Precious Homes Limited

Autus Court

Inspection report

129 Friern Barnet Road
London
N11 3DY

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26 January 2017

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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

The inspection took place on 26 January 2017 and was unannounced. At the last inspection on 10 September 2015 the service was in breach of legal requirements relating to the safety of the building, risks associated with the environment and training of care staff. We found that improvements had been made in these areas and the service was no longer in breach.

Autus Court provides accommodation with personal care for up to four people with learning difficulties and mental health needs. Four people were using the service at the time of this inspection.

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

There were robust systems in place to safeguard people from harm. We saw where the home gathered detailed information about incidents and learned from them. Risk assessments were thorough and had practical actions in place to minimise the risk of harm occurring. The service had a positive approach to risk taking and encouraged people to take appropriate risks in a measured way.

There were enough staff on each shift to meet the needs of people, both in the home and out of the home. People had one to one staff supporting them and these were in place on the day of our visit.

Staff had a good understanding of the Mental Capacity Act 2005 and the care that was provided was in keeping with these principles. Consent documents were in place and best interest decisions were evidenced and reflected the decisions that people needed support with.

The food was healthy and people had a choice in what they ate and contributed to the shopping and cooking. Mealtimes were shared and people were happy with the food and were smiling or laughing throughout.

Staff training had improved since our last inspection and staff were suitably trained and supported to meet people's needs.

We saw kind and caring interactions with people and people were involved in decisions about how they spent their day. People were offered stimulating and varied activities at different points in the day.

Care documents and the approach of care staff was person centred and had the preferences of the individual at the core of it.

Staff felt supported by the registered manager, had regular supervisions and shared values about how the service should support people.

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. Medicines were administered safely by staff that had their competency tested.

There was good awareness of risks that people faced and how to report a safeguarding concern.

There were enough staff on shift to meet the needs of people.

Is the service effective?

Good

The service was effective. Staff had regular structured supervision that they found helpful.

All staff had training in areas required to meet the specific needs of people.

There was a range of food on offer and healthy snack options.

The principles of the Mental Capacity Act 2005 were being adhered to, with comprehensive consent and best interest records filled out fully and accurately.

Is the service caring?

Good

The service was caring. People were smiling and laughing when they interacted with care staff.

People had choice about how they spent their day, what clothes they wore and what they ate.

Care staff were kind and respectful towards people.

Is the service responsive?

Good

The service was responsive. Care records and care were person centred.

The service responded to changes in behaviour and needs by changing how support was provided.

Complaints were effectively recorded, responded to and action

taken to resolve them.

People were supported to go out every day and do a range of activities of their choosing.

Is the service well-led?

Good

The service was well-led. Staff felt supported and said the registered manager was approachable.

The registered manager was reflective and looking to improve the experience of people living in the home.

Audits were in place to monitor and improve the quality of care.

Autus Court

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 checked 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 26 January 2017 and was unannounced. The inspection team consisted of one inspector. Prior to the inspection we reviewed the records held on the service. We looked at previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and contacted service commissioners to ask for feedback.

During the inspection we spoke to three people living in Autus Court, three staff members on shift, and the registered manager. We also spoke with health and social care professionals. We observed interactions between care staff, the registered manager and the people using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at four staff personnel files, complaints and compliments, training records, health and safety documents, four care files including risk assessments and support plans, and daily records used in the running of the service.

Good

Is the service safe?

Our findings

People were safe in Autus Court. A professional that we spoke with said "yes they are safe there definitely". When we asked a person if they felt safe and happy there they said "yes" and smiled. Care staff put up photographs of which staff member was working on which shift so people knew who was going to support them. The aim of this was to help people understand who was going to be working with a view to reducing anxiety.

There were robust systems in place to manage risks and risks to individuals were managed in a positive and proportionate way. The registered manager gave us examples of where risk was managed positively so that people could become more independent. For example, following an incident in the kitchen, two people were being supported differently to enable them to continue to use the kitchen as opposed to being prevented from using the kitchen.

Individual risk assessments were in place for each person using the service, and were used to identify any risks posed to people and the staff supporting them. The registered manager told us these were reviewed six monthly or if needs and risks changed and records showed these were reviewed within this timeframe. Risks identified were individual to people and management plans including specific actions were put into place to manage behaviour that might put people or others at risk. These management plans were reflected in the support that we saw people being given throughout the day. For example, one person was distracted with music they liked when they started to self-harm and another person was supported to access the community with the support of two staff members. There were risk assessments in place for staff working alone with people and what to do when supporting a person out in the community and in the home.

Autus Court provides support to individuals whose behaviour can challenge the service. The challenging behaviour policy stated that all physical intervention from staff to people living in the home should be recorded on an incident form and a 'physical intervention record' created. At the previous inspection the provider had not followed their own policy and failed to record all physical interventions. However, at this inspection we saw improvements had been made in this area and incident recording, and follow ups were thorough and consistent. We saw the information from incidents was analysed and compiled into a report to look at any patterns of behaviour around incidents. This was used to work with people to identify what the trigger was for them being upset and learning from it. For one person we saw how the number of incidents had reduced. The registered manager told us this was because they had worked out that a trigger was busy mealtimes. The manager said that mealtimes for this person were quieter and the records showed they became upset less often.

The incident records were signed to say they were sent to the director of operations and relevant health care professionals and contained a management plan. One health and social care professional told us they were always informed when there was an incident. We asked the care staff and registered manager how they approached people when they became upset and might harm themselves or others. We were told that the approach was different for different people. One person responded well to being distracted, while another person would need to be in a quiet space away from other people. We saw that care staff had been on

training for working with people whose behaviour can challenge.

Each staff member we spoke with had a good understanding of the different types of abuse, what they might look for if they suspected abuse and how the people that they worked with might express discomfort or distress. Care staff and the registered manager were able to talk through the steps they would take if they had a concern about a person and knew how to report to the local safeguarding authority. The registered manager told us there were regular meetings with other home managers run by the provider to share learning from safeguarding incidents and discuss best practice.

There were enough staff working in the home to ensure the safety of people living there. Every person was on a one to one staffing ratio, with two people needing the support of two staff members when they went out. This was in place on the day of the inspection with the registered manager being an extra staff member in the home to assist when required. We looked at the staff rota and saw there were four agency staff on during the week of the inspection. The registered manager told us the agency staff had all been there before and knew people but acknowledged that having agency staff rather than permanent can be unsettling for people. The registered manager told us they were actively recruiting new staff but that they "did not want to settle for just anyone" and they needed "someone special to fill the job" to meet the particular needs of the people living in the home.

Safe recruitment practises were in place to ensure that staff were appropriate for the role they were applying for. We saw evidence there were criminal records checks done for every staff member. We saw an application and interview process had been followed and employment references were requested and received for new staff before they started in post.

Medicines were administered safely. We looked at Medicine Administration Records (MAR) for four people and saw they had no gaps and were consistently filled out and checked weekly by the team leader. Medicines were stored in a locked wall mounted cabinet. They were only administered by staff that had completed medicines training and had their competency assessed. The medicines folder for each person contained a photograph to try and avoid errors and had a section explaining how they liked to take their medicines. For medicines that were to be taken as required (PRN) there was a separate sheet for each one explaining when the medicines might be needed, procedures to try before administering the medicine so that it was a last resort and what the side effects might be. The registered manager told us that if any person did not want to take their medicine they would contact the GP straight away as it would be a significant behaviour for them not to take it.

A fire risk assessment was in place and all equipment was in working order. The fire panel was showing no faults and there was a pictorial fire evacuation poster to give instructions in the event of an emergency. Each person had an individual personal evacuation plan in the event of a fire and there was contingency planning in place. The home had a 'grab bag' full of peoples belongings that would make them feel comfortable if they had to leave their home and stay elsewhere in the event of an emergency.

On our last inspection, we saw that there were some maintenance issues that were posing a risk to people. We looked at the home environment and maintenance records and saw that maintenance issues were being followed up and resolved more quickly and the environment was much safer.

Good

Is the service effective?

Our findings

The service was effective. A health and social care professional that we spoke with said about a person they had "come on leaps and bounds since living there." We saw that the longer people lived in Autus Court the more stable their behaviour became and the less they got upset and were involved in incidents where they or someone else got hurt.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The registered manager and care staff had an understanding of the MCA and had attended training. For each person there was a mental capacity assessment in place that was reviewed regularly and best interest decisions records for specific decisions relating to medicines, personal care, and finances were in place. Each person had an approved DoLS application in place and there were consent documents on file that some people had signed to say they consented to receiving care and medicines and their personal records being held at the home.

We spoke to care staff about training and if they felt equipped to provide care. One care staff said "all training was definitely helpful." A health and social care professional that we spoke with had noticed an improvement in the quality of the training and said "training is better; they understand in more depth their clients now. We looked at training records and found that all staff had been on training in working with people with autism, person centred thinking, positive behaviour support, safeguarding, mental capacity act, equality and diversity and infection control. Training had improved since our last inspection and five staff had been on training for and were using Makaton sign language as an additional way of communicating with people living in the home.

Supervisions were taking place every six weeks for care staff and notes recorded that topics covered in supervision included training and development, risks to people, debriefing after incidents, and an on-going assessment of people's needs. Care staff said they enjoyed supervision and found it helpful. One care staff member said "really enjoy my supervision" and they "talk about goals, peoples support and it helps us to know what to do better." We saw records for yearly appraisals in place where staff were given feedback on their performance and given the opportunity to discuss development and training opportunities.

We looked at whether people were having their dietary and nutritional needs met. Each person was weighed monthly and this was compared with previous months. People contributed to choosing the food that went on the menu and helped with shopping. There was a range of balanced meals and people that we spoke with said they liked the food in the home. People were supported to make healthy choices. For example, one person who needed assistance to choose healthy options was given a tub with several pictures of healthy

snacks and they picked out a picture each day so that their range of choices was meeting their dietary needs.

Food was important to the people in the home and it featured in care plans and daily routines and care staff had an understanding of how food can affect mood and behaviour and contribute to how well people felt.

Care records showed that people were supported to access health care services. We saw referrals and follow up letters and appointment records for psychologists, dentists, neurologists, and GP's. These appointments were recorded in the home diary and discussed at the start of each day so that staff could plan enough time to get there and who would be the most appropriate staff member to support the person to attend. For one person who chose not to engage with health care services the home had a gentle approach in encouraging them to start think about attending appointments and were beginning to address the underlying reason why they did not want to.

Good

Is the service caring?

Our findings

Autus Court had a comfortable atmosphere, with soft furnishings and decor giving it more of a homely feel than during our last visit. The home had photographs of people taking part in activities that lived in the home and people doing different daily activities throughout the day. During the visit we saw care staff interacting with people and laughing and telling jokes and talking comfortably, people looked relaxed and happy. The registered manager told us "We are there for the service user, its not about us its about them, we want to make them happy". Staff gave us lots of examples where support was caring, one staff member said "We just want to make people happy, we have parties and do fun things…help them to find new ways to express themselves." Where one person became upset staff used a distraction technique and the person became calmer. This approach was mirrored in care plans for this person as their preferred method of being supported when upset and showed that care staff knew the person and wanted them to stop feeling upset.

Staff and the registered manager told us people had named care staff who took the lead in updating care files and was a point of contact for all staff that supported each person. We asked the registered manager how it was decided which staff will work with which person. They told us it was a combination of who the person got on well with and the mix of skills and abilities to meet that persons needs. We saw where a person preferred to work with a particular gender and staff of their same ethnic background this was being met where possible. Staff knew people well and picked up on earlier conversations that flowed naturally and the interactions we saw were consistently kind and respectful.

Care staff were able to describe each person and their routines and how they liked to be supported. There was a care planning document that looked at how different staff supported people and what things the person responded well to and seemed to like. This was used for staff to get to know people and look at over time how their preferences changed in how they interacted with care staff and their expectations of them. This was an effective additional tool for building positive caring relationships with people and showed the service had an insight into how people responded to different personalities and situations.

We saw throughout the day people were supported to make choices about how they spent their day, what they ate, wore and where they went and were involved in different aspects of the running of the service and their care. These choices were respected and carried through. We observed staff offering select options for an outing to one person who found too many options confusing; this meant they were able to make a choice about where they went without it being too stressful for them. We saw care staff also asked open ended questions of other people who were able and confident to choose from a wider range of options. We saw records of meetings where people were given a voice to provide feedback on the service such as food and activities so they felt listened to. Every person in the service had an Independent Mental Capacity Advocate to represent them so their views were being fairly presented for any major decisions that would affect them.

We observed staff encouraging people to do things for themselves and be as independent as possible. Where a persons long term goal was to move on to more independent accommodation their care plan reflected this and the activities they did were put in place to challenge ideas about what could be achieved

and support people in being more confident in doing day to day activities. For example one person was encouraged to brush their teeth themselves rather than care staff doing it. The privacy of people was respected and staff knocked on peoples doors before entering rooms.

Good

Is the service responsive?

Our findings

Health and social care professionals we spoke with said Autus Court provided responsive care. One healthcare professional said they were "good at communicating" a change in needs or behaviour and responding to what people told them. Staff told us because people in the home were not always able to verbalise their changing needs and emotions, care staff had to observe behaviour and listen carefully to what was being said to try and respond to needs as effectively as they could.

We saw from care records and observing interactions the service was person centred. There was a care staff member who was the nominated 'person centred champion' and whose role it was to work "collaboratively" with people to meet their needs. A person centred review was conducted each month to look at how people's needs were being met and "to understand what people like and what they expect from life in general." We saw that care files were focused on the individual, and what their likes and dislikes were and what things made them happy. People had goals in their files and a history of their life so far.

Needs assessments were comprehensive and centred around the person and their long-term goals and how to take small practical steps to achieve them. Needs were assessed on an on-going basis with monthly reviews of needs. We saw that each person was involved in their reviews and the approach was different for each person, For example, one person liked going to the library and was interested in computers so care staff set up a slide show on a projector at the library with pictorial slides of areas to discuss with them.

People in the home were engaged in activities throughout our visit. There was a board in the communal hallway which was laid out so that people could see in pictures what they had planned to do that day. For people who enjoyed set routines, they had the same activity every day. For other people, they had a choice of what they could do and staff were flexible in facilitating their chosen activity. For one person who could not differentiate between days, there was a pointer to tell them what day it was. Some of the people living in the home liked to go out to eat and weekend lunches were arranged to accommodate this. Activities ranged from visiting different areas of London, watching television, doing laundry and playing musical instruments.

We asked the registered manager how the home responded to peoples changing needs. They gave an example where a person had expressed an interest in having a relationship. They said they had not talked about this before and wanted to explore with that person if they understood what it meant and if it was something they did want. The registered manager explained the home had arranged for a health professional to visit the person on a recurring basis to explore these issues and raise awareness about being safe in and building relationships. The home responded to an emerging need for this person and put a support structure in place for them.

We observed the afternoon handover between the morning and evening staff and saw that people's needs were assessed by staff during this meeting. One staff member noted that two people had been sneezing so an action was set to buy honey and lemon that afternoon in case they were getting a cold. For another person, it was noted that since their medicines dosage had changed they had been more alert and had been doing more for themselves and reacting emotionally to different triggers. The manager discussed with the

team that the risk assessment would need to be updated to reflect this and staff should communicate any further changes in behaviour to the rest of the team.

The home maintained a record of all complaints. They responded to complaints promptly and recorded the actions they had taken to resolve them. In the communal hallway, there was a pictorial complaints procedure for people to see how they could make a complaint. A health and social care professional that we spoke with said of the people living in the home "if they wanted to complain they would just say so." They felt confident people would approach staff or staff would pick up from their behaviour if they were not happy with something.

Good

Is the service well-led?

Our findings

Autus Court had a manager in place who was registered with the CQC and was qualified to undertake the role. During the inspection, they demonstrated a good understanding of quality care and how to support care staff to provide it. We checked and confirmed the provider was meeting the requirement to display their most recent CQC rating. Before our inspection, we checked records we held about the service. We found they had notified CQC of accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

Staff said the registered manager was "very supportive" and "if I have an issue with anything I can talk to them at any moment." We saw that the registered manager was visible, had a hands-on approach throughout the day and people living in the home wanted to spend time with them. Interactions we observed between the registered manager and staff were positive and supportive and staff were listened to.

At our last inspection, the management team had not made consistent use of the provider's quality assurance systems, with the result that they had not identified where they had been in breach of regulations. At this inspection, we saw evidence of checking quality in every aspect of the service. The provider, registered manager and senior staff team carried out a series of quality checks and audits on different aspects of the service to check people were receiving safe, good quality care. We saw there was a robust audit system in place with checks being made on medicines administration, needs assessments, risk assessments, incident forms, and the safety of the living environment. Audit records showed that any gaps were being picked up and addressed and not repeated. The registered manager used the information that was gathered to inform about the quality of the care and highlight any areas for development.

From speaking to the registered manager and staff and observing care in practice we saw that there was a positive attitude in the home. When problems arose, the aim of staff was to find a solution. This was evidenced in the identification of triggers for incidents to result in one person that became happier and became upset less often. The registered manager told us "we aspire to make things better we don't want negativity."

The registered manager said of the care staff "I do have a good team" and "credit goes to them for their hard work" and expressed that they were valued. We saw at a provider level there was an ethos of developing staff that were identified as performing well and investing in staff through pay and training opportunities. We saw evidence of best practise being shared with other services and partnership working in place with health and social care professionals to improve the experience of care for people.

Records we reviewed showed the provider undertook an annual satisfaction survey with relatives. They had recently redesigned the survey so that it was more accessible. Regular staff meetings were held and the registered manager said "we want new ideas from staff…staff feed into how the service is run." We saw from the handover and supervision notes that staff ideas were listened to and incorporated into the running of the service.