

Autism Initiatives (UK)

All Hallows

Inspection report

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Date of inspection visit:
28 February 2018

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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Good  |
| Is the service caring? | Good  |
| Is the service responsive? | Requires Improvement  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

The inspection visit took place on 28 February 2018 and was unannounced. All Hallows is a care home which provides care for up to six adults with autism and associated learning disabilities. It is a large detached property, in the Bispham area of Blackpool. The provider of All Hallows is Autism initiatives, a national care organisation which supports people with Autistic Spectrum Disorders and associated learning disabilities. At the time of our inspection visit on 28 February 2018 five people lived at the home. People supported in All Hallows had complex care needs and limited verbal communication and were not able to converse with us. Neither were families available to speak with us. However we spent time with people and observed interactions between staff and people who lived at All Hallows and spoke with social care professionals.

"The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

There was not a manager registered with CQC. The previous registered manager had left the service in November 2016. The service had attempted to recruit and register a new manager since this time. They had recruited three managers who had left before completing the registration process. This had left staff without stable leadership over this period and had affected the governance of the home.

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.

At the last inspection on 20 November 2015 the service was rated Good.

At this inspection carried out on 28 February 2018 the service was rated Requires Improvement. This is the first time the service has been rated Requires Improvement.

Care plans were personalised and involved people and their families, but some important health information was not documented or was not available on inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate and reflected people's needs.

The management team completed audits to assess and monitor the quality of the service. However these had not always been effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the provider had failed to ensure methods to assess and monitor the quality and safety of the service and mitigate the risk to the health, safety and welfare of service users provided accurate information.

The service had not discussed with people and documented their preferred end of life wishes. We have made a recommendation about this.

There were procedures in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. We saw risk assessments were in place which provided guidance for staff in how to safely support people. This minimised potential risks.

People indicated with their relaxed and cheerful reactions and responses to staff that they were comfortable and content at All Hallows. We observed staff spoke with people in a respectful way and were sensitive and caring when supporting people. They responded promptly when people needed assistance. Professionals spoken with were confident people were supported in a caring and responsible way.

There were enough staff to support people with personal care and social and leisure activities. People indicated they enjoyed a variety of meaningful leisure activities in the home and in the local community.

Staff said they were supported to develop their skills and knowledge to assist them to carry out their role. They had skills, knowledge and experience required to support people with complex care needs.

Medicines were managed safely. Medicines were stored securely, administered as prescribed and disposed of appropriately.

We saw people had access to healthcare professionals and their healthcare needs were met promptly. Staff provided care in a way that respected peoples' uniqueness, dignity, privacy and independence.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw staff were focused on providing personalised care that helped maintain people's well-being.

People were supported to shop for and choose their meals. Staff were familiar with people's dietary needs, likes and dislikes and these had been met. Mealtimes were flexible and taken individually or as a group depending on people's routines.

We looked around the building and found it had been maintained, was clean and hygienic. The design of the building and facilities provided were appropriate for the care and support provided. We found equipment had been serviced and maintained as required. There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of infection.

The service had a complaints procedure which was made available to people who lived at All Hallows and their representatives. There had been no complaints. The service had information with regards to support from an external advocate should this be required by them.

You can see what action we have asked the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Care records were not always complete, securely stored and available to relevant staff to maintain people's safety and well-being.

Medicines were managed safely and given as prescribed.

Staff knew what to do if they suspected or observed safeguarding concerns.

There were suitable infection control practices in place.

Is the service effective?

Good 

The service was effective.

Staff referred people to health professionals promptly and supported them to attend health appointments.

People were supported by staff who had training to support their skills and development.

People received a choice and variety of meals and drinks to meet their needs.

Staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and considered each person's capacity to make specific decisions.

Is the service caring?

Good 

The service was caring.

People indicated they were happy and content and were relaxed when with staff.

People and their families were involved in planning and reviewing their care.

Staff were polite and respectful when interacting with people.

Is the service responsive?

The service was not always responsive.

People's end of life wishes had not been discussed with them or their families and documented.

People and their families were involved in planning and reviewing their care and support.

People were able to participate in activities which were meaningful to them.

A complaints procedure was in place for people who lived at the home or their representatives.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

There had been no manager registered with the Commission since November 2016. Having a registered manager is a condition of registration.

Support plans were not consistently accurate and complete. There were gaps or missing information in documentation in how to support people.

There was a system of audits. However this system had failed to identify concerns found during the inspection.

There was a new manager in post when we inspected. They and the staff team understood their role and were committed to providing a good standard of support for people in their care.

Requires Improvement



All Hallows

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

All Hallows is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

All Hallows is a care home which provides care for up to six adults with autism and associated learning disabilities. It is a large detached property, in the Bispham area of Blackpool. Each person has their own bedroom and shared communal facilities. There is a safe and secure garden. The provider of All Hallows is Autism initiatives, a national care organisation which supports people with Autistic Spectrum Disorders and associated learning disabilities. At the time of our inspection visit on 28 February 2018 five people lived at the home.

Prior to our inspection visit we contacted the commissioning department at Blackpool council and Lancashire Healthwatch. Healthwatch is an independent consumer champion for health and social care. This gave us additional information about the service.

The inspection visits took place on 28 February 2018 was unannounced.

The inspection team consisted of an adult social care inspector.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with a range of people about the service. As people who lived at the home had limited verbal communication and we were unable to speak with relatives, we spent time observing

interactions between them and staff. We used Short Observational Framework for Inspection (SOFI) to assist with this. SOFI is a structured tool to help us assess the care of people who were unable to talk to us about the care they received in services. This helped us understand the experience of people who could not talk with us.

We spoke with the manager who was newly appointed to the home, the assistant area manager of the organisation and three staff members. We looked at two people's support plans, a staff training matrix, supervision records of staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of five people. We checked staffing levels. We also carried out a visual inspection of the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We looked at two people's care records to check they were accurate, complete, legible, up-to-date, securely stored and available to relevant staff. We saw not all the information relating to one person's hospital stay, discharge recommendations and a follow up appointment had been documented. Other documentation relating to the stay could not be found so was not accessible to relevant staff. We found information relating to epilepsy was not in place for one person so staff did not have the information they needed to support the person safely. Health action plans for both people were limited to healthy eating, when other important health issues were relevant to the individuals.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate.

As people who lived at the home had limited verbal communication and we were unable to speak with relatives, we spent time observing interactions between them and staff. People indicated by their relaxed postures, smiles, nods and gestures they were relaxed, happy with the care provided and felt safe. They related well to staff and were eager and enthusiastic in their involvement in activities.

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. We spoke with staff who knew what action they would need to take to protect people from abuse.

During the inspection process we contacted the local authority. They told us they were providing additional support and monitoring to the service who were working positively with them.

Risk assessments were in place for each person. These identified potential risk of accidents and harm to staff and people in their care. They were personalised and informative. They assisted staff to provide a level of support that reduced risks but enable the person to be as independent as they could be. This minimised risks to people and gave staff guidance.

We looked at how staff managed behaviours which challenged the service. We saw risk assessments and strategies for supporting individuals when they displayed behaviours that challenged were in place. These gave staff guidance about how to support the person and others around them safely.

The previous registered manager had moved within the organisation since the last inspection and was no longer registered with Care Quality Commission (CQC). There had been three further managers appointed but they did not stay long enough to complete the registration process with CQC. In addition there had been care staff changes. These changes had made continuity difficult. However staff had worked hard to support people safely and reduce disruption to them.

We saw there were sufficient staff, demonstrated by the staffing levels observed during the inspection and the staff duty rotas. Staff told us there were enough staff available to provide person centred support. Senior staff monitored staffing levels to make sure there were enough staff to support people as they needed.

Although no staff had been newly recruited to the organisation, several had transferred to All Hallows from within the organisation. We saw staff were transferred with appropriate checks and support. Senior staff were confident in their knowledge of safe recruitment practices for when they recruited external staff.

We saw staff supported people with their medicines safely. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We looked at how medicines were prepared and administered. We checked medicines and looked at medicines information. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We spoke with staff, who confirmed they had been trained to support people to take their medicines. There were audits and competency checks to ensure they were given medicines safely.

When we looked around the home we found it was clean and hygienic. We saw the environment and equipment had been maintained and repairs carried out promptly. Staff used personal protective clothing such as disposable gloves and aprons to reduce the risk of infection. This reduced the risk of spreading infections.

There were procedures in place for dealing with emergencies and unexpected events. Emergencies, accidents or incidents were managed appropriately and documented. For example one person became seriously ill. Emergency services were promptly contacted and the person taken to hospital. Senior staff evaluated the situations for any lessons learnt and shared these with the staff team.

We looked at how accidents and incidents were managed. Where any incident, accident or 'near miss' occurred the registered manager reviewed them to see if lessons could be learned and if they could reduce the risk of similar incidents occurring.

We found checks were carried out to ensure the environment had been maintained to a safe standard. We reviewed documentation which showed equipment in the home was checked to ensure it was safe. There was a fire risk assessment and personal emergency evacuation plans (PEEPS) in place. They told us they were confident they could respond appropriately in an emergency.

Is the service effective?

Our findings

People who lived at the home indicated by the relaxed interactions between them and staff, that staff knew their care needs and wishes. All five people had lived together for a long time and were comfortable with each other.

Care practices observed during our visit confirmed people had their needs met. We saw staff worked well together. The service worked in partnership with health and social care professionals. People were supported to attend health appointments and staff referred people promptly. These included GP's, hospital appointments dentists, opticians and other healthcare professionals.

During the inspection we saw people were involved in the weekly shop and were supported to choose their meals. Snacks and drinks were offered to people regularly. Mealtimes were flexible and taken individually or as a group depending on people's routines. We saw one person having lunch. They indicated they were enjoying their meal. Other people indicated they liked the choice and variety of meals. We looked at care records. These showed people's food preferences and any dislikes or allergies. People had been assessed on their nutritional needs and preference. Their food and fluid intake had been monitored and their weight recorded. We spoke with staff, who were aware of people's food requirements, likes and dislikes.

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices records of food served people. The Food Standards Agency, a regulatory body responsible for inspecting services which provide food had awarded the home their top rating of five in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People's mental capacity had been considered and was reflected in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw where people were restricted this was done lawfully. The staff team made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We looked around the building found it was accessible, homely and appropriate for the care and support provided. People had personalised their rooms with their own choice of belonging reflecting their personality and interests. There was a spacious garden where people could access outdoor space.

We spoke with staff members and looked at the service's training matrix. This confirmed staff training covered safeguarding, food safety, autism, fire safety, first aid, Mental Capacity Act and health and safety. Epilepsy training was arranged for shortly after the inspection. Records seen and staff spoken with

confirmed they received training relevant to their role. This assisted them to provide care that met people's needs. One staff member told us, "I am up to date with my training." Another member of staff said, "We have had lots of training but no autism specific training recently."

Records seen showed there had been a period where staff had not received formal supervision. However this had recommenced before the inspection. These were one to one meetings held on a formal basis with their line manager. Staff told us they found supervision helpful. They told us they could suggest ideas and training needs and were given feedback about their performance. Staff felt they had the skills and knowledge to be able to support people effectively.

Is the service caring?

Our findings

People who lived at the home indicated they were happy and content at All Hallows. We observed positive interactions throughout the inspection visit between staff and people who lived at the home. We saw staff had a caring approach, were friendly and respectful and people were relaxed in their presence.

Staff discussed the importance of supporting and responding to people's diverse needs and treated people with respect and care. They had a good understanding of protecting and respecting people's human rights. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. People's personal relationships, beliefs, likes and wishes were recorded in their care records and staff were knowledgeable about each person. This helped people to receive the right support.

Support plans seen confirmed people had been involved in the care planning process as much as possible. Families and key workers assisted by highlighting the person's likes and dislikes. The care records contained information about people's social histories and backgrounds where this was available. They also described the support people received, daily routines and activities they were involved with.

We saw staff had an understanding of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were sensitive, and caring when supporting people.

Staff were proactive in supporting people to keep in touch with families and friends. We saw people visited their relative or relatives visited the home their relatives and friends were made welcome by staff. Staff were starting to try out technology using IPAD's (add hand held computers) and Skyping to help people to keep in touch with their families.

We spoke with the manager about access to advocacy services should people need their guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

We looked at two people's support plans and saw people's preferences for end of life care had not been documented. We spoke with the senior staff about arrangements the service had in place for end of life care. They told us two people had funeral plans but they had not discussed preferences regarding end of life care, with people or their families. Each person and the people close to them should be at the centre of decisions about their care. No one who lived at All Hallows was receiving palliative or end of life care when we inspected.

We recommend the service refers to good practice guidelines and discusses with people or their families', their preferred end of life arrangements and record these to ensure people's wishes are respected.

Care plans were personalised and provided guidance to staff on how to support people with their daily routines and personal care. Care and support records and risk assessments were regularly reviewed with individuals or their families and usually updated in response to any changes in care or circumstances. However information about some aspects of health were missing in the care records we looked at. This left staff without complete information about people's health.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Staff were knowledgeable about the way each person communicated their needs and wishes. Care plans seen identified whether a person had communication difficulties and how they communicated. Where people had no formal way to communicate, clear information on the non-verbal ways people showed emotions and their likes and dislikes was documented. This helped to guide other professionals, particularly where people were unable to communicate independently.

The service had taken good practice guidelines into account when supporting people with communication needs. Staff shared important information about people's needs, including communication needs, with other professionals. Hospital passports were in place which informed health professionals of the needs of people who could not always communicate for themselves.

Staff supported people in social and leisure activities including shopping, sports, café visits, cinema trips and holidays according to each person's likes and dislikes. People also attended day placements several days each week where they had regular social and leisure activities.

The complaints procedure was made available to people and their relatives. It was available in text and easy read format. It was clear about how the complaints process worked. Where people were unable to complain themselves due to their communication difficulties and complex needs, relatives or advocates could act on their behalf. Senior staff spoke frequently with families to check they were satisfied with the care their family member received and dealt promptly with any concerns.

Is the service well-led?

Our findings

There was not a manager registered with CQC when we inspected. The previous registered manager had left the service in November 2016. The service had attempted to recruit and register a new manager since this time. They had recruited three managers who had left before completing the registration process. The changes in leadership and turnover of staff had made continuity difficult. This had left staff without stable leadership over this period and affected the governance of the home. There was a new manager in post when we inspected. They had started the process of registering with CQC and staff were positive about their leadership.

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.

During the inspection we reviewed the quality and accuracy of the documentation maintained by the service. We reviewed care records and found although care records were personalised and some information was up to date, information was not always documented. Health action plans were limited in both care files seen. One person's care records identified the person had been seriously ill. Records relating to part of the period of illness, the discharge from hospital and subsequent appointment was not available. Information about epilepsy for one person was not available. As there had been several manager and staff changes not all staff were aware of the health issues relating to the individuals.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate.

People who lived at the home indicated they were happy at All Hallows. Staff told us they enjoyed working at the home and felt well supported. One staff member said, "The managers are fine. I find them really friendly, helpful and supportive." We saw families were able to talk informally with staff and the management team if they had suggestion or concerns. This enabled families to be involved with the care of their family member.

We saw there were weekly visual monitoring checks of fire and other equipment and the environment. There were also medicines audits. Comprehensive audits were completed monthly by the manager of each service in the organisation. These were sent to senior managers in the organisation to assist with monitoring of each service. However on checking the audits during the inspection, it became apparent the audits had not always been completed accurately by a previous home manager or relevant information forwarded to senior managers. Although the most recent audit had highlighted care records were not up to date the audits had failed to identify the problems with documentation we found during the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure effective systems were in place to provide safe care and treatment of people who lived at the home.

With the changes of and gaps of manager support staff told us they had found the lines of responsibility and accountability for the home were not always clear. Although they felt they could always contact someone for advice. The new manager had begun managing the home shortly before the inspection and had started the process of applying to become registered with CQC. This would stabilise the staff team and clarify roles and responsibilities.

Although we found failings with the service we found the well-being of people who lived at All Hallows was a priority to all the staff team. Staff were motivated, teamwork was good and staff supported each other to provide the highest standards possible. They were positive about the new manager and the management team who they described as friendly, enthusiastic and approachable. One staff member said, "Good support great managers, great staff team. I am happy to be here." Another staff member "Everyone has [people's] best interests at heart. The [new manager] is making a difference."

Staff told us they had the opportunity to talk with other staff and managers through regular handovers and frequent team meetings. Staff said they could raise any issues with them.

We looked at recorded compliments the service had recently received. We saw these were positive with families being complimentary about staff and the care they provided.

The staff team worked in partnership with other organisations to make sure they were following current practice. They told us they sought information, advice and guidance from other agencies and from best practice guidelines. These included social services, GP's and other healthcare professionals and care organisations. They learnt from incidents that had occurred and made changes in response to these to drive quality and ensure people were safe.

The service had on display in the entrance of the home their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure records maintained were accurate and reflected people's needs.</p> <p>Regulation 17 (1) (2)(c)</p> <p>The registered provider had failed to have effective methods to assess and monitor the quality and safety of the service and mitigate the risk to the health, safety and welfare of service users.</p> <p>Regulation 17 (1) (2)(a)(b)</p> |