Autism Care Homes Limited

Cricklade House

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

Cricklade House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cricklade House provides accommodation with personal care for up to four people with learning disabilities and autism. At the time of our inspection four people were living in the home.

The care service has been developed and designed in line with 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.

The inspection took place on 6 December 2018 and was unannounced. This meant the provider did not know we would be visiting.

At our last inspection, in May 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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.

At this inspection we found the service remained Good.

Why the service is rated Good.

Sufficient numbers of staff were deployed at the time of our visit. Staff performance was monitored. Staff received supervision, training and support in a variety of ways to ensure they could meet people's needs.

Medicines were safely managed and checks were in place to identify and take actions when shortfalls were identified.

Staff had received safeguarding and whistle-blowing training and knew how to report concerns.

People were helped to exercise support and control over their lives. People were supported to consent to care and make decisions. The principles of the Mental Capacity Act (MCA) 2005 had been followed.

Risk assessments and risk management plans were in place. Personal care was delivered in line with assessed needs and accurate monitoring records were maintained.

People's dietary requirements and preferences were recorded and people were provided with choices at mealtimes.

Staff were kind and caring. People were being treated with dignity and respect and people's privacy was maintained.

Care was personalised, responsive and ensured individual needs were met.

A range of leisure and therapeutic activities were offered that provided people with stimulation, entertainment and engagement.

Systems were in place for monitoring quality and safety. Where shortfalls or areas for improvements were identified these were acted upon.

Relatives and a health professional spoke positively about the quality of care and support people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Cricklade House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a comprehensive inspection of Cricklade H on 6 December 2018. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector.

Before the inspection visit we looked at the information we had received about the home. We looked at the notifications we had received. Notifications are information about important events that the provider is required to tell us about by law.

During our visit we met with everyone and spoke with two people who lived at the home. Some people were unable to tell us about their experiences. We observed the interactions between staff and people using the service.

We spoke with the house manager who had day to day responsibility for the running of the home, and two care staff. After the inspection we spoke with two relatives. We received feedback from a healthcare professional. We have included their feedback and comments in the main body of this report.

We looked at two people's care records in detail. We looked at medicine records, staff recruitment files, staff training records, quality assurance audits and other records relating to the monitoring and management of the care home.

Good

Is the service safe?

Our findings

The service was safe. One relative commented the person who used the service was always pleased to return to the care home after visits to the family home. This indicated to them the person felt safe. When we arrived, we were asked to sign into the visitors' book. Staff introduced us to people living in the home, and explained the purpose of our visit. Whilst most people living in the home were not able to tell us how safe they felt, they were content and happy with the staff supporting them. They approached staff freely and it was clear there were good relationships between people using the service and the staff who supported them.

Staff were clear about their role and responsibilities for keeping people safe from harm and abuse. Policies and procedures were in place and staff had received training. Staff were knowledgeable about different types of abuse, what to look out for, and how they would put their knowledge into practice.

People's medicines were safely managed. The service did not use medicines that required additional security. They told us they would provide suitable storage if they used such medicines in the future. Medicine Administration Record sheets (MARs) and medication profiles showed information about people's medicines, why they were needed, along with preferences and requirements. For one person their records stated, 'I am able to take my tablets out of the dossett box if staff pull back the plastic seal for me first. I will take the tablets and then I like to have a drink of water afterwards'. The records also noted how people may show they were unwell or if they were in pain.

Risk assessments were in place and these were regularly reviewed and if there were changes. They included risks associated with behaviour that could be considered challenging to others, going out of the home, eating and drinking, mobility and domestic tasks. Where risks had been identified, actions were planned. For one person the risks associated with hot water when they were showering were identified and actions recorded as preventative measures to keep the person safe. However, the temperatures of the bath and the showers were not controlled and there was no specific risk assessment in place for this. Before the end of the inspection process, the house manager confirmed that actions had been taken and thermostatic controls were being fitted. We later saw records that showed the provider had made arrangements before our inspection for this to be completed.

The house manager told us accidents and incidents were recorded and actions taken to reduce future risks of injury. There had been no accidents or incidents in the last 12 months.

We spoke with staff who told us there were sufficient staff to provide the care and support people needed. On the day of our inspection, the two members of staff on duty supported four people to attend the day centre. They told us care were not rushed and people's needs were being met.

Staff were safely recruited. Staff files included application forms, proof of identity, references and checks for gaps in employment history. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS check ensured that people barred from working with certain groups such as

vulnerable adults were identified.

Overall, the environment was safely maintained and legionella, electrical and gas safety checks were completed. Fire safety measures and checks were in place. Emergency contingency plans provided guidance about services and support that would be available in an emergency if evacuation of the building was required.

The home was very clean throughout and staff followed up to date national infection control guidelines. Cleaning records were maintained and these were checked regularly by the house manager to make sure cleaning schedules had been fully completed. Cricklade House was recently inspected by the Environmental Health Office and received a five star rating for the safety of their catering provision. This is the highest rating that can be achieved.

Good

Is the service effective?

Our findings

The service was effective in making sure people's individual health and care needs were met. A relative commented that, "They are very good at meeting [name of person's] needs. We are very pleased he is here." People's needs were assessed and detailed care plans were in place. The care plans we read were comprehensive and considered physical, social, emotional, cultural and mental health needs.

Staff told us they received enough training to enable them to carry out their roles. When new staff started in post they completed an induction programme and completed the Care Certificate, a nationally recognised programme that provides staff with the basic skills needed to be able to provide care. They were provided with regular update and refresher training for topics such as fire safety, epilepsy, health and safety, safeguarding, mental capacity act, infection control and food safety.

Supervisions are meetings where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. We spoke with staff about supervisions and appraisals and a member of staff told us, "We have the support we need and have regular supervisions," although another member of staff told us, "I think it would be good to have more supervisions." We checked the supervision records and saw the planned supervision programme that had been completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions, and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had been assessed for their capacity to consent to specific aspects of their care. When they lacked capacity to consent, best interest decisions were made. We spoke with relatives who told us they were involved in discussions and the records showed how decisions had been reached and who had been involved. One person's care plan included, 'I need support in knowing what I am consenting for. My keyworker will regularly support my by reading me my health care plan and care plan. My keyworker will ask if I am happy with the information. If I choose not to verbally answer, my keyworker will check for body language in response along with pecs (picture exchange communication) if I choose to use that form of communication at the time. My keyworker will record how I have communicated my consent if given'.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked and found the service was working within the principles of the MCA. The DoLS authorisations for people living in the home had expired. Further applications had been made and were waiting to be processed by the local authority.

People were supported to eat and drink. People's likes, dislikes, needs and preferences were fully recorded. This was reflected in the person's dietary plan and staff made sure their food was provided in accordance

with their specific needs and wishes. For example, for one person their records noted, 'does not like to eat/drink hot things and will let food cool before he will eat.' The records then noted staff should serve hot food five minutes in advance so the food would cool to the desired temperature to enable them to eat at the same time as other people.

Staff worked collaboratively across services to understand and meet people's needs. The records showed where advice was provided, and incorporated into the care records. This included appointments with the consultant psychiatrist, GP, optician, dentist and chiropodist. In addition, people had 'hospital passports' that contained important information that would accompany them should a hospital visit be needed. Feedback from a health professional was highly complementary and included, 'The paperwork I have seen is exemplary and ready for my visits, well ordered and up to date.'

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. They clearly had good relationships with staff and were well looked after. When we asked one person what made them happy, they told us, "Cricklade," and a relative told us, "I wouldn't change it for the world. It's like a family."

We observed people being treated in kind, thoughtful and respectful ways. Staff were helpful and friendly and people looked relaxed and comfortable in their presence. Staff provided reassurance and support to people when needed. Everyone went out to the day centre during the morning, and were encouraged by staff to get ready and reminded when it was almost time to go.

People's equality and diversity was recognised and respected. Staff referred to people by their preferred names, using appropriate volume and tone of voice. We heard one member of staff providing reassurance to a person who was unsure why we were in their home. They also asked another person if they would like to spend time with us and have a chat. They made sure we were given privacy to have a discussion in the dining room. We spoke at length with the house manager when people who used the service were out at the day centre. It was clear they knew people well and could describe in detail people's personal histories, interests, personality traits and preferences. People were actively supported to make their views and opinions known.

Care staff told us how they made sure people's dignity and privacy was promoted and maintained. A member of staff told us how important it was to be respectful of people's needs for privacy. They made sure when people were supported with personal care, this was in private. They told us how they supported people to style their hair and dress in their preferred way. This was recorded in detail in people's care plans.

Staff told us about one person who got themselves ready to go out and preferred to be on their own, in their room, until it was time for them to go out to the day centre. Staff made sure they respected the persons preferred routine and made sure it was not disrupted.

Staff explained how they encouraged people's independence and supported people to do as much for themselves as possible.

People's preferred methods of communication was recorded. A member of staff told us, "We have got to know people so well, we understand their gestures, facial expressions and body language." One person's records stated, 'Can make her needs known through the use of body language and facial expressions. People get to know and understand what [name of person] is advising over a period of time…has some knowledge of Makaton, but this is not used…although at times will use some Makaton signs in her own interpretation. [Name of person] points at items that she would like.'

Visitors were made welcome and encouraged to visit Cricklade House. One relative told us their loved one was always keen to get back after they had visited the family home. They told us they felt this was because the people living in the home and the staff were like family and they all missed each other when they were

apart. They told us the person was happy living at Cricklade House and commented they always looked "beautifully cared for."

A health professional's feedback included, 'The staff show kindness and respect to the residents and take care to explain what is happening and ensure that I know the best ways of communicating with each resident'.

Good

Is the service responsive?

Our findings

The service at Cricklade House was responsive to people's needs. Relatives were complimentary with one relative commenting, "He gets all he needs and we couldn't ask for anything else."

People's care needs were assessed, and care plans were personalised, recorded in detail, regularly reviewed and up to date. Where people needed support with personal care, details of the support needed and their individual routines were recorded. In addition, pictorial guidance was used.

Care plans described people's personal preferences for getting up and going to bed, support they needed with personal care and with their daily activity programme. For example, details such as, 'support to help make sure clothing is the right way round' 'hands are moisturized because they tend to get very dry,' 'presently has hair washed each day,' and, 'I am normally a very good sleeper. I usually go to bed between 10pm and 11 pm. I will usually sleep until 7am or 8 am on week days and weekends I may sleep longer. As I enjoy going to the day centre I am supported to wake up in the morning so I can get dressed and have my breakfast'.

Staff communicated in ways that were meaningful to people. They regularly reviewed ways of enhancing communication and for enabling and supporting people to make their needs and wishes known. Staff told us they got to know people really well and recognised the most subtle changes even when people were not able to fully verbalise their views.

People had picture diaries that detailed their weekly programme of activities. Staff told us how programmes were designed to support people to live as full a life as possible. A range of activities were organised from the day centre that the four people attended each weekday. These included swimming, music sessions, shopping, cooking and bowling. A relative told us, "I'm sure there's plenty to do and he's out every day."

People were supported to learn new skills. This was recorded in their care plans and provided detail of the support the person needed. For example, 'Enjoys learning new skills and needs lots of support and positive encouragement. [Name] needs the same methods of teaching from all…can follow work sheets that are prepared with writing and symbols. With help [Name] can download pictures from a digital camera onto a computer and select photos for printing. Enjoys taking photographs'.

A complaints procedure was in place that was readily available to people and relatives and was displayed in the home. However, we noted the complaints policy referred to out of date legislation which we brought to the attention of the provider. The registered manager kept record of complaints and told us how they were managed in line with the provider's policy. Relatives told us they would feel comfortable if they needed to speak about any concerns they had. The had been no complaints received in the last 12 months.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had overall responsibility for the day to day running of the service. The registered manager delegated most of these responsibilities to the house manager, who spent more time in the care home. Everyone spoke positively and told us the home was well managed. A health professional noted, 'the (house) manager makes a point of being there when I do the visits. She is very knowledgeable about each resident and asks very appropriately for help if necessary'.

There was evidence to show equality and diversity, privacy, dignity, freedom of choice had been embedded into the culture of the home. These values were shared by the team and reflected in people's support plans and in the high standards of care and support that people received. Key workers held monthly meetings with each service user. This gave the opportunity for people to provide feedback in ways that were meaningful to them. The house manager told us staff were able to recognise changes in body language and behaviour for people who were unable to communicate verbally.

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. For example, care surveys were accompanied by pictures with facial expressions, from happy to sad, to help and support people to understand and express their views.

Audits and checks were completed and areas for development, action or improvement were incorporated into the provider's reviewing and improving annual performance plan. In addition, although a survey had not been completed for 2018, people using the service, relatives and external health professionals were regularly asked for feedback. A comments and compliments log was readily available for anyone to complete. We noted a comment from a visiting health professional whose feedback included, 'friendly and informative review.'

The house manager told us how they had made improvements in the ways they communicated with the registered manager, a representative for the provider and the staff team. They had added the management team to their 'what's app' group. They used this form of communication for staff to discuss any concerns about the people they were caring for, in addition to looking at service development and improvement.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required.