellous to see. Everyone's hard work is paying off.'

Each person who used the service had a copy of the service user guide and the provider's statement of purpose in their care plan. These were available in an easy read format with pictures. The service user guide

contained information about all aspects of the service, including how to contact the Care Quality Commission and how to access independent advice and assistance such as an advocate. Although nobody at the service had an advocate, this facility was available. Advocacy information was also prominently displayed in communal areas of the locations we visited.

Good

Is the service responsive?

Our findings

Some people who used the service had limited involvement in their care planning because of their complex needs, whilst others were actively involved. Staff knew people well and how people communicated, and this was included in care plans. For example, when one person vocalised this meant they needed support with personal care. Relatives told us they felt involved in their family member's care planning.

We looked at care records for five people. Support plans were detailed and showed what care and support was needed to ensure individualised care was provided to people. Each person had a one page profile which contained detailed, clear and concise information under the headings 'what's important to me', 'how best to support me' and 'what people admire about me'. These provided a person-centred snapshot of the individual for staff to refer to.

Support plans contained clear information about the person's level of independence as well as details of areas where staff support was required. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, routines and communication. Care records also contained risk assessments which were detailed and specific to the person. People also had 'hospital passports' which contained an overview of the person should they need to be admitted to hospital. This meant staff had access to information about how to support people in the right way.

Records showed care plans were continuously reviewed by staff and annual reviews were held with people, relatives and care professionals. People's preferences were captured by using communication boards and picture exchange systems where people's complex needs limited their communication. Staff we spoke with told us they were given time to read and contribute to people's support plans and staff demonstrated a good knowledge of people's preferences and support needs.

Daily activities consisted of attending college, household tasks and trips out. People engaged in a variety of activities such as cooking, shopping, going to the library and going bowling. A trip to a local pantomime and a meal out for people, their families and staff was planned for Christmas. This meant the people who used the service had their social needs met and engaged in activities of their choice.

Staff were responsive to people's needs and acted promptly and appropriately when needs changed. For example, staff used a reward system for one person who required additional support at mealtimes to good effect. For another person staff realised the person was less anxious when they had a more flexible schedule. One person who used the service had an interest in a particular computer game so the provider arranged for a staff member who shared the same interest to work with them. This resulted in the person becoming able to go out with the staff member when they had previously only been able to go out with a relative.

A staff member said, "We work closely with families and carers. The person-centred approach here is excellent. We've got time to get to know people and tailor their support accordingly. We support people with a diverse level of needs."

There were systems in place to respond to compliments and concerns. A service users' guide which contained details of how to make a complaint was given to people and families when they began using the service. One complaint had been received in the last 12 months which had been dealt with promptly and appropriately. Relatives told us the management team were approachable and they felt able to raise any issue no matter how minor. A staff member told us, "If families have any concerns we try to resolve this straight away."

Good

Is the service well-led?

Our findings

Relatives told us the service was well-led and described the registered manager and the management team as approachable. Relatives and staff told us there had been changes within the organisation due to a re-structuring exercise and things were more settled now.

The registered manager was new to the role and registered with the Commission in October 2016. They were supported by the support manager and three assistant support managers.

One staff member said, "[Registered manager] is really amazing. He's approachable and I can go to him with the smallest of issues." Another staff member told us, "The management team are lovely. They're so supportive and calm. They're always there to provide reassurance. I can talk to them at any time. They're hard working." A third staff member commented, "Management are really hands on."

Staff meetings were held monthly where each person's care was reviewed in detail. Other issues such as best practice, staff training needs and audits were discussed. Staff told us they felt able to voice their opinions and raise any concerns at these meetings. Minutes of staff meetings were taken so staff not on duty could read them later. Staff said there was an open culture and the management team encouraged staff to question practice. A staff member said, "We're open and honest and work as a full team so everyone plays their part."

There were systems in place to gather feedback from people who used the service about how the service could be improved. In one location some people suggested they reinstated regular house meetings so this was acted upon. Records were kept of discussions held and actions taken. At the most recent house meeting plans for a Halloween party were discussed and people decided to try regular Sunday roasts. This meant people's feedback was sought and acted upon.

Feedback from relatives was sought regularly through phone calls, meetings every six months and annual surveys. Some relatives said managers weren't on duty enough at weekends so rotas were changed to address this and managers now did spot checks at night and weekends. This meant feedback from relatives was acted upon.

The provider had received feedback from health and social care professionals. Comments included, 'The manager has been good at keeping me informed' and 'The manager is good at communicating and keeping me up to date.'

The provider's aim was 'To provide adults with autism with the necessary skills and strategies to live and work successfully within the community with the support they require, living full and rewarding lives.' Staff told us how this underpinned the way they supported people. A staff member told us, "I love working here. The staff are really great. I'm really proud to work for the organisation."

There was an effective quality assurance system in place to monitor key areas such as safeguarding

concerns, accidents, incidents and staffing issues. The registered manager monitored all aspects of the service and this was reviewed by the provider and a board of trustees.

The service had a development plan which set out timescales and the staff responsible for staff recruitment, further training for staff and refurbishment plans for the shared houses. This meant the provider was committed to continuously improving the service.