

National Autistic Society (The) Mainwaring Terrace

Inspection report

1, 2, 3, 5 Mainwaring Terrace
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Mainwaring Terrace comprises four houses each providing accommodation and support for up to thirteen people who have autism and complex support needs.

During our inspection there were 10 people living in the homes.

The service was last inspected in January 2014 and was compliant with the standards we inspected. This inspection was unannounced and took place on 19 and 20 October 2016.

There was a registered manager responsible for the service. 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.

There were sufficient staff available to enable people to take part in a range of activities according to their interests and preferences. Some people required a minimum of one to one staffing to help keep them safe. Staff duties were clearly allocated so people received the support they needed.

A recruitment procedure was in place and staff received pre-employment checks before starting work with the service however improvement was needed to ensure staff files were in good order. We made a recommendation the service follows good practice guidance in relation to staff files and recruitment.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People lived in a safe environment and were supported by a staff team who had the skills and experience to meet their needs and help keep them safe.

People received their medicines when they needed them. Staff had received training in the management and administration of medicines and their competency in this area had been regularly reviewed to ensure their practice remained safe.

People's health care needs were monitored and met. The home made sure people saw the health and social care professionals they needed.

Where restrictions were placed on people, these were regularly reviewed to ensure they were the least restrictive option. People's privacy was considered and people were asked for their consent before staff assisted them with any tasks.

People were supported by a caring staff team who knew them well. Staff morale was good and there was a

happy and relaxed atmosphere in the home. Staff were skilled at communicating with people, especially where people were unable to communicate verbally.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community. There was an emphasis on enabling people to be as independent as they could be and to live a happy and fulfilling life.

There were effective systems in place to monitor and improve the quality 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?

Requires Improvement 

The service was not always safe.

Staff recruitment files were not in good order. Improvement was needed to ensure the files contained the most up to date information and any gaps in work history was accounted for.

People received their medicines when they needed them from staff who had received the training to do so.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

Is the service effective?

Good 

The service was effective.

Staff were trained to a standard that enabled them to meet people's needs in a person-centred way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 and staff understood the requirements of this.

People were supported to have access to appropriate healthcare services

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect. Staff were kind and professional.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their lives.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when supporting people.

People were encouraged to pursue their own hobbies or interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

The manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff told us they received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

Mainwaring Terrace

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 19 and 20 October 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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 looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

As part of this inspection we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with three relatives of people who used the service to ascertain their views .

During our inspection we spoke with six staff, including the deputy manager and the registered manager. Following the visit we also contacted health care professionals to seek their views. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

People and their relatives described the service as good and everyone we spoke with told us they felt that people were kept safe. For example relatives told us they felt the service provided a safe environment for people who used the service. One relative told us, "They [the staff] understand what [my relative] needs and use strategies to keep them safe, they have a good relationship."

Another relative told us, "I am confident that [my relative] is safe and well cared for." Another said, "There are some great staff here and I leave feeling assured that [my relative] is well supported."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to ensure people were safe.

The safeguarding and whistle blowing policies and procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff were fully aware of these procedures and all said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately.

The people's care files that we looked at showed the actions taken to minimise any risks to people that used the service. Each person had assessments about any risk that were pertinent to their needs and these had been reviewed regularly.

We saw risk assessments had been developed where people displayed behaviour that challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. These plans were reviewed regularly and where people's behaviour changed in any significant way we saw that referrals were made for professional assessment in a timely way.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in infection control. Care workers were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. Areas of the home we saw were clean and well maintained and there was a refurbishment plan in place in one of the houses where damage had been caused by a previous tenant. The registered manager explained how important it was that all the houses were maintained to a high standard and the emphasis was very much around promoting a homely atmosphere which reflected the choices and preferences of the people living in the houses.

On the day of our inspection we saw there were staff in sufficient numbers to keep people safe and the use

of staff was effective. This was mostly shared support within the houses with specific one to one staff support hours given to each person if they needed to access the community or at specific times during the day when extra support was needed. This helped to ensure a safe environment, both for people who used the service and staff.

We looked at the systems in place for managing medicines in the houses. This included the storage, handling and stock of medicines and medication administration records (MARs) for two people.

We found people received their medicines as prescribed, the administration of these was recorded on the MAR. We found medicines were stored safely. Staff were able to explain how they supported people appropriately to take their medication that was prescribed as and when required for example pain relief. They were aware of signs when people were in pain, discomfort, agitated or in a low mood to ensure they received their medication when required.

The recruitment and selection process we looked at did not ensure staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. However in the four files we looked at we found improvement was needed. We found there were gaps in employment history and not all files had two references in place. We spoke with the registered manager who explained that most of the staff had worked with the company for many years and so information may have been misplaced or lost over time. The registered manager acknowledged the importance of ensuring complete records were kept and we made a recommendation that staff files were kept in accordance with company policy and best practice guidance.

Is the service effective?

Our findings

New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support the people who lived in the home. Staff told us the induction programme was also linked to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident.

Staff felt they had enough training to keep people safe and meet their needs. They told us the training was, "Good" and that they had been provided with specific training to meet people's care needs, such as autism awareness, first aid and training relating to people's specific health conditions. The registered manager maintained a record of training completed by staff and when refresher training was due. Records were well maintained and up to date. This helped to ensure staff had up to date skills and knowledge to effectively support the people who live at the home.

Staff told us and records showed that they had regular formal supervision (a meeting with their line manager to discuss their work) and annual appraisals to support them in their professional development. This helped to monitor the skills and competencies of staff and to identify any training needs they might have. Staff were positive about the support they received. One member of staff told us, " [managers] listen and supervisions are regular, things are much better since the new manager came."

People used various methods to communicate their wishes and choices. These included speech, pictures, signing, vocalisations and body language. Staff knew people well and were able to interpret non-verbal communication. People's care plans contained a lot of detail about how each person communicated. For example, one person's plan explained how they would communicate they were happy or unhappy, if they were in pain or if they wished to spend time alone.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including community speech and language therapists, chiropodists, opticians and dentists. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

We saw people had a varied and healthy diet. Meals were based on people's preferences. People who lived in the houses chose the weekly menu and were supported to shop for the meals or ingredients by staff. The people who lived in the houses were all involved in choosing meals each week.

Staff had received training and had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Any restrictions placed on people should be regularly reviewed.

People can only be deprived of their liberty so that they can 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 any conditions on authorisations to deprive a person of their liberty were being met.

The service had previously submitted Deprivation of Liberty Safeguards (DoLS) applications for all the people living at the home because of the Supreme Court Judgement ruling in 2014 which suggested people living in care homes were being deprived of their liberty because they were under continuous supervision and in some instances were not free to leave due to the risks involved. The registered manager however had recognised this was not needed for everybody living at Mainwaring terrace and understood the need to assess each person individually in line with the MCA. The registered manager explained that capacity assessments were again being completed to ensure people who had capacity were not having unnecessary restrictions placed on them. We spoke with the manager about the importance of a clear audit trail to evidence how decisions had been reached in line with the MCA. Following on from the inspection the registered manager sent us information about improvements they had made so they could evidence better how people's rights were protected under the MCA.

On both days of our visit we heard staff asking for people's consent before they assisted them. For example when supporting with medicines, preparing meals and trips out. Records showed people's ability to consent to specific things had been assessed and where it was felt they lacked the mental capacity to make a decision a best interest decision was made. For example, best interest decisions had been made involving family members and professionals regarding treatment for an ongoing medical condition. This meant the provider was working in line with the principles of the MCA and ensuring people's rights were protected.

Is the service caring?

Our findings

Throughout our inspection staff interacted with people who lived at the home in a kind and caring way. There was a good rapport between people and staff.

Relatives told us they were happy with the staff at Mainwaring Terrace. One relative told us, "The staff are very caring, they have built a good relationship with [name]. We are very happy, it is a good service."

Staff were able to tell us how they respected people's privacy for example by closing doors and curtains whilst providing personal care and ensuring people were aware of and happy with the support they were providing.

Staff took time to explain to people who we were and why we were visiting. They spoke with people in a polite, patient and caring way and took notice of how people responded to them. People looked happy and settled. They showed signs of wellbeing, such as smiling and laughing. We observed a lot of kind and friendly interactions between people and staff; there was a calm and homely atmosphere.

Staff described how they assisted people to maintain their independence and they were aware of the importance of this. We observed staff prompting and encouraging people to do things for themselves rather than doing things for people. Staff talked positively about people and were able to explain what was important to them such as family members, chosen activities and routines and consistency from staff.

We spent some time in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversations and activities. The interactions between staff and people they supported were inclusive and it was clear from how people approached staff they were happy and confident in their company. The registered manager told us that staffing numbers were configured to allow people to participate in activities off site, and we saw that staff went off site with people to participate in activities of their choice. The staffing levels meant the activities could be individualised and meet people's preferences and also there were high levels of engagement with people throughout the day.

People were able to make choices about day to day aspects of their care such as when they got up and went to bed, meals and what personal care they wanted. People were supported to express their views about their care and support even where they were unable to express their views verbally. Each person was allocated a core team of staff who met with them regularly to ensure care plans were up to date and reflected their needs and choices. For example we saw for one person they wanted to know about visitors to the home and to be included in any discussions taking place. The staff responded by ensuring this person was able to speak with us during the inspection to ask any questions and alleviate any anxieties they may have. This was a good example of staff understanding and responding to people's wishes and respecting their choices.

Care plans contained information about the characteristics of staff who would be best placed to support a

particular individual. This helped to ensure people, especially those who were unable to express themselves verbally, were supported by staff who were suitable to work with them. For example, one person was identified as preferring staff with a sense of humour who would laugh at their jokes. Throughout the day we observed positive banter between staff and the person which was appropriate in line with what their care plan had said they wanted.

We found staff we spoke with were very knowledgeable on how different people they supported responded to different communication methods. This included picture cards and visual aids.

We also saw that one person had written their own "when I die" plan. This outlined what they wanted in relation to their funeral and instructions about where they wanted their possessions to go to. This was a good example of how the service promoted and respected the rights and wellbeing of the people they supported.

Is the service responsive?

Our findings

People were able to plan their day with staff. Some people chose regular weekly activities, such as attending day services on set days. At other times people chose how to spend their day through discussions with staff. On both days of our inspection people were busy coming and going throughout our visits. People also spent time relaxing at home. Records showed people attended day services, went out for drives, walks, shopping trips, day trips, visited relatives and went on holiday.

Family members told us that the home had arranged a holiday for their relative which they had enjoyed and staff were always available to facilitate and attend family visits if needed. This was an example of how the service was responsive to the needs of the individual requiring support but also to extended family.

We saw that prior to the admission of people to the home, a detailed care needs assessment had been carried out. This meant that the registered manager could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff members had some understanding of people's needs when they began living at the home. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

We saw that the registered manager had identified the plans of care required improving to ensure they provided a more person centred approach. We looked at care files in the new format, these were very good, clear and evidenced involvement of the person who used the service where they were able, their relatives and advocates.

The service was in the process of introducing a document called an "essential support guide" which would outline goals people wanted to achieve. These were to be used in line with care plans to show people's goals and the progress made. The registered manager told us "We want to support people to achieve the best they can and move people forward with their goals, supporting them to achieve more." We will check progress of this at the next inspection.

The staff demonstrated a good awareness of how people with complex learning disabilities could present with behaviour that challenged and could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people could live a full life, pursue interests and be involved in the community. Relatives we spoke with all commented on the staff's knowledge of people's needs and how they understood the triggers and how to distract to prevent an episode of challenging behaviour.

Discussion with the members of the management team showed that complaints were taken very seriously. We looked at a complaint that had been received and it had been addressed and resolved. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. It was evident from the comments that were made by relatives that they knew how to complain and felt confident that they would

be listened to. This was also confirmed by one of the people we spoke with who lived at the home.

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. They had recently been recruited following on from a management restructure at the home.

We saw that all members of the team interacted well with people who used the service and spoke to each other in a positive way. All the staff we met said there were very good relationships and that they worked very well together as a team. The staff we met came across as confident, happy and relaxed in their work. The service had recently undergone some management changes which we were told had resulted in a more positive and relaxed working environment. This included the recruitment of the registered manager and a team of deputy managers to support him in his role.

The service had a clear philosophy. This included enabling people to develop greater independence through their person-centred plans, in an environment that offered warmth, security, consistency and understanding. We spoke with staff who demonstrated a good understanding of these values. They were reflected in people's individual plans, were in the organisation's policies and procedures, and were part of the staff induction and on-going training.

Mainwaring Terrace had achieved the National Autistic Society accreditation which was a quality control system used by the service to measure excellence in relation to provision of a high standard of care to people with autism. In order to achieve accreditation against autism accreditation standards, Mainwaring Terrace must provide evidence that it has a specialised knowledge and understanding of autism and that the knowledge and understanding of autism consistently informs the organisation, the resources and management of the organisation, the assessment and support plans for people who use the service and all aspects of practice. This meant that the service had reached the desired standard to provide a high level of care and support to people with autism. The accreditation was reviewed regularly to ensure services were maintaining the level of support required and the service was due for review in 2017.

The registered manager told us staff completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. We saw these audits and these identified areas that required improvements and showed any improvements were followed up to ensure these were carried out. An example of these improvements was at our visit when we identified the record of DoLS could be improved the registered manager agreed to implement better systems. They confirmed in writing following our visit that this had been carried out.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive. These were due to be sent out again at the time of our visit as they were completed twice a year.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems.

The quality monitoring visits which had been undertaken were done in line with The CQC five key topic areas

of safe, effective, caring, responsive and well led and was a good way to ensure the service maintained a high level of care in line with the regulatory requirements.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify if any systems could be put in place to eliminate the risk.