

Homes Caring for Autism Limited

Stafford Lodge

Inspection report

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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

Stafford Lodge provides accommodation and support for up to five people who have autistic spectrum disorders and learning disabilities.

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

We carried out a previous inspection of this service on 1 October 2013 where we found the service was meeting the requirements in the areas we looked at.

This inspection took place on 15 December 2016 and was unannounced. At the time of our inspection there were five people living in Stafford Lodge. People had a range of needs, with some people living with epilepsy, autism spectrum disorders and learning disabilities.

Staff treated people with kindness and respect. People enjoyed pleasant interactions with staff which demonstrated people felt comfortable in their presence. Staff knew people's preferences and communicated with people using their preferred methods of communication. For example, staff had used pictures in order to enable one person to better express their wishes and enable them to make choices. During our inspection we saw positive and caring interactions between people and staff. We found staff had caring attitudes towards people and spoke highly of them, their personalities and qualities within their care plans.

People were protected from risks relating to their health, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to minimise these risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staff competencies relating to the administration of medicines were regularly checked.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding information and contact numbers for the relevant bodies were accessible. Staff told us they felt comfortable raising concerns. Recruitment procedures were in place to ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable.

Staffing numbers at the service were sufficient to meet people's needs and provide them with two to one or one to one support where required. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

Staff had the competencies and information they required in order to meet people's needs. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and encouraged to help prepare meals where they were able.

There was open and effective management at Stafford Lodge. The registered manager led by example to ensure best practice was followed. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

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 received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff displayed caring attitudes towards people and spoke about people with affection and respect.

Staff supported people in an individualised way.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity and respect.

People were encouraged to be independent and have a say in the way their care was delivered.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from meaningful activities which reflected their interests.

People were encouraged to make complaints where appropriate.

Is the service well-led?

Good ●

The service was well led.

People and relatives spoke highly of the registered manager and confirmed they were approachable.

There was an open culture where people and their relatives were encouraged to provide feedback. This was used to improve the service.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

Stafford Lodge

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 15 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

People who lived in Stafford Lodge were mostly unable to talk to us about their experience of the home because they had communication difficulties. During our inspection it was not appropriate to conduct a short observational framework for inspection (SOFI) because people spent most of the time in different rooms and being supported by staff to go about their day. SOFI is a specific way of observing care to help us understand the experience of people who are unable to talk to us. Although we did not conduct a SOFI during this inspection, we used the principles of SOFI when conducting our observations around the home.

We looked around the home, spent time with people in the lounge, the kitchen, the dining room and saw some of their bedrooms. We observed how staff interacted with people throughout the inspection. We spent time with people over the lunchtime meal period. We spent time with four people who lived in Stafford Lodge, five members of staff and the registered manager.

We looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We looked in detail at the care provided to three people, including looking at their care files and other records. We looked at the recruitment files for three staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

The people who lived in Stafford Lodge were unable to tell us whether they felt safe at the home. We spent time with people observing their interactions with staff. We saw people spending time with staff and looking comfortable in their presence. We saw people chatting to staff, reaching out to them and smiling. This indicated people felt safe in staff's company.

People had a variety of needs relating to their learning disability, autism spectrum disorder and physical health. These included needs relating to people's behaviours, epilepsy and nutrition. Staff recognised the need for people to receive structured support that met their needs for routine and predictability. Risks to people were being well managed. The potential risks to each person's health, safety and welfare had been identified and staff had put plans in place to ensure risks were minimised. For example, one person displayed behaviours which could pose risks to others. Staff had identified the potential for this person to cause someone else harm when walking up and down the stairs. Staff had put in place an action plan with strict guidelines to follow about how the person should be supported to travel up and down stairs, where staff should stand and to wait until nobody else was travelling on the stairs. This demonstrated staff had considered all eventualities surrounding people's safety and had taken measures to minimise any risks.

People's behaviours had been thoroughly monitored. This ensured safety measures were put in place which supported people to remain as independent as possible whilst also protecting people. For instance, one person could display behaviours which could cause significant risks to themselves, staff and others when travelling in the car and travelling out of the home. Staff had implemented safety measures such as installing a safety screen in the car and creating strict guidelines around actions staff were to take and not to take. This ensured that people were protected whilst also enhancing this person's freedoms to go out in the car and access activities away from the home.

Where one person had specific healthcare needs, such as epilepsy, there were highly detailed assessments and plans in place for staff to follow. Staff had received specialised training in this area in order to be able to safely meet the person's healthcare needs. This guidance described how this person exhibited their seizures, what signs staff were to look out for and what actions they should take. Relevant monitoring and protecting equipment, such as bed and audio monitors had been purchased following best interests decisions and information about epilepsy had been created for the person using pictures. This enabled them to better understand their condition and how to inform staff about any impending seizures.

The premises and the equipment were well maintained to ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of people's personal care. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how they needed to be supported in the event of an emergency evacuation from the building.

People who lived in Stafford Lodge were protected by staff who knew how to recognise signs of potential abuse. Staff had received training in how to recognise harm of abuse and knew where to access the information if they needed it. Safeguarding information and relevant contact numbers were displayed within the staff office for them to use. Staff were encouraged to speak about safeguarding and this was a standard topic of discussion at staff meetings and in supervisions.

All the people living in the home required support from staff to take their medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and the registered manager carried out regular medicine audits and checked the recordings daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Staff had received training in medicines management and had their competencies checked at least every six months.

There were sufficient staff available to meet people's needs. There were five people living in Stafford Lodge at the time of our inspection. Four people received one to one care from staff during the daytime hours and one person received two to one care from staff. During the day there were six care staff on shift, five of those usually started at 7.30am and one started at 9am. This was to coincide with people's personal waking up times. During the night time shift there was one waking member of staff and one sleeping. The registered manager, who was working in the home full time, was not included in the care staff numbers. During our inspection we found each person had one or two allocated members of staff who met their needs in an unhurried manner. People were supported by staff who spent time focussed time on them and their needs.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. For example, the home had a 'calming bench' that people liked to sit on to relax, which was located in the front garden. People regularly used this bench in the warmer months to sit and relax following a rise in their anxiety. On one occasion a person's anxiety had escalated and they wanted to go to the bench. In order to do so they had to walk through the house and on the way they pushed another person who was in their path. This incident had been recorded, a safeguarding alert had been made and discussions had taken place about how the risk of reoccurrence could be minimised. The registered manager decided that an extra 'calming bench' could be installed in the rear garden. This ensured that when people wanted to access one of the benches they could do so without needing to walk through the entire house, increasing their anxiety and agitation. People had responded positively to this new bench and no further incidents of that nature had occurred.

Is the service effective?

Our findings

Staff knew people's needs and how best to meet them.

Staff had undertaken training in areas which included specialised autism training, positive behaviour management, diet and nutrition, disability awareness, fire awareness, first aid, health and safety, infection control, moving and handling and safeguarding. Staff training needs were regularly reviewed and discussed with them during supervisions and appraisals. Staff told us they had received enough training to be able to competently carry out their roles and told us they could request further training if they wanted it. Comments from staff included "I have had all the training. Loads" and "You can always ask for more."

Staff told us they felt supported by the registered manager and were encouraged to gain further qualifications. One staff member said "They're keen on people progressing. I feel very very supported actually." Staff received regular supervision which included observations and yearly appraisals. During supervision and appraisal staff had the opportunity to sit down in a one to one session with the registered manager to talk about their job role and discuss any issues they may have.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person posed risks to themselves in relation to their eating habits. A best interests discussion had taken place in which staff, the registered manager, the person and their relatives were involved. In order to involve the person staff had created pictures and symbol print outs explaining the risks to them and the options to minimise those risks. A best interests decision was made to restrict this person's access to some of the cupboards in the kitchen. This was identified as being the least restrictive option and ensured the person's rights were respected where they were unable to make the decision for themselves. Where people had been unable to consent to the care being provided at Stafford Lodge, staff had shared and discussed their care plan with relevant parties who had agreed the content under best interests decisions. One person's care plan had been discussed with and agreed by the person's advocate, their relatives, their social worker and staff.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate DoLS applications to the local authority. All people at the home were under constant supervision and were

not able to leave the home unescorted in order to keep them safe. DoLS applications and authorisations had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care.

People were supported to have enough to eat and drink. People were involved in the planning and preparation of the meals. Many of the people living at the home were unable to express their meal choices verbally. Staff provided them with meal choices in the form of pictures to assist them to make their choices of what they would like to eat. In order to enable people to help in making their own food and learning new skills, staff had stuck pictures of food items to the cupboards they were located in. This was also done for people to locate plates and cutlery. We saw people helping in the kitchen over the lunchtime period and staff giving them praise for their work. People ate different meals that reflected their preferences and their choices. On the day of our inspection people attended a Christmas party in the afternoon. This party was being attended by people from the provider's other homes in the area and staff prepared a selection of party food for people to eat, such as pizzas, chicken goujons and cakes. People told us they were looking forward to this meal and told us they enjoyed the food they had for lunch.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, psychologists, district nurses, occupational health practitioners, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care. Some healthcare professionals who had visited the home in the weeks prior to our inspection had left feedback for the home. Some of these read 'Made me feel very welcome. All documents and paperwork are really good, easy to read, lots of information' and 'Really good visit. Really happy with [name of person]. Lovely to see him so happy and settled.'

Is the service caring?

Our findings

The atmosphere in the home was warm and welcoming. People were comfortable in staff presence and those who could talk with us were positive about the staff. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. Staff knew people well and engaged people in conversations about their interests and preferences. The registered manager and the staff made comments to us which demonstrated how much they cared for people and enjoyed their personalities and individual attributes. Comments included "He's absolutely fabulous" and "He's got the most amazing, fantastic personality."

Staff treated people with kindness and respect. Staff cared about people's wellbeing and went out of their way to make people feel happy and offer them the freedom of choice. People were provided with picture boards to help them make decisions about what foods they wanted to eat, what activities they wanted to do and what order they wanted to complete tasks in. There was a notice board in the hallway which contained pictures of the staff on duty and some information about what was happening on that day. Staff had identified that one person enjoyed playing with this board and moving pictures around so they installed a new board next to the original one that was just for this person to use. They gave them some pictures and every day they got pleasure from using their personal board. Staff had identified that one person enjoyed being surrounded by art work and items they could interact with. A member of staff had spoken with this person and understood their preferred topic at the time was the sea and fish. This staff member had spent hours of their own time painting and creating dozens of individual fish and sea creatures they then used to decorate the areas where the person enjoyed spending time. The person had found this relaxing and it had reduced their anxieties.

People were involved in all aspects of their care and the running of the service. People were asked for their opinions and had been involved in the planning of their care. Each person's care plan contained information about their history and their personality. People's likes, dislikes, preferences and specific routines were included in their care plans. People's bedrooms had been decorated in ways that represented their personalities. For example, where one person enjoyed certain brands such as Coca Cola and Starbucks, staff had created highly skilled art work on their walls which represented those brands. Staff had worked with this person to create decorations for their room in the same theme.

People's dignity and privacy were respected. Where people were able and wanted to, they were provided with a key to their bedroom. Staff did not enter people's bedrooms without first knocking and waiting for a response.

People were referred to respectfully in their records and staff regularly praised people for their individual attributes and achievements. For example, where one person had been to have a blood test the week prior to our inspection their records stated they were 'so brave'. People's records contained information about their skills and staff had written a section in each care plan entitled 'what people admire about me.' This contained information such as 'He never gives up', 'His sense of humour' and 'His organisational skills.' This demonstrated that staff understood and valued people's individual strengths. During our inspection we

heard staff given people praise. For instance, where one person helped grate some cheese for lunch, staff said to them "Brilliant job." This made the person smile.

People were encouraged and supported to make choices and retain their independence through staff working alongside them. Where people had accomplished tasks on their own or had skills in certain areas, staff provided them with praise and encouragement. For example, where one person used some signing to express themselves a member of staff said "That's good signing [person's name], well done." People's independence was promoted by staff who encouraged them to complete tasks on their own where they could. Within some people's bedrooms staff had attached pictures to drawers to indicate what items were inside. This made it easier for some people to get dressed independently and choose their own items of clothing to wear.

Is the service responsive?

Our findings

Staff told us they were confident people at Stafford Lodge were receiving the best care possible. Staff comments included "I think they get brilliant care" and "If the guys are happy, the staff are happy."

People who lived in the home had a variety of needs and required varying levels of care and support. People had complex care needs that required careful monitoring and support. People's needs had been assessed and from these, with the input from people and their relatives, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, where people had recently had changes to their medicines, the registered manager had ensured staff monitored and recorded any changes in their behaviours or needs. Staff had recorded their findings and the registered manager had made contact with people's doctors to ensure the decision to change their medicines was the right one and their needs were being met. This ensured any potential changes to their needs were identified without delay and staff could respond accordingly.

We looked at the care and support plans for three people receiving care and support. People's plans contained highly detailed information about their specific needs, personal preferences, routines, histories and how staff should minimise risks. Support plans evidence that all areas of people's needs were being considered and planned for. Each support plan gave staff important information about each person's individual needs, including people's physical health needs, mental health needs, cultural needs, social needs and needs relating to their well-being. Step by step guidance was provided for staff which ensured staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for people who had communication difficulties. These records were personalised and identified people's abilities, preferences, what was important to them, and how best to communicate with and understand people. For example, staff had guidance on how to understand people's body language and how to interpret people's wants, desires and needs from this form of communication.

Some people communicate using words and signs and others preferred to use pictures and boards. Staff told us they knew how best to communicate with people in their chosen form and we saw staff using signs and showing people objects when talking to them to support what they were saying.

People's care was responsive to their needs. People's care plans stressed what they were able to do for themselves and how staff were to maintain and promote their independence. For example, one person's care plan detailed how they were able to participate in their personal care and what actions staff should take to ensure this person continued to take part, develop and maintain these skills.

Where people had specific needs relating to their behaviours staff had thorough training and clear guidance on how to de-escalate situations and reduce people's anxiety. During our inspection we observed staff skilfully interact with people in ways which reduced their anxiety and agitation.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Staff spent time looking for ways to develop meaningful

activities for people and develop their skills. People enjoyed a variety of activities organised for them by staff. For example, horse riding, bowling, gardening, walking, shopping, swimming, going to the pub, and going to groups and clubs. People were also supported to take part in activities in their home, such as arts and crafts, puzzles, video games, listening to music and watching films. People were supported to take part in daily domestic tasks in order to improve their independence and their sense of ownership over their home. During the day of our inspection a number of people went out to do some shopping, one person went out for a walk and everyone went out to a Christmas party in the afternoon. Where people were able to they also attended college and had volunteer jobs.

A complaints policy was in place at the home. People were supported by staff to raise complaints should they want to. Within the lounge was a notice board which had a Velcro picture of a person making a complaint. People were encouraged to take this picture off the board and hand it to staff if they had any issues.

Is the service well-led?

Our findings

There was a strong and supportive leadership team at Stafford Lodge. The leadership of the home comprised of the registered manager and two senior care staff. Staff told us the registered manager led by example to ensure staff provided people with a high standard of care. The registered manager told us senior staff mirrored the registered manager's high standards and ensured they conducted regular staff observations and picked them up, where needed, on poor performance.

Staff spoke highly of the support they received from the leadership team. The registered manager had organised for staff to provide them and senior staff with feedback about their performance. Some comments from staff included "Always a good leader and very supportive no matter what issue."

There was an open culture at the home, led by the registered manager. The registered manager had an 'open door' policy and encouraged people, relatives and staff to share their views and ideas with them. During our inspection we saw people approaching the registered manager and discussing all kinds of topics with them. This demonstrated people felt comfortable talking with the manager who took the time to listen to them and take action to help people where this was required.

People and their relatives were encouraged to give feedback. Yearly surveys were sent out to people and their relatives. Once these surveys had been completed and returned, they were analysed and action plans were created to respond to any issues raised. People's surveys were presented in ways they could understand and people were supported to complete these where needed. During the last relatives' survey the following comments were made "[Name of registered manager] really approachable" and "All employees including [name of registered manager] well done and thank you all." People were asked for their views in the form of monthly review meetings. During these people were asked for their opinions. For example, people were asked who they wanted at the meeting, what was going well, what they wanted to change and any ideas they had. During these meetings people were also encouraged to think about their achievements, their skills and their positive personality traits. This made this meeting one of sharing, learning and self-esteem. People's views were sought by using different methods of communication to meet their needs and encourage them to share information and discuss concerns.

Staff were encouraged to share their views and provide feedback in order to improve the service. Monthly staff meetings took place and staff were also asked to complete surveys twice a year. Any feedback provided was reviewed and acted on where appropriate. For example, during the last survey staff had expressed they wanted more structure to staff meetings. The registered manager had asked staff to work with them on devising a new agenda for the meetings in order to ensure they met the needs of staff.

People benefited from a good standard of care because Stafford Lodge had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. Shift leaders conducted daily spot checks and once a week the registered manager and senior staff conducted various audits. From these audits action plans were created and the registered

manager took action when areas requiring improvement were highlighted. For example, a medicine audit had identified that some staff had failed on several occasions to record when they had administered people's topical creams. The registered manager had reviewed the process for recording the application of creams, had introduced a new system and had provided all staff with training on the new system.

The provider's area manager for the home also conducted monthly audits. During these they focused on a different topic each time in order to explore this area in detail. From these audits additional action plans were created and the registered manager completed these. For example, during the last area manager audit the registered manager had been asked to make improvements to a person's bedroom. This had been organised and the person had chosen new colours for their wall, new curtains and a new rug.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.