Living with Autism Limited

Haddon House

Inspection report

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Tel: 01733315793

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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

We carried out an unannounced comprehensive inspection of this service on 7 April 2015. A breach of two legal requirements was found. This was because accurate records of people's medicines were not always held. There was not always sufficient staff on duty to meet the needs of people living in the home.

After the comprehensive inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

We carried out this unannounced comprehensive inspection on 1 February 2016 to check that the provider had followed their plan and to confirm that they now met the legal requirements and also to check the overall quality of the service.

Haddon House is a registered care home providing accommodation and personal care for up to 15 younger adults who live with a learning disability or autism. There were eight people living at the home and one person on respite during the day at the time of our visit. The home has accommodation provided on two floors. Accommodation consists of single occupancy bedrooms with en-suite facilities and on the first floor there are two, two bedroom flats. There are internal and external communal areas, including kitchens, lounge/ dining areas, conservatory, activities room, sensory room, and a secure garden for people and their visitors to use. There are security cameras in all communal areas of the home and this was clearly communicated to people and their visitors via notices.

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

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. There were formal systems in place to assess people's capacity for decision making. Where people had been assessed as lacking capacity to make day-to-day decisions, applications had been made to the local authorising agencies. Staff respected people's choices about how they wished to be supported. Staff were able to show a sufficient understanding of MCA and DoLS to make sure that people would not have their freedom restricted in an unlawful manner.

People were supported by staff in a caring and respectful way that maintained their safety, but also supported their independence. People had individualised care and support plans in place which recorded their likes and dislikes, care and support needs and the person's wishes and goals. These plans gave staff guidelines and prompts on any assistance a person may require and information on how they would like to be supported.

Risks to people were identified by staff. Plans were put into place to minimise these individual risks to enable people to live as safe and independent a life as possible. There were arrangements in place for the safe storage of people's prescribed medicines. Staff understood their responsibilities in the management and recording of medicines. Medicines audits, to check the amount of medication held in stock, were carried out on a daily basis to ensure accuracy. Accurate and detailed records of medicines and medicines administration were kept.

Staff cared for people in a kind way. Staff took time to reassure people who were becoming anxious in an understanding manner. People and their relatives were able to raise any suggestions or concerns that they might have had with staff and the registered manager and were listened too.

There were a sufficient number of staff on duty to meet people's individual care and support needs. Staff were trained to provide effective care which met people's health and social care needs. Staff understood their role and responsibilities. They were supported by the registered manager to maintain their skills through supervision, appraisals, observations and training.

There was an on-going quality monitoring process in place to identify areas of improvement required within the home. Where improvements had been identified there were actions plans in place which documented any action taken.

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.

People's support and care needs were met by a sufficient number of staff. Staff were recruited safely and trained to meet the needs of people who lived at the home.

Systems were in place to support people to be cared for safely and to make sure that any identified risks were reduced. Staff were aware of their responsibility to report any safeguarding concerns.

Medicines were stored safely and staff were trained to administer medicines. Accurate records of medicine administration were kept.

Is the service effective?

Good

The service was effective.

DoLS applications had been made to ensure that people's rights were protected.

People's care and support needs were reviewed to ensure that staff were able to meet their current needs.

People were supported to eat a nutritional diet. People's nutritional health and well-being was monitored by staff.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful in the way that they supported people.

Staff encouraged people to make their own choices about things that were important to them and to maintain their independence.

People's privacy and dignity were respected by staff.

Is the service responsive?

Good

The service was responsive.

People were supported to continue their interests and maintain their links with the community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated. People's individual needs and wishes were documented clearly and were met.

There was a system in place to receive and satisfactorily manage people's suggestions or complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

People and staff were asked to feedback on the quality of the service provided.

There was a quality monitoring process in place to identify any areas of improvement required within the home. Plans were in place to act upon any improvements identified.

Haddon House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 February 2016, was unannounced and was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of working with or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete and return 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. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law.

We asked for feedback from a community nurse, and representatives from the Peterborough City Council adult social care practitioner's team. We also looked at reports completed by a representative of the access to resources team from Cambridge County Council following their recent visit to the home.

We observed how the staff interacted with people who lived in the service. We spoke with three people who used the service and three relatives of people using the service. We also spoke with the registered manager, office manager, acting team leader, senior support worker and support worker.

We looked at two people's care records and two staff files. We also looked at the systems for monitoring staff supervisions, appraisals and training. We looked at other documentation such as quality monitoring records, surveys, building maintenance records and safety checks, business contingency plan, compliments and complaints and medication administration records.

Good

Is the service safe?

Our findings

At our inspection of Haddon House on 7 April 2015 we found that there was an insufficient number of staff to meet people's individual needs. The provider wrote to tell us what improvements they intended to make and this was due by July 2015.

At this inspection on 1 February 2016 we found that the provider had followed their action plan that they had written to meet shortfalls in staffing numbers.

We saw that there were a sufficient number of staff on duty to meet people's assessed care and support needs. The registered manager and staff confirmed that agency staff were only used when shifts could not be covered by permanent members of staff. One staff member said, "Morale is a lot better. [We are] working better as a team. [We] used to use a lot of agency [staff], but now maybe only use agency [staff] once a month." Another staff member told us, "Staffing levels [are] safe, and appropriate levels in place. The director won't compromise on staffing levels. [We are] slightly overstaffed at the moment. Staffing levels are based on service user [people's] needs, for example two [staff] to one [person] support in the community – so extra staff are called in." Our observations showed that people's requests for assistance were responded to in a timely manner. We noted that staff, whilst they were busy, did not hurry the people they supported. We also saw that people were assisted by staff with their hobbies and interests and to maintain their links with the local community.

At our inspection of Haddon House on 7 April 2015 we found that records of people's prescribed medication were not always detailed enough, accurate or completed in full. This meant that there was an increased risk of miss-interpretation of these records by other staff members. The provider wrote to tell us what they planned to do and this action was due by November 2015.

At this inspection on 1 February 2016 we found that the provider had followed their action plan that they had written to meet shortfalls in relation medicine records.

Relatives we spoke with had no concerns around their family member's medication. Staff understood their responsibilities in the management and recording of medicines. They confirmed that they received regular training and that their competency was assessed by the registered manager or senior member of staff. This was confirmed by the records we looked at.

We saw that there were suitable facilities for the safe storage of medicine and that medicines were kept at the correct temperature. Some people were prescribed medicines to be administered on an 'as required' basis. We saw that there were clear protocols in place for staff for when this medication should be administered. All administration of people's medicines was to be witnessed by another staff member to reduce the risk of error. Medication administration records were audited daily to ensure all medication had been administered and that medicine stocks tallied. These audits also checked that records of administration had been completed in full, and were an accurate document.

People and relatives of people told us that they or their family member was safe living at Haddon House. One person said, "I am very safe here and the doors have codes and locks so no one can get in. They have cameras here as well [in communal areas only]. Staff support me with my daily chores and help me in the community, I don't feel scared here at all." Another person who was unable to verbalise was shown pictorial symbols and communicated, "I feel safe yes." A relative told us, "Staff are brilliant there and we have no worries about [family member] safety at all." Another relative said, "Yes, I do believe she is kept safe as she can be difficult at times." This meant that the care and support provided made people feel safe living at the home.

Staff demonstrated to us their knowledge on how to identify and report any suspicions of, or actual harm. They told us that they had undertaken safeguarding training and refresher training. Staff records confirmed this to be the case. Staff demonstrated to us their knowledge on how to identify the different types of abuse and report any suspicions of poor care practice or harm. They said that they would raise concerns immediately if they had any. They were also aware that they could also report any concerns to external agencies such as the local authority and Care Quality Commission. This showed us that staff knew the processes in place to reduce the risk of harm.

People had individual risk assessments undertaken in relation to their identified support and care needs. Specific risk assessments were in place for people at risk. Risks identified, included people maintaining their own personal care, behaviour that may challenge them and others, and using the kitchen. Risk assessments were also in place for, financial abuse, community access, going swimming, use of public transport, and medication. Risk assessments gave guidance to staff to help assist people to live as safe and independent a life as possible. They also helped reduce the risk of people receiving inappropriate or unsafe care and assistance.

Staff said that pre-employment safety checks were carried out on them prior to them starting work at the service. Checks included references from previous employment. A criminal record check that is undertaken with the disclosure and barring service, proof of current address, photographic identification, and any gaps in employment history explained. Staff then had a face to face interview where they had to complete a written exercise. This demonstrated to us that there was a system in place to make sure that staff were only employed if they were deemed safe and suitable to work with people who lived in the service.

We found that people had a personal emergency evacuation plan in place. This showed us that there was a plan in place to assist people to be evacuated safely in the event of a foreseeable emergency such as a fire.

Inspection checks and certificates for safety assessments on the home's utility systems, and fire safety checks showed that the management made checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, work or visit.

Good

Is the service effective?

Our findings

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 to 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. We spoke with the registered manager about the MCA and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Records confirmed that people's capacity to make day-to-day decisions had been assessed and documented. The registered manager told us that where people had been assessed as lacking the mental capacity to make day-to-day decisions, applications had been made to the local authorising agencies. On the day of our visit we looked at a random sample of applications. We saw that applications that had been authorised were in date and conditions of the authorised applications were being followed.

Staff demonstrated to us that they valued people's choice about how they wished to be assisted. Records showed that staff had received training in MCA and DoLS. On speaking to staff we noted that their knowledge about MCA 2005 and DoLS was embedded. One staff member said, "[You] make sure people get best quality of care and participate in making decisions. Decisions would be made in their [the person's] best interest if they lacked capacity." Another staff member told us, "[The] principle is that a person is allowed to make their own choices. [If they] lack capacity it does not mean that people can't make a choice. [We] assume people have capacity unless assessed otherwise. Decisions [are then] made in [their] best interest." This meant that staff demonstrated to us an understanding of the importance of respecting people's choice and to make sure that people would not have their freedom restricted in an unlawful manner.

Staff told us that they were supported with regular supervisions and appraisals. Staff said that when they first joined the team they had an induction period which included mandatory training and shadowing a more experienced staff member. This was until they were deemed by the registered manager competent and confident to provide people with effective and safe care and support. We noted in the records that new staff had completed the Care Certificate induction. This was confirmed by staff we spoke with. The Care Certificate is a nationally recognised qualification for new staff with care responsibilities.

Staff were knowledgeable about people's individual support and care needs. Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. One staff member told us about the training they had received in distraction techniques. They said that this had helped them support people when they were at risk of increased anxiety. A person said, "Staff are well trained here." A relative told us, "We are very happy and staff are well trained and keep [family

member] safe." Training included , managing challenging behaviour, equality and diversity, first aid, food safety, infection control, safe handling of medication, MCA and DoLS, diet and nutrition, moving and positioning. Specialist training was also undertaken. This included autism awareness, learning disability awareness and epilepsy. This training was confirmed by the registered manager's record of staff training carried out to date. This showed us that staff were supported to provide effective care and support with regular training and development.

Throughout the home we saw that pictorial symbols were used to help prompt and aid people's understanding. For people who had limited or no verbalisation skills we saw that 'signing' was also promoted with a 'sign of the week' on display around the home.

People made positive comments about the meals provided. One person said, "The food is good and we get a choice of food as well." Another person communicated to us, using pictorial symbols, "Yes, I like the food." We saw that people, where appropriate, were involved in preparing their meal using food purchased at the local supermarket with the support of staff. Where people were on a special diet, we saw that details of these diets were recorded for staff as guidance. Fresh fruit, drinks, and snacks were available throughout the day. This showed us that people were supported with their nutritional and hydration needs.

External health care professionals were involved by staff if there were any concerns about people living in the home. These referrals for guidance included, speech and language therapists community dieticians, and occupational therapists for people assessed as at risk.

Good

Is the service caring?

Our findings

People and relatives told us that staff assisted them or their family member in a kind and respectful manner. One person said, "Staff are very caring and look after me well." Another person using pictorial symbols communicated, "Yes staff are good." A relative told us, "Staff are very caring and they take [family member] out, they have adapted everything for [family members] needs and you could not ask for more than that." Another relative said, "Staff are learning [about family member] inside out and things have improved greatly since the change of management. [Family member] is kept clean and bathed regularly. Yes staff are caring." We saw that staff took time to reassure people who were becoming anxious in an understanding and patient manner to help them calm down. We observed staff engage and communicate with people in positive and supportive way when people were sitting, doing an activity or walking about the service.

We saw that staff helped people develop and maintain their independence through the promotion of their life skills. This included helping with the laundry or shopping for food and then helping prepare meals for people living at the home. We noted that menus were prepared in consultation with people living in the service.

Relatives told us that they were made to feel welcome when visiting the home. One relative said, "We were invited to Christmas dinner with [family member] and we arrived at 11am and stayed till 16:00pm and it was such a lovely day for us. Staff were fantastic….we see the new manager all the time. She will come out and greet us and chat with us when we visit our [family member]."

We saw that people were dressed appropriately for the temperature of the service and in a manner which maintained their dignity. We observed that people were able to personalise their bedrooms with their own belongings, pictures, posters and furnishings of their own choice. People were also able to close their bedroom doors if they wanted privacy. This meant that staff supported people to make their personal rooms more homely.

Advocacy information was available for people if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw that some people had formal legal processes in place to help them manage their finances.

Good

Is the service responsive?

Our findings

People talked to us about their trips outside of the home to maintain links with the community and promote social inclusion. People visited local shops, local towns, cinema, attended swimming baths, and visited museums, with the support of staff. A person told us, "I go to [named museum] every Friday and [named local town] on a Tuesday so staff are responsive to what I want and support me very well."

Staff helped to plan and co-ordinate activities for people according to their interests. We observed activities taking place during this inspection. We saw that staff supported people in the sensory room, to spend time in the garden, go food shopping and play games of pool.

Prior to living at the service, people's health, care, and support needs were assessed and planned to ensure they had an individualised plan of care and support. They also established whether the service could meet the person's individual needs. Staff we spoke with demonstrated to us a good understanding of each person's care and support needs. They also demonstrated their knowledge in how that person wished to be assisted. People were provided with individualised care based upon what was important to them. Interactions observed between people and staff showed us how well staff knew the people they cared for.

Care records showed that people's care and support needs, and personalised risk assessments were documented, and monitored by staff. One person said, "It's a person centred care plan I have and I am involved in my care plan." A relative told us, "They [staff] have made adjustments for [family member] and have worked hard with him. We are at his reviews and staff have always communicated to us if they need to." Another relative said, "Staff always respond if we phone up and ask questions and we attend reviews all the time." Staff told us that care records contained enough detailed information about the person they were supporting to get to know them. Staff confirmed to us that if they felt that a care record needed updating they would inform management. The management would then review these records and update them as required.

Care records showed that documents including 'things I like and don't like', 'how to approach me – dos and don'ts' and 'what I am good at.' These were in an easy read/pictorial format to aid with people's understanding. Records showed that people's care records were reviewed. These reviews were carried out to make sure that people's current care and support needs were documented and up-to-date.

Staff we spoke with confirmed to us the effective way they communicated and engaged with people they were assisting. They used different method such as signing (Makaton) or visual prompts /pictures. This meant that staff used different ways to ensure that people could effectively communicate their wishes.

Staff said that they knew the process for reporting concerns and that they would raise these concerns with the person in charge. A complaints policy which was in an easy read/pictorial format to help aid people's understanding was on the communal notice board to view. A person said, "I have no complaints at all and if I was to complain I would tell the manager and she would sort it for me." Records of complaints showed us that complaints were recorded and responded to appropriately and in a timely manner.

Good

Is the service well-led?

Our findings

The home had a registered manager in place and they were assisted by a team of support staff. People and relatives spoken with were very complimentary about the quality of care and support provided at the home. One person said, "It's a good home and the new manager is really nice, it's great compared to other places I have lived. All my needs are met." They went on to tell us that the only improvement would be for the home to be located in their home town. Another person communicated to us using pictorial symbols, "Yes it's good." One relative told us, "The staff and manager are open and transparent with us. If they have made mistakes they have told us. My gut feeling is the home is well managed now, we have no concerns." Another relative said, "Big improvements now and the home is well-led I believe. We have more confidence now with everything."

Staff spoke confidently about how people were valued and were at the core of what they do. Staff confirmed that they liked working at the home and that staff morale was good. One staff member described working with people at the home as, "Very rewarding." Another staff member said that there had been, "Lots of changes – very good changes. [It's] much better how people are cared for. People are more [of] a priority. [There are] better activities and [people's] welfare is a lot better."

Staff meetings were held regularly and those areas to improve on were discussed and documented within the minutes. Staff meeting agendas also included the heading 'any other business.' This was a part of the meetings where the registered manager opened up the meeting to staff for them to share any concerns that they may have and make any suggestions. One staff member said, "Staff [are] encouraged to voice opinions. [There are] no restrictions to say what you feel."

Staff demonstrated to us their knowledge of their roles and responsibilities. They said that they knew and understood what was expected of them. They were regularly reminded of their roles and responsibilities at supervisions and staff meetings. Staff showed us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so.

People told us that they were asked to feedback on the service provided. This was through surveys and regular house meetings. Staff were also given the opportunity to feedback on the quality of the service provided via a survey. Information from the feedback was used to improve the quality of service where possible. The feedback from the staff survey had not yet been collated so it was too soon for the provider to note if there were any areas of improvement required. The survey for people to feedback their views showed a positive response and we noted that areas for improvement required were being acted upon.

We saw that people living in the home were able to be involved in the running of the home if they chose to do so. The registered manager told us that one person liked to be involved in the recruitment process of new staff. Records showed that this person provided questions that were important to them to be asked during the interview panel.

We noted that the provider was a member of ASDAN (award scheme development and accreditation network). This is a British charity organisation that provides educational opportunities for people to develop their personal and social attributes through an awards programme and qualifications.

The registered manager notified the CQC of incidents that occurred within the service that they were legally obliged to inform us about. They had always done this in a timely manner. This showed us that the registered manager had an understanding of their role and responsibilities.

An on-going quality monitoring process was in place to review the quality of the service provided. This process included of the review of petty cash, health and safety, staff inductions and supervisions, staff absence and, people's care records. There were also a provider's quality monitoring visit which audited CQC notifications, incidents, staff training, the environment, and staff and service user feedback. Any improvements required as a result of learning from this analysis was recorded in an action plan to be worked on.