

Salisbury Support 4 Autism Limited

Holt Road

Inspection report

28 Holt Road
Wembley
Middlesex
HA0 3PS

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Holt Road is a residential care home providing accommodation for persons who require nursing or personal care for up to five people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were four people using the service.

People's experience of using this service and what we found

The service demonstrated how they were meeting the underpinning principles of Right support, Right care, Right culture.

Right support:

Staff were aware of and followed best practice and the principles of Right support. People received person centred support. Positive behaviour support plans promoted strategies to enhance independence and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. The service provided care and support in a safe, clean, well-furnished and well-maintained environment that met people's sensory and physical needs. The service was similar to the other houses in the area. People's rooms were clean and personalised with their belongings and family photographs.

Right care:

The service had enough appropriately skilled staff to meet people's needs. Staff received support in the form of continual supervision, appraisal and recognition of good practice. They also benefitted from a system of monitoring, which ensured they received timely feedback from managers. People could take part in activities and pursue interests that were tailored to them. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. There were visual structures, including picture aids and use of gestures.

Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. Leaders had the skills, knowledge and experience to perform their roles and had a clear understanding of people's needs and oversight of the services they managed. This was demonstrated by the behaviour technician, service manager and the regional manager throughout the inspection. We found them to have the competencies associated with actions necessary for the delivery of

positive behaviour support.

There were effective systems and processes in place to minimise risks to people. The assessments provided information about how to support people to ensure risks were reduced.

Positive behaviour support plans included risk assessments that detailed known triggers, early warning signs and de-escalation methods to be used. This insured people received timely intervention if their mental health deteriorated. There were enough staff deployed to keep people safe. Pre-employment checks had been carried out.

There were systems in place to ensure proper and safe use of medicines. We observed from records people received their medicines on time.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There was a process in place to report, monitor and learn from accidents and incidents. Accidents were documented timely in line with the service's policy and guidance.

There was an effective training system in place. Care staff demonstrated good knowledge and skills necessary for their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good, published on 21 March 2018.

Why we inspected

We received concerns in relation to the management of risk relating to hot water temperature, poor management of medicines and staff demonstrating lack of understanding in the management of behaviours people may display when in distress. A decision was made for us to inspect and examine those risks. We found that the service had acted on the concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Holt Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Holt Road 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced

What we did before the inspection

We looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections. We reviewed the last inspection report. We also reviewed information about the service that we had received

from the host local authority.

During the inspection-

We completed a tour of the premises, visited the communal areas and some people's bedrooms. We spoke with the service manager, operations lead, behaviour technician and three support workers. People living in the care home were not able to express themselves verbally because of complex needs. However, they were able to express themselves by using gestures.

We reviewed a range of care records and information related to the running of the service. These records included four people's care files, medicine administration records and three staff recruitment records. We also looked at policies and procedures, and records of checks and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff had received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. They were aware they could contact the local authority safeguarding team and CQC when needed.
- Staff demonstrated understanding of the processes to respond to allegations of abuse. One member of staff said, "I would talk to the manager, record everything and ensure that the person was safe and comfortable."

Assessing risk, safety monitoring and management

- There were adequate systems to assess, monitor and manage risks to people's safety. Risk assessments contained information for reducing potential risks such as those associated with going out into the community, slipping and falling, behaviours people may display when in distress, nutrition, choking, and other medical conditions.
- Risks were identified, monitored and where possible, reduced or prevented. For example, positive behaviour support plans (PBSP) of two people referenced physical aggression and there were accompanying risk assessments that detailed known triggers, early warning signs and de-escalation methods to be used. This insured respective individuals received timely intervention if their mental health deteriorated.
- The service had acted on the concerns from the local authority in relation to hot water. Effective measures to reduce risk of scalding were in place. Control measures such as thermostatic mixing valves (TMVs) were fitted to the boiler, which meant water that was delivered to all outlets did not exceed safe temperatures. There were maintenance schedules or regular servicing to ensure they were maintained in a safe working order.
- There was a record of essential maintenance carried out at the supported living house. Regular safety checks had been carried out to ensure the premises and equipment were safe for people.
- Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation.

Staffing and recruitment

- There were sufficient care workers deployed to keep people safe. The service manager and staff informed us staffing levels were adequate.
- During the inspection we observed the service had nine staff on duty, including for one-to-one and two to

one support for people to take part in activities.

- Appropriate recruitment checks had been carried out for all care workers so suitable staff were employed. Their personnel records showed pre-employment checks had been carried out.
- Staff recruitment and induction training processes promoted safety. Care workers considered people's individual needs, wishes and goals when providing them with care and support. We discussed with staff if they felt that enough staff were deployed to meet people's needs. One care staff said, "Most of the time there are enough staff around, on the occasion we can be short but we get help from agency staff if this is needed."

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed appropriately and regularly audited.
- Staff had received training to administer medicines safely. They underwent competency assessments to make sure they had the correct skills to support people with medicines.
- There were PRN (as required) medicine guidelines with personalised details of the signs the person may show, indicating they need those medicines.
- There were procedures that showed the service was working to achieve STOMP principles. STOMP stands for stopping over-medication of people with a learning disability, autism or both. There were examples, where medicines were reduced to make sure people were not given medicines more than was therapeutically necessary.
- Prior to this inspection we had received concerns that medicines in particular liquid medicines were not managed safely. The service had actioned on these concerns and had reviewed the process of auditing such medicines which ensured that any shortfalls can be addressed and responded to swiftly and liquid medicines were administered safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the service was open for visitors.

Learning lessons when things go wrong

- There were processes in place to monitor any accidents and incidents. Accidents were documented promptly in line with the service's policy and guidance. A record of incidents that had occurred showed action had been taken to reduce risks of the incidents reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards and guidance. Relevant guidelines were in place, including those drawing from the National Institute of Health and Clinical Excellence (NICE).
- Care records were personalised and reflected how people wanted to be supported. It included details of both personal care and practical support. All the information that staff would need to know about people's care and support needs was available in easy to read step by step format.
- Positive behaviour support plans promoted strategies to enhance independence and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. For example, the service had employed forward chaining to promote independence. Forward chaining is used to teach multi-step or complex skills to autistic people. We observed the behaviour technician had used task analysis to break down the steps of a task so that the person could be taught in very small parts.
- Staff ensured people had access to information in formats they could understand. Each person's preferred method of communication was highlighted in their support plans, which enabled care workers to communicate with people in the way people preferred.
- There were visual structures, including picture aids and use of gestures. This helped people know what was likely to happen during the day and who would be supporting them. We observed staff working with people carried a key ring with communication cards used to facilitate communication.

Staff support: induction, training, skills and experience

- Care staff had appropriate training and experience to meet people's needs. Newly recruited staff completed a recognised induction programme. Training matrices and documentation confirmed required competencies had been achieved. Updated training and refresher courses helped staff to continuously apply best practice.
- Staff spoke highly of the training available and to opportunities to develop their career in more senior roles. One staff told us, "I started as a trainee support worker with little experience of working with autistic people and three years later I was appointed to a senior support worker. This is due to the training I received and support from the manager."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us they also benefitted from positive monitoring: (PM). PM is a system for monitoring, giving feedback on and improving staff performance. This is important in the implementation of complicated interventions, such as PBS.

Supporting people to eat and drink enough to maintain a balanced diet

- There were arrangements to ensure people's nutritional needs were met. Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff told us that menu was planned together with people who used the service weekly. We saw that pictures were used to enable people who were unable to verbally communicate to make an informed choice.
- We saw that people were involved in preparing their meals and part of their weekly activities was to go to the local supermarket to purchase the ingredients.
- We viewed the weekly menu which provided a variety of meal choices and also reflected dishes from various cultures in accordance to people's care records.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other agencies to ensure consistent, effective and timely care was provided to people who used the service.
- We saw that people's care was regularly reviewed by external health care professionals such as a psychiatrist to review their medicines to ensure that they still received the correct medicines and were not over medicated. Regular input from behaviour specialist was ongoing to maintain effective management when people become distressed and provided staff with the up-to-date procedures and guidance to respond to these.

Adapting service, design, decoration to meet people's needs

- The environment was well adapted and decorated to meet people's needs.
- People who used the service had access to a spacious home, which was recently redecorated and updated.
- Rooms were personalised with photos and pictures if people chose this.
- People had access to a sensory room which was used by people who used the service to relax or if they wanted some personal space.

Supporting people to live healthier lives, access healthcare services and support

- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. For example, people were referred to GP, optician, psychiatrist, speech and language therapist to support their wellbeing and help them to live healthy lives.
- There were health action plans (HAP) which were used by health and social care professionals to support people in the way they needed. A HAP is a personal plan about what a person with learning disabilities can do to be healthy.
- People were supported to attend annual health checks, screening and primary care services. Multi-disciplinary team professionals were involved in or were made aware of support plans to improve people's care.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's support plans showed which decisions had been made in their best interests. Care files contained signed consent forms. Where people had been unable to consent to their care, best interest decisions had been made to provide support.
- Where people's liberties had to be restricted, the staff team held debriefing meetings and reflected on their practice to consider improvements in care.
- When people were unable to consent to their care and treatment in the home appropriate applications to the local authority for DoLS authorisations had been made and progress monitored. Records showed the service manager was in the process of reviewing people's DoLS and had contacted the local authority.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples, including meeting people's cultural and religious needs.
- Managers worked directly with people and led by example. There was evidence of practice leadership (PL). PL has a particular meaning in relation to supporting people who are in distress. PL is a model of leadership in which managers prioritise spending time in the care environment and routinely role play and model desired standards of practice to their staff. The manager and the behaviour technician had a visible presence in the care environment.
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. We looked at a sample of staff meeting minutes and saw that they covered numerous topics relevant to the service.
- Staff told us they felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. A member of staff told us, "The manager always gives us an opportunity to raise any questions, which we do, and our views are taken on board."
- The manager and senior staff were alert to the culture within the service and spent time discussing behaviours and values. A member of staff told us, "The values are intertwined with the six Cs, care, compassion, communication, courage, commitment and competence."
- Management and staff put people's needs and wishes at the heart of everything they did. A range of platforms were in place to enable people to express their views. These included regular meetings with their keyworkers.
- People were supported to make decisions and express their wishes and views. This was covered in care plans and we noted from minutes people were supported and encouraged to make decisions and have choice and control over their support.
- Staff empowered people to be active citizens and have equal rights in their local and wider community. For example, people participated in community activities, such as swimming, shopping, walk in the park, lunch out, sightseeing and bowling. Risk assessments and guidelines for community access and related activities were in place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.
- This was evident in the recent concerns raised around medicines management, and water temperature. The service shared the concerns raised by the local authority with us and took the appropriate actions to address the shortfalls.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a clear management structure consisting of the operations lead, service manager, deputy manager and senior support workers. Care staff were well informed of their roles and reporting structures. They spoke positively about the service manager, who they described in complimentary terms. They felt free to raise any concerns knowing these would be dealt with appropriately.
- The manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service. The operations lead was equally informed and took a genuine interest in people. We noted recommendations from a local authority visit had been acted on.
- The provider had the competencies associated with actions necessary for the delivery of PBS. This included competencies relating to evaluating intervention effects and on-going monitoring aimed to ensure that the PBS continued to meet people's needs.
- Accidents and incidents were documented and regularly monitored by the manager to ensure any trends were identified and addressed. There was evidence of periodic service review (PSR). PSR is a continuous process of quality assurance, which is particularly useful for supporting the accurate implementation of positive behavioural support.

Continuous learning and improving care

- The manager and operation lead were open to recommendations and learning to improve the care provided.
- During the inspection the manager was enthusiastic to make improvements suggested by the inspection team to provide high quality of care.
- A robust training and development programme helped the service to retain care staff and promote them in more senior positions.

Working in partnership with others

- The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, psychologists, psychiatrists, district nurses, podiatrists, chiropodists and opticians.
- There was also strong visible partnership with the local commissioning teams and their monitoring visits reports were used to improve the quality of care provided by Holt Road.