

Autism Anglia

# Bourne 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

This unannounced inspection took place on the 3 October 2018.

Bourne View provides care and support for up to four people with either a learning disability and or autistic spectrum disorders. At the time of our inspection there were four people living at the service. The service was provided from a domestic style four bedroom house over two floors. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection the service was rated Good. At this inspection we found the service remained Good. 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. 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. The registered manager also had oversight of another six residential care homes and supported living services run by the provider.

Systems were in place to ensure people remained safe whilst promoting their independence. Risks to people had been adequately identified and measures put in place with guidance for staff to mitigate the risk of harm.

Staff had the knowledge, skills and training to meet people's needs and keep them safe. Staff understood their responsibilities in relation to reporting accidents and incidents. Staff were provided with training in how to recognise abuse and report issues of concern appropriately.

People were involved in the planning of meals and menus. They received appropriate nutrition and hydration support to maintain their health and wellbeing.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have maximum choice and control of their lives in the least restrictive way possible.

People were treated with kindness and respect by staff who knew them very well. They were enabled to remain as independent as possible.

There was a system in place to receive and manage complaints with guidance written in a format which met people's needs. People were supported and encouraged to express their views and opinions about how the service was provided and how they lived their daily lives.

People were provided with personalised care and support to engage in meaningful activities which met their needs for autonomy and independence. There were regular opportunities for social inclusion with access to the community and annual holidays.

Regular ongoing health checks were in place with access to specialists for advice and support to support people's physical, emotional and mental health and wellbeing.

There were systems in place to monitor the quality and safety of the service. This included systems to ensure that people continued to receive care that met their needs and protected their rights. This included annual reviews of the person's care needs with their involvement and their representatives.

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." Registering the Right Support CQC policy

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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

This comprehensive inspection was carried out by one inspector on the 3 October 2018 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the one person using the service. Where people at the service were not able to verbally talk with us, or chose not to, we used observation as our main tool to gather evidence of people's experiences of the service. We also spoke with one relative who was available on the telephone to speak with us.

We also spoke with the registered manager, and two staff including a team leader.

We reviewed care records for three people who used the service, three staff files and records relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Staff received training in safeguarding people from the risk of abuse and demonstrated good knowledge of how to keep people safe.

One person told us when asked if they felt safe with all staff and if they were happy living at Bourne View? "Yes, I feel safe. I like living here." A relative told us, "They are fantastic, [family member] is safe and happy there."

The provider continued to manage risks well and was proactive in reducing risks and protecting people from the risk of harm. Risk assessments in place guided staff in the steps they should take to reduce risks whilst mindful of ensuring that measures in place to reduce risks did not impact on the person's independence. Systems were in place to protect people from avoidable harm and abuse. This included systems to keep track of people's finances and the management of environmental risks.

Staff had been provided with positive behavioural management plans which guided them with steps to keep people and others safe. Staff and the registered manager understood their roles and responsibilities in relation to safeguarding protocols and their responsibility in protecting people from the risk of abuse.

There were systems in place to respond in the event of emergency such as fire. Personal evacuation plans (PEEPS) identified the support needed. We saw that regular fire and environmental health and safety checks were carried out. Staff were trained in health and safety and risk management to equip them with the knowledge they needed to keep people safe from the risk of harm.

Incidents and accidents were monitored and analysed by the provider. Learning and actions for improvement following incidents were discussed at team meetings, care reviews and with individual staff in supervision meetings when required.

We saw there were sufficient staff available to meet people's needs on the day of our visit. Staff told us they worked as a team to ensure staff shortfalls as a result of absence was covered from within the staff team. This meant there was less reliance on the use of agency staff and provided consistency of care for people.

The service recruited staff in a way that protected people. For new staff recruited since our last inspection we found job application forms had been completed which identified any gaps in applicant's previous work history. Checks were in place from the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working in this type of setting. References and DBS checks had been confirmed before staff started working at the service.

Medicines continued to be stored, managed and administered safely. Protocols were in place in relation to the administration of 'as and when' (PRN) medicines. A review of medication administration records and

stock showed that people received their medicines as prescribed. All staff who administered medicines had received relevant training and competency assessment.

People lived in a clean, well maintained environment. There were infection control systems to mitigate the risk of harm to people and prevent the risk of cross contamination. Staff had completed training in infection control. Staff had easy access to personal protective equipment for supporting people with their personal care.

# Is the service effective?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Staff had been provided with training appropriate for the roles they were employed to perform. Training provided included understanding and supporting people with autism, positive proactive intervention, epilepsy awareness and core training such as infection control and health and safety, including risk management. Staff told us that they were provided with equality & diversity, dignity & respect training.

One to one supervision meetings provided staff with the opportunity to identify and plan for their training and development needs as well as the opportunity for the manager to review work performance. A review of staff meeting minutes showed us that these meetings provided opportunities for staff to raise issues of concern.

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included daily handover meetings. We saw from a review of the handover communication book that staff had been supported with guidance to enable them to meet people's needs and evidence when tasks had been completed. This also provided an audit trail for management reference.

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 Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where restrictions were in place for example, to limit lone access to the community this had been assessed appropriately and was in the best interests of the person to keep them and others safe. Where people any restriction to people's movement had been identified, a DoLS application had been submitted to the local authority for authorisation as required by law.

Some people at the home displayed behaviour that may present a risk to the person and others. Staff told us they had been provided with guidance and knew how to support people. They had received training in positive behavioural support and intervention. This gave them the skills to work with people safely and appropriately. Staff recognised potential triggers. Care plans gave guidance to staff in strategies they should use when identifying 'early distress' with steps to 'keep calm and content'.

People's dietary needs had been identified as part of their plan of care. We saw the individual was supported to improve their daily living skills and encouraged to help with shopping and the preparation of their meals. Staff told us that people's individual's needs were assessed in the planning of weekly menus. People's weights were regularly monitored and recorded.

Support was provided to access healthcare as required. Care and support plans included details of planning and support needed to maintain the person's physical, mental and emotional health and wellbeing. The



service had good links with other healthcare professionals and specialists such as; occupational therapists, intensive support learning disability professionals, psychiatrists, psychologists, GPs and dentists.

People were supported to attend annual health checks with their GP when required. Staff were observant of people's changing health conditions and sought prompt medical advice for them. Hospital passports had been developed to provide clinical staff with detailed information about each person should there be a need for them to be admitted to hospital. People's relatives told us they were kept informed of any changes following incidents and updates from health intervention.

## Is the service caring?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Care was personalised and provided by a stable staff team who knew people well. We saw staff worked to ensure that where possible people were involved in making decisions about how their care was provided and how they lived their daily lives. The continuity of staff had led to people developing meaningful relationships with staff. People were supported to maintain important relationships with relatives and others important to them. One relative told us, "There are no restrictions we can visit and are made welcome. It is fantastic they [staff] are very caring and we are very happy with them."

We observed that staff were consistently reassuring and showed kindness towards people when providing support. Interactions between staff and the people living in the service were relaxed. It was evident that people felt comfortable in the presence of staff.

Staff described people's preferences in detail as to how they wished to be approached and supported. People had a designated key worker. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, changes in health and in communicating with relatives and health professionals where necessary. We could see from records of care reviews and multi-disciplinary meetings that people's views were well presented by staff.

People were supported to maintain their independence. For example, in managing money, food preparation, shopping and household tasks. People's bedrooms were personalised and reflected their individuality and personality.

There were high levels of engagement with people throughout our visit. From our observations of conversations, it was evident staff understood each person's needs, knew how to approach them and also recognised when they wanted to be on their own. Staff described and we observed how they worked to ensure the privacy and dignity of people was maintained. Staff were passionate about providing personalised care which upheld the rights of individuals and promoted their independence as much as they were able.

## Is the service responsive?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The provider continued to ensure that people's care records were reviewed regularly and kept up to date. Information contained within care plans was personalised to people's individual needs. There was detailed information including guidance for staff in supporting the people's physical, psychological, social and emotional needs. Records provided staff with the guidance they needed and included information about the person's past history, their interests, likes and dislikes. This enabled staff to support them in the way they wished to be supported to live full and active lives.

Before people came to live at the service a full assessment was completed with them and their relatives to determine if the service could meet their support needs. We saw care support plans were very inclusive of people's views and wishes.

People enjoyed varied meaningful activities and access to the local community. People were supported to access activities they enjoyed such as, attending day centres, swimming, art and drama groups. Annual holidays were provided and for one person support from staff to visit their parents who lived abroad. People were supported to develop life skills such as cooking, budgeting and accessing community transport. One relative told us, "Despite cuts from social services [relative] enjoys a varied and very much personalised activities which help [family member] well-being." Another relative in response to the provider's annual satisfaction survey wrote, '[family member] has been supported to make progress in every day skills. The staff are very well trained. We have always Bourne House to be welcoming and the staff well trained.'

People had health action plans in place and daily observation and shift handover records were maintained. These provided information about each individual and ensured staff, were kept up to date at each shift.

The registered manager had effective systems in place for people to use if they had concerns or wanted to complain formally if they wished to do so. People were provided with regular reviews of their care. This system enabled people's care to be reviewed and any concerns to be identified and discussed.

## Is the service well-led?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The service had a registered manager who also had oversight of another six residential care homes and supported living services run by the provider.

At our last inspection we found shortfalls in that the provider did not operate a system of regular audits to assess the quality and safety of the service with action plans and timescales to evidence continuous improvement of the service. At this inspection we found some improvement. A review of audits showed improvement in the quality and regularity of quality and safety monitoring with governance and oversight of the service improved.

Staff were positive about the management of the service. People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they were supported by the team leader and registered manager, they had regular staff meetings and felt they could discuss anything in these and that their ideas would be listened to. We saw that staff worked well together. They told us they worked as a close, cohesive team.

The provider had a formal complaints system in place with appropriate timescales for responding. There had been no formal complaints received since our last inspection.

Systems were in place to receive people's feedback about the service. The provider sought the views of the person through annual reviews of their care and meetings with their keyworker. People were actively involved in improving the service they received. The staff gathered people's views on the service on a daily basis through their interactions with people. The provider also gathered feedback on the service through the use of questionnaires and meetings with people. This was confirmed through a review of records.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on their public website where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating on their website but not at the residential location for people who used the service and their visitors to view. We discussed this with the registered manager who told us they would rectify this immediately.