

Leeds Autism Services

Ashlar House

Inspection report

76 Potternewton Lane
Chapel Allerton
Leeds
West Yorkshire
LS7 3LW
Tel: 0113 226 2700

Date of inspection visit: 8 and 9 July 2014
Date of publication: 10/10/2014

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We 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, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection, which meant the provider was informed 24 hours beforehand to ensure

management and residents would be available in the home, as some people went out for the day. During the visit, we spoke with three people living at the home, one relative, four support staff and the Registered Manager.

The home had a Registered Manager who had been registered since February 2012. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Summary of findings

Ashlar House is registered to provide accommodation for people who require personal care for up to eight people with autism. Care is provided on three floors in singly occupied rooms, some of which are spacious. Each person's room is provided with all necessary aids and adaptations to suit their individual requirements. There are well appointed communal areas for dining and relaxation. There is also a garden area to the front and a small courtyard to the rear of the home.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. People were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements for staff to respond appropriately to people who communicated through their behaviour/actions.

The Registered Manager had been trained to understand when an application should be made, and in how to submit one. This meant that people were safeguarded and their human rights respected. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

A wide range of activities were provided both in-house and in the community. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to maintain contact with friends and family.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the Registered Manager and the company's director's monthly report which included action planning. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Good



Is the service effective?

The service was effective.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

Good



Is the service caring?

The service was caring.

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

Good



Summary of findings

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

Good



Ashlar House

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of an Inspector.

We inspected the home on 8 and 9 July 2014. At the time of our inspection there were six people living in the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people

who used the service. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at two people's support plans and spoke with three people living at the home.

Before our inspection, we reviewed all the information we held about the home and the provider had completed an information return which we received prior to the inspection. We were not aware of any concerns by the local authority, or commissioners. Healthwatch feedback stated they had no comments or concerns regarding Ashlar House.

On the day of our inspection, we spoke with three people living in the home, one relative and four members of staff. We also spoke with the Registered Manager.

At the last inspection in August 2013 the service was found to be meeting the Regulations we looked at.

Is the service safe?

Our findings

We asked staff members what they would do if they suspected abuse and they were confident in their answer and were able to tell us the correct action to take. Staff told us they had received training in safeguarding and this had provided them with enough information to understand the safeguarding processes. Records confirmed this. However, not all staff had received and completed this training. The provider information returned which had been completed prior to our inspection indicated that 20% of staff had completed safeguarding training. The manager told us safeguarding refresher training was now due for all staff and was in the process of being arranged by the HR manager. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw written evidence the manager had notified the local authority and CQC of safeguarding incidents. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of a further incidents.

People we spoke with told us they felt safe in the home and did not have any concerns. One relative said, "He is safe at Ashlar House."

The support plans (A support plan looks at a number of questions about people's priorities, goals, lifestyle, what's important and how care and support will be managed) we looked at had an assessment of care needs and a plan of care, which included risk assessments. Risk assessments had been carried out to cover activities and health and safety issues, these included bathing, using the stairs and swimming. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We also saw environmental risk assessments which included fire, electrical hazards and lone working.

We saw when people went out into the community alone the risks were clearly documented for staff with details of how they should respond to such risks if they arose. There were contact details of other professionals involved in the person's care and instructions on who to contact if needed. This meant people were supported to take informed risks by going out into the community alone.

There were risk assessments in place, supported by plans which detailed what might trigger each person's behaviour, what behaviour the person may display and how staff should respond to this. Staff had been given training in how to use recognised distraction and de-escalation techniques. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience or training to meet the needs of the people living in the home. One person who used the service told us, "There is always enough staff around."

The Registered Manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas confirmed there were sufficient staff, of all designations, on shift at all times. We saw there were enough staff to meet the needs of people. The manager told us staffing levels were assessed depending on people's need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We spoke with one member of staff who told us they had received a good induction when they started work at the home. They also told us they had attended an interview and had given reference information. We found robust recruitment and selection procedures were in place and the manager told us appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The records we looked at confirmed this.

Is the service effective?

Our findings

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The manager told us a programme of training was in place for all staff. This was evident as several training courses for 2013/2014 were seen to have taken place, including first aid, autism, food hygiene and epilepsy awareness. The manager told us the HR department had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. However, they did say they needed to improve how they monitored staff training at Ashlar House and said they would look at implementing a more robust procedure. Staff were able, from time to time, to obtain further relevant qualifications. For example, four members of staff had attended team leader support training in the past year.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The members of staff we spoke with said they received supervision every four to six weeks. The manager confirmed staff received supervision six times per year and staff were able to receive ad-hoc supervision if they needed to discuss any issues. We saw from the staff records we looked at that each member of staff received supervision on a regular basis. We also saw staff had received an annual appraisal.

Information in the support plans showed the service had assessed people in relation to their mental capacity; people were able to make their own choices and decisions about care. People and their families were involved in discussions about their care and support and any associated risk factors. Individual choices and decisions were documented in the support plans. This showed the person at the centre of the decision had been supported in the decision making process.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences. The manager told us they were confident staff would recognise people's lack of capacity so best interest meetings could be arranged. The provider information

return stated 50% of staff were currently trained in the Mental Capacity Act 2005. However, the manager told us further Mental Capacity Act 2005 training was due to be arranged for all staff during 2014.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager had a good understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected. They told us there were two people living in the home currently who needed an authorisation in place. We saw evidence of authorisations and review dates had been agreed. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were assessed during the care and support planning process and a detailed meal time strategy had been drawn up for each person. We saw people's likes, dislikes and any allergies had been recorded in their support plan.

People who used the service told us they enjoyed the food and always had enough to eat and drink. If someone didn't want what was on offer then an alternative would be arranged. One person said, "If I don't want the food on offer I will go out for meal."

People were offered drinks throughout the day to ensure good hydration. One person living at the home told us, "I have enough food and drink." Another person told us, "I usually make my own coffee when I want one."

We saw people were consulted about their food preferences during monthly meetings and there was a menu displayed with the choices available. We saw the menu incorporated healthy options and was in pictorial form for people to be able to see what the meal looked like.

During our observations we saw people go into the kitchen and help themselves to drinks and food. Two people needed support with obtaining their meals and this was carried out sensitively. People were supported to be able to eat and drink sufficient amounts to meet their needs. People were asked if they had enjoyed their meal and if they wanted any more to eat or drink. This meant people were being supported to maintain their hydration and nutrition and were supported to make choices about this.

Is the service effective?

We saw evidence support plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare. These included health professionals, GP communication records and hospital appointments. People also had a health action plan which provided information for staff on past and present medical conditions. A record was included of all healthcare appointments. This meant staff could readily identify any areas of concern and take swift action.

Members of staff told us people living at the home had regular health appointments. One member of staff told us people's healthcare needs were carefully monitored. They said, "We record the advance appointments in the diary" and "We keep an eye on people's symptoms so we can get help immediately." This meant staff made the appropriate referrals when people's needs changed.

Is the service caring?

Our findings

People we spoke with said they were happy with the care provided and could make decisions about their own care and how they were looked after. People we spoke with said, "I am well looked after", "I am happy most of the time", "I do like living here" and "It's nice living here." One relative we spoke with expressed a high level of satisfaction with the service provided for their family member. They said, "Not sure what we would do without Ashlar House" and "Best we have been able to find."

We looked at support plans for two people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual support plan. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs. One person told us they liked to go to church on a Sunday and this was reflected in their care plan.

The staff we spoke with told us the support plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living in the home. People had free movement around the home and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished. People had access to a quiet room and a sensory room which was furnished with equipment designed to promote relaxation and comfort.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were supported in maintaining their independence and community involvement. On the day of our inspection we saw some people had gone to the day centre or college, one person spent time in their bedroom and other people spent time in the communal lounge areas. One person we spoke with told us, "I can choose what I want to do." Another person told us, "I am going to college today to do art." One person said, "I go to outreach on a Thursday."

Some people living at Ashlar House had communication difficulties. We observed staff ensured all verbal communication was clear and care was taken not to overload the person with too much information. Staff spoken with had developed individualised communication systems with people who lived at the home. This enabled staff to build positive relationships with the people they cared for. Staff were able to give many examples of how people communicated their needs and feelings. All staff spoken with told us of their commitment to facilitating a valued lifestyle for the people living in the home.

Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. Keyworker meetings were held once a month to ensure the person was receiving coordinated, effective and safe care. One member of staff we spoke with said people received a good quality of care because they had freedom of choice and were supported to be independent.

People living in the home were given appropriate information and support regarding their care or support. We looked at care plans for two people who used the service. There was documented evidence in the support plans we looked at the person who used the service and their relative had contributed to the development of their care and supports needs. We saw a contract between the home and the person had been signed by the person living in the home. The manager together with the person who used the service and/or their relative held care review meetings. Monthly residents meetings were held which gave people the opportunity to be involved in their care

Is the service caring?

and support needs. We looked at the meeting minutes for July 2014 which included discussion about holidays, appointments and menus. The manager and staff were also available to speak with people daily.

Everyone we spoke with told us their dignity and privacy was respected. One person said, "I have my own private space and staff respect my privacy." One relative we spoke with said, "I am sure his dignity is respected." We saw people walking around the home when they wanted to. People told us they were able to choose what they wanted

to do each day and decide if they wanted to join in with the activities. We observed staff attending to people's needs in a discreet way which maintained their dignity and staff knocked on people's bedroom doors before entering.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said they stood outside the bathroom door when one person wanted to take a bath so they could still offer support but also maintain their privacy and independence. Another member of staff said they were aware of how people like to be addressed.

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the home. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on a regular basis. People's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary.

The Registered Manager told us people living in the home were offered a range of social activities. People's support plans contained an individual weekly activity planner. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the day care centre, college, horse riding, trips out, baking afternoons and swimming. One relative we spoke with said, "(Name of person) has just had a very nice week's holiday." One person told us they liked to travel especially on trains.

The Registered Manager and staff constantly monitored the well-being of people living in the home and were aware of the dangers of social isolation. All new activities were risk assessed and evaluated to ensure people found them beneficial and enjoyable. Staff told us the service was flexible and responsive to people's needs, for instance they would leave an activity early if the person didn't want to participate or they found the experience stressful. In one care plan for someone with complex medical needs information about what action should be taken in different situations was detailed and reviewed on a monthly basis. For example, if a person experienced a seizure what action should be taken to reduce the risk to them was recorded in detail.

The Registered Manager told us the complaints' policy was part of the individual persons care plan and people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to

complaints and understood the complaints procedure. We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. People we spoke with and relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. One person we spoke with said, "I would speak with the manager if I had a complaint." One relative we spoke with said, "I have never had any concerns."

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited. Relatives were encouraged and supported to make their views known about the care provided by the service; however, the home had not invited relatives to complete an annual customer satisfaction questionnaire since 2012. The Registered Manager said annual questionnaires were sent out by head office and confirmed questionnaires were due to be distributed in the near future. They also said they held an annual service review meeting with both the person who used the service and their family member or representative.

People were provided with information about the service as well as a contract setting out the terms and condition of residence. The information was set out in an easy read format with photographs and pictures used to illustrate the main points. To help people negotiate their way round the premises, photographs of the communal rooms had been placed on the doors. We observed there was a photograph of each person on their bedroom door, to assist people in identifying their room. A staff photograph was also placed in the dining room area to people could identify the members of staff supporting them at any given time.

We observed staff gave time for people to make decisions and respond to questions. The Registered Manager told us residents meetings were held on a monthly basis and gave people the opportunity to contribute to the running of the home. One person who we spoke with told us they attended the residents meeting. We saw the meeting minutes which included discussions about holidays and menus.

Is the service well-led?

Our findings

At the time of our inspection the service had a Registered Manager who had been registered with the Care Quality Commission since February 2012.

The Registered Manager told us they completed weekly and monthly audits which included fire systems and maintenance logs. We saw a copy of the bi-monthly report for July 2014 produced by the manager prior to the company's board meeting. This included information on how the service was performing and how the people living in the home were. We saw a copy of the company's director's monthly report for May 2014. Health and safety and environmental reviews were also carried out by an external company every two to three years. If issues were identified an action plan would be produced and actions were monitored monthly.

Observations of interactions between the Registered Manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people living in the home. They told us the Registered Manager was approachable, supportive and they felt listened to. One member of staff said, "The manager is fantastic." They also said the area manager was the backbone of the organisation; they cared about the staff, residents and the service. One member of staff said, "They go out of their way to help you."

The staff we spoke with said they felt the management team were supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were

aware of the whistle blowing procedures should they wish to raise any concerns about the Registered Manager or organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas. We saw from the records we looked at which included the values and principles of autism, staff understood the aims of the service.

Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for May 2014 and discussion included health and safety, recruitment and staffing. The Registered Manager told us they had an open door policy and people who used the service and their relatives were welcome to contact them at any time. They said staff were empowering people who used the service by listening and responding to their comments.

Any accidents and incidents were monitored by the Registered Manager and the organisation to ensure any trends were identified. The Registered Manager confirmed there were no identifiable trends or patterns in the last 12 months. We looked at the incident records and saw there was areas for staff learning and action planning within the document. There had been no safeguarding referrals or whistle blowing concerns raised within the last year.

We saw evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved people who used the service.

We saw the service had gained accreditation with the National Autistic Society and this was reviewed every three years. To obtain accreditation the home had to comply with specific specialist and core standards which included resource management and support planning.