Autism Anglia

Peldon Campus

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

Peldon Campus provides accommodation and personal care for up to 22 people who have a learning disability and autistic spectrum disorder. On the day of our inspection there were 21 people living on the campus which is divided into 4 separate houses accommodating between 3 to 10 people in each home supported by their own staff team.

The service had a registered manager in post. 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 and associate Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

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.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

There were systems in place to manage people's medicines safely.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Is the service well-led?

Good

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager and their deputy.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Peldon Campus

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 August 2016 and was unannounced, and was completed by two inspectors. We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service, we were unable to speak with the other people because they had complex needs and were not able verbally to talk with us we therefore, used observation as our main tool to gather evidence of people's experiences of the service. We also spoke with four care staff and the registered manager and deputy manager.

Following the inspection we made telephone calls to relatives and professionals for feedback about the service. We reviewed six people's care records, six medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living on Peldon Campus. Relatives comments included, "I have no concerns about [name of relative] it is like home from home", and "I don't have to worry about [relative] I know they will look after him."

The provider's safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. They had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. 'CQC records' showed that the manager reported concerns appropriately, and it was clear from our discussions with the manager that they understood and were clear about their roles and responsibilities with regards to keeping people safe.

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, when out in the community, or accessing the kitchen. Staff worked with people to manage a range of risks effectively.

We saw records which showed that equipment at this service, such as the fire system and the vehicles, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

The Campus had its own swimming pool in the grounds and some staff received 'shallow water training' staff told us people were not able to use the pool without a trained member of staff being present. The pool was covered and secured when not in use.

The manager told us how staffing levels were assessed and organised flexibly. This was to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. People, relatives and staff told us there was enough staff to meet people's needs and to keep people safe. Staff told us, if they needed to use agency staff it was consistent staff that new the needs of the people that lived in the service. Relatives confirmed that staffing levels were sufficient to support individually assessed needs of their relatives for example, where one to one support was required for trips out into the community. There was a 24-hour on-call support system in place which provided support for staff in the event of an emergency.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited, is not barred from working with people who require care

and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people. One staff member told us, "When I started working here I shadowed other staff and worked at building up a relationship with the residents, before I did any lone working." The team leaders told us that this was important for people to know the new staff before they were involved in supporting them on their own.

Medication records and storage arrangements we reviewed showed that people received their medicines as prescribed, and were securely kept and at the right temperatures. Medications entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Team leaders of each of the services carried out medication audits on a monthly basis to ensure accurate records were being kept.

Where medications were prescribed on an as required basis, such as medications for epilepsy that were given when someone had a seizure, there were clear instructions about when the medication was needed. Staff were trained by an external agency and then they had to complete a competency assessment to evidence they had the skills to administer medication safely.

Good

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. Relatives told us, "The staff know [relative] very well they know what they are doing, they are a consistent staff team and all work in a consistent way that is what [relative] needs to keep him calm and happy", and "The staff understand [relative] and provide him with the openings and opportunities for him to make decisions and choices enhancing his days", and "The staff team are superb it is only through their consistently high level of knowledge and care that the three lads can live together in such a nurturing community."

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and communication. Training for staff was a mixture of e-learning and group based sessions, and staff told us the training was good and gave them the information they needed to meet people's needs. One member of staff told us, "We are always put forward for training and it is kept updated." Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The team leaders of each service carried out observations whilst on shift, to ensure staff were competent in putting any training they had done into practice.

In each of the houses we saw notice boards with pictures of the staff and their names of who would be working on that day and who they would be working with. Staff told us people liked to know who was going to be on shift throughout the day, and that the allocation of staff was flexible depending on the presenting needs of people on the day.

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.

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

The manager demonstrated a good understanding and awareness of their responsibilities of MCA and DoLS. Care plans showed that where people lacked capacity to make certain decisions, these had been made in their best interest by health professionals or with input from family members. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care.

People were complimentary about the food. They told us they had a choice of what to eat and we were shown menu plans. The menus plans were also in pictorial format to enable everyone to have an informed choice of what they wanted to eat. The plans showed us that the food offered was balanced and nutritional and people were offered choice. We saw that people who needed support to eat and drink were supported by staff in a respectful way they were offered reassurance and encouragement and not rushed. We observed people where appropriate being supported to make their own meals and drinks with staff support. One person told us, "I like it here the dinners are lovely."

People's care records showed their day to day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, psychiatric nursing staff, occupational therapists, chiropodist, dentist and GP's. Referrals had been made when required. For example, a referral had been made to the dietician and speech and language therapist because of concerns around someone's eating disorder. One relative told us. "The staff always ring and keep us updated about any appointments." Details of appointments were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring towards them and always treated them with dignity and respect. One person said, "They are lovely, I like living here." Staff had developed positive caring relationships with the people they supported. This was evident from the interactions we observed there was lots of smiles and laughter.

Wherever possible, people were involved in making decisions about their care, and if this was not possible their families were involved with their consent. We saw that people had access to Advocates where necessary. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

There was a warm and friendly atmosphere in the home with lots of laughter and humour shared amongst the staff and people living there. We observed the care people received from staff. All the interactions were polite and respectful. Staff knew the residents well and waited for a response when a question was asked or a choice was given without rushing the person. Where people were unable to verbally communicate, staff used pictorial communication aids and looked for a response from the person by body language such as a smile or hand gesture. People were relaxed with the support they were given from staff.

People were observed to have their privacy respected. For example, staff would knock on the door of a bedroom or bathroom wait for a response before entering.

People's choice as to how they lived their daily lives had been assessed and positive risk taking had been explored. People told us how they had been supported to go on holiday to places of their choosing. They also expressed how staff supported them to do the things they wanted to do and when they wanted to them therefore, respecting their individual choices.

Relatives told us that staff treated people with respect, dignity and kindness and as individuals. One relative told us, "[name of relative] is happy there. I would know if they weren't they are always happy to return after a visit home and the staff genuinely care and ask how our weekend has been", and "The care is unbelievable I can't praise them enough they are all so lovely and caring it's like one big family."

People told us they had visits from family and this was confirmed by the relatives we spoke with one relative told us, "We visit twice a week and are always made to feel welcome by the staff", and "Our son comes home once a month and I ring most days it is never a problem and who ever I speak to knows what [name of relative] has been up to and how he is."

Staff told us that each person's keyworker supported them maintain contact with their family and friends and this included supporting them to buy presents and cards for special occasions as well as keeping their care plan updated.

Good

Is the service responsive?

Our findings

The service was responsive to people's changing needs and people's preferences were taken into account so that they received personalised care. We saw that people had a 'pen portrait' in their support plan which clearly described the person's needs likes and dislikes. People had a designated member of staff known as a keyworker, who was responsible for supporting that person to understand their care plan and the keyworker supported other staff to build up relationships with this person.

The service was responsive to people's needs for care, treatment and support. Each person had a care plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Care plans were regularly reviewed and updated to reflect people's changing needs. However we saw a lot of blank forms in people's care plans which were not necessary and some information which needed archiving as it was no longer relevant. For example, there was a form to be completed if the person had input from a dietician or a community nurse, because they were blank it was difficult to know if these were not required or if the information was missing. We discussed this with the deputy manager who told us they would look into this and remove or write on that at the current time this form was not needed. This would then make the care plan a working document with current up to date information in for staff to refer to. We saw some weight charts which had not been completed on a regular basis and did not have a space for a signature or to write the actions that should be taken if someone had lost or put on a significant amount of weight and staff told us these were not audited. This could pose as a risk if someone's weight fluctuated and they were at risk of health issues if they lost or put on a lot of weight. We discussed our findings with the deputy manager, the form was immediately revised to include actions to be taken and an auditing procedure put in place to ensure the forms were accurately completed.

Staff spoken with knew the individual they supported very well. Most of the staff had worked at the service for a long time and had built up positive relationships with people they supported. Because of the nature of the people they supported it was very important for all staff to work consistently in order to alleviate any anxiety people may feel which would then be expressed by people displaying behaviours that may challenge.

Staff spoke to were able to outline what they liked to do and what areas they needed assistance with. They spoke about each person's preferred method of communicating and this was documented in each person's care plan. For example, when a person did not verbally communicate they made their needs known by different noises or hand gestures and facial expressions. Relatives told us, "We all need to sing from the same song sheet to make it work for [relative] and they certainly do know what works. The staff tell us what they do if any anxiety is shown and we replicate that on a home visit ", and "We discuss [relative] needs with the staff when his care plan is being reviewed. We are happy to be part of the team supporting [relative] and do not feel that we need to make demands and micro manage his care. The plan is carefully crafted to provided [relative] with opportunities for increased independence and quality of life."

Professionals we spoke to who are involved with the service told us, "I haven't had any problems they know what they are doing, we work together we all want what is best for the people that live here."

Handovers took place at the beginning of each shift and they told us that these were a good way of passing on information and making sure that the team communicated effectively.

Records confirmed that everyone had access to and took part in a variety of community activities according to their personal preferences. For example, trips to the shops, lunch out and horse-riding and trips to use a swim spa as well as attending gateway social events and using Jigsaw, which provides day opportunities exclusively to adults affected by an autism spectrum condition autism. One relative told us, "[relative] attends jigsaw three days a week it is great and he is learning new things all the time. Peldon are never complacent and think it is important for him to carry on learning and doing meaningful activities." The provider has bought a large caravan which is situated at Walton on the Naze and staff take people there for day trips or overnight stays.

People go on annual holidays and take part choosing where they would like to go looking at brochures with staff support. One person told us, "I went to Cornwall in a cottage; I had a really lovely time." Other people had been to Wales and Kent and also chose these places by looking at photographs and brochures.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. They advised us that they dealt with any issues as and when they arose. People and relatives confirmed this and told us that they had a good relationship with the manager and staff and could speak to them about any concerns and things were dealt with immediately. One relative told us, "The relationship we have with Autism Anglia is such that we have never had the need to complain. Things never get that far. Both sides are happy to pick up the phone to talk through any issues."

Good

Is the service well-led?

Our findings

We saw the deputy manager talking to the people in the home in a warm and friendly manner and they were knowledgeable about all of the people and staff that lived and worked in the service.

Staff told us the service was well organised and they enjoyed working there they said the manager had a visible presence within the home and in the daily running of the home. They knew the people they supported and regularly worked alongside staff. They also told us that she treated them fairly, listened to what they had to say and that they could approach them at any time if they had a problem.

They said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. Some of the staff had worked for the service for many years and therefore had extensive knowledge and experience with the people they supported This enabled consistent care from staff who knew them and with whom they had built up meaningful relationships with. Although the service on occasions did use agency staff the deputy manager told us they had a bank of consistent agency staff that knew the people well and therefore provided consistent care to alleviate any anxiety that may occur due to people not knowing the staff.

The manager carried out a range of audits to monitor the quality of the service. These audits included monthly medication checks and monitoring areas relating to health and safety such as fire systems, emergency lighting and testing of portable electrical appliances. Records relating to auditing and monitoring the service were clearly recorded. The company carried out their own quality auditing and we saw that actions were given with specific timescales in which things needed to be done by in areas that were identified as requiring improvement. For example, it was noted as an action to obtain more photographs to empower people to choose what they would like to do with their day to day choices.

The service had its own maintenance staff and they were responsible for carrying out health and safety checks and checking water temperatures and for ensuring the buildings were safe. This person was on call and if a problem arose they could be contacted to repair or to make an area safe.

The provider used a range of ways to seek the views of people who used the service. They had in the past sent surveys to relatives and professionals to seek their views and opinions but this had not been carried out recently. We discussed this with the manager who informed us this was being looked into. Relatives told us they were part of the three month review of their son or daughters care plan and were then able to give feedback about the service.

Care files and other confidential information about people were kept in the main office in each of the services. This ensured that people such as visitors and other people who used the service could not gain access to people's private information.