Autism Wessex

Autism Wessex-Manor Road

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

The inspection took place on the 9 and 11 May 2016 and was carried out by one inspector. Manor Road provides residential care for four younger adults with autism and associated learning difficulties. People have their own rooms with en-suites and shared access to a bathroom, lounge, kitchen, laundry and an enclosed garden.

The service has 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.

Staff had completed training on how to safe guard people from abuse and had their level of understanding checked. They were aware of the actions they needed to take if they suspected a person was at risk of abuse.

Staff had a good understanding of the risks people were living with and how they needed to support people to keep them safe. This included risks associated with peoples physical and mental well- being, their home environment and when they were accessing the community.
People's risks were managed with the minimum restrictions on their freedoms and choices.
The organisation carried out a quarterly health and safety audit of the building and meetings.

There were enough staff to support people safely during the day and night and when people accessed the community. Staff had been recruited safely. The organisation had policies and procedures in place to manage unsafe practice. Staff had received an induction and on- going training which enabled them to carry out their roles effectively

Medicines had been ordered, stored, administered and disposed of safely. Staff had received training in medicine administration and had their competencies regularly checked by a senior member of staff. People had good access to healthcare services.

The service was working within the principles of the Mental Capacity Act. We saw that best interest decisions had been taken for people and had included input from staff, families and social workers. Staff had completed training and had a good understanding of the legislation and how to put it into practice when supporting people.

Staff had a good understanding of people's dietary needs and any associated risks. Meal choices were varied and nutritional.

Families and health professionals we spoke with described the service as caring. Staff were described as patient and always having people's interests at heart. Staff who had a good knowledge of people living at

the service and the best way to communicate with each person. People and their families were involved in decisions about care.

Staff respected people's right to privacy. We observed interactions between staff and people that were respectful and maintained a persons' dignity. Some people needed staff to observe them most of the time. Staff achieved this in the least restrictive way respecting people's rights to having freedom and independence around their home.

People had individual support plans that focused on providing support in a way that ensured opportunities to make choices and maximise levels of independence whilst remaining safe. Support plans included details of activities people enjoyed both in groups and individually. People had health action plans and communication plans that had been developed to support people when accessing services in the community. Support plans had been reviewed a minimum of monthly and families told us they felt involved in their relatives care.

The service user guide contained information about how to make a complaint and was also available in easy read format.

Families, staff and health and social care professionals all told us the service was well led and that the registered manager was approachable. The registered manager had set up service development meetings which had been attended by staff, families and trustees. The meetings had been used to gather views on the service and led to new initiatives that had improved service quality.

Staff spoke positively about the service, the management and the team work. The service used the expertise of other recognised professional organisations to support practice development and continually improve the quality of service people received.

Audits were completed that effectively gathered information about the service and where appropriate had led to positive change.

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.

Staff had completed training on how to safe guard people from abuse and were aware of the actions they needed to take if they suspected a person was at risk.

Staff had a good understanding of the risks people were living with and how they needed to support people to keep them safe. People's risks were managed with the minimum restrictions on their freedoms and choices.

There was enough staff to support people safely during the day and night and when accessing the community. Staff had been recruited safely and had procedures in place to manage unsafe practice.

Medicines had been ordered, stored, administered and disposed of safely.

Is the service effective?

Good

The service was effective.

Staff had received an induction and on-going training and support that enabled them to carry out their roles effectively.

The service was working within the principles of the Mental Capacity Act. When a person was not able to make a decision themselves a best interest decisions had been taken and had included input from staff, families and social workers.

People were supported with their food and drink and staff had a good understanding of any associated risks.

People had good access to healthcare services.

Is the service caring?

Good

The service was caring.

Staff were patient and had people's interests at heart.

Staff had a good knowledge of people and the best way to communicate with each person

People and their families were involved in decisions about care.

People's right to privacy was respected. Interactions between staff and people were respectful and maintained a persons' dignity.

Support was provided in the least restrictive way respecting people's rights to having freedom and independence around their home.

Is the service responsive?

Good

The service was responsive.

People had individual support plans that focused on providing support in a way that ensured opportunities to make choices and maximise levels of independence whilst remaining safe.

Activities, relationships with family and friends and community links were encouraged and supported by staff.

People had health action plans and communication plans that had been developed to support people when accessing services in the community.

The service user guide contained information about how to make a complaint and was also available in easy read format.

Is the service well-led?

Good

The service was well led.

Processes were in place to gather feedback from people, their families, staff and trustees which had led to new initiatives that had led to positive change.

Staff had a good understanding of their roles and responsibilities and felt valued.

The service used the expertise of other recognised professional organisations to support practice development and continually improve the quality of service people received.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and other organisations.

Autism Wessex-Manor Road

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 the 9 and 11 May 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection we looked at notifications we had received about the service and we spoke with a social care commissioner to get information on their experience of the service. We looked at information on 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.

During our inspection we spoke with the registered manager, deputy manager, two support workers and one agency support worker. After our inspection we spoke with two families, a community nurse and a dietician who all had experience of the service.
We reviewed two peoples care files and discussed with care workers their accuracy. We checked three staff files, health and safety records, medication records, personal finance records, management audits, staff meeting records, and records of feedback from families and others.
We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

Staff had completed training on how to safe guard people from abuse and had their level of understanding checked. We spoke to one support worker who was able to tell us who they would report concerns to if they felt a person was at risk of abuse. This included the senior management at the service, the local authority and the Care Quality Commission.

We spoke with a health professional who regularly visits the service. They said "People are safe. I wouldn't be concerned for their wellbeing. Staff manage people's risk well and it's reassuring that they always seek help if necessary".

A relative told us "I definitely feel my relative is safe. Staff are happy in their work and they are well trained. The staff support each other; nobody is ever left to deal with a situation on their own".

Staff had a good understanding of the risks people were living with on a day to day basis and how they needed to support people to keep them safe. This included risks associated with people's physical and mental well- being, their home environment and when they were accessing the community. We looked at people's care files and they contained detailed information about risks to people's safety and the actions staff needed to take to keep people safe.

People's risks were managed with the minimum restrictions on their freedom and choices. One person had a health condition that placed them at risk when taking a bath. The person was not restricted from taking a bath. Actions had been put in place to minimise any risk which included a member of staff remaining outside an unlocked bathroom door.

Records were kept of any incident or accident that involved people or staff. We saw that each accident or incident had been reviewed by the registered or deputy manager Any identified risks had been addressed. Actions had included reviewing risk assessments and support plans and when appropriate discussing with health and social care professionals and the staff team.

People needed support with their day to day money. Processes had been put in place to protect people and the staff team. This included two staff carrying out an audit of each person's money every day. We checked the records for one person and they were correct.

Staff received fire training and had been involved in six monthly fire drills. Records showed us that there was a schedule for checking and maintaining fire equipment and this was up to date. Each person had a personal evacuation plan in place which was individual to them.

The organisation carried out a quarterly health and safety audit of the building and meetings. Any actions were completed in a timely manner. Records showed us that equipment had been regularly serviced and maintained. This had included servicing the boiler and an annual check of electrical equipment.

Staff told us that there were enough staff to support people safely. One support worker said "We have a good relief team. The shifts are well covered". We observed people being supported by staff in an unhurried way. Each person had a member of staff supporting them throughout the day. The deputy manager told us that two people needed the support of two staff when they were out in the community. They said "On a Tuesday we always have a trip and for that we always have six staff. Usually five staff works and if necessary I will step in". We spoke to a support worker who explained that each night there is a sleeping and waking member of staff on duty. Another said "There is always a senior member of staff on call. There is always somebody who knows the people living here".

Staff had been recruited safely. We checked three staff files and they each contained two references that had been verified by the service and a criminal record check had been carried out.

The organisation had policies and procedures in place to manage unsafe practice. Staff knew about the whistleblowing policy and felt they would be listened to if they had any concerns about the service.

Medicines had been ordered, stored, administered and disposed of safely. Staff had received training in medicine administration and had their competencies regularly checked by a senior member of staff who would shadow them. When people had been prescribed a cream a body chart had been completed which provided staff with details of where each cream needed to be applied. Some people required medicine as and when needed rather than at prescribed regular intervals. Staff completed additional recording for these medicines which included the reason why the medicine was given and the outcome which enabled staff to review the effectiveness

Good

Is the service effective?

Our findings

Staff received an induction that included information about the organisation, the people living at the service and training needed to support them effectively. We saw that this included generic subjects such as food hygiene and safeguarding and also subjects specific to people living at the service such as epilepsy and autism.

We spoke with an agency support worker who told us "My induction was thorough the first time I came here. It included the building, fire exits and people's support plans. Each time I come back I recap on the support plans".

Staff told us they had received training which enabled them to carry out their roles. One support worker said "Training is very good. Always something going on each month". We looked at training records that confirmed staff were up to date with training and were told by the registered manager that there is an electronic system in place that provides information on when staff have completed training or due to revisit a course.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the service was working within the principles of the act. Mental capacity assessments had been completed for people and DoLs applications had been submitted to the local authority. We saw that best interest decisions had been taken for people and had included input from staff, families and social workers. Staff had completed MCA training and had a good understanding of the legislation and how to put it into practice when supporting people. People living at the service were not all able to express their consent verbally. Staff told us of communication tools used to help people express how they felt and the different non-verbal ways people expressed themselves.

Staff had a good understanding of people's dietary needs. One person needed a specialist diet and the service had worked with a dietician in order to support them effectively in improving the person's physical health. Another person had days when they chose not to eat or drink and staff had followed the support plan. This had included keeping a food and drink diary, offering food the person really liked and seeking

health professional advice after three days. People who were at risk of weight loss had their weight monitored. People had a choice of where they had their meals. One person found noise distressing and at times chose to have their meals away from the dining room. People were supported to plan, shop and prepare meals with the support of staff. Meal options and the menu board were in picture format which enabled people to make choices.

People had good access to healthcare. This included occupational therapists, speech and language therapists, GP's and community learning disability health professionals. We spoke with a health professional who told us the staff are very proactive at raising any issues of concern.

Good

Is the service caring?

Our findings

Families and social and health care professionals we spoke with all told us the staff were caring. One health professional said "Staff care about what they do and the wellbeing of people". Another told us "Staff have people's best interests at heart". We spoke with a relative who told us "Staff are patient and good".

We observed staff and people heading off on an activity together. They were excited and happy, laughing and jovial together. We observed people and staff spending time together in the lounge. Their relationship was relaxed and friendly.

We spoke with staff who had a good knowledge of people living at the service. They were able to tell us how people liked to spend their time, about their histories and the family and friends important to them.

Staff had a good knowledge of the best way to communicate with each person which included using signalling, pictures and social stories. Social Stories are a social learning tool that supports the safe and meaningful exchange of information between parents, professionals, and people with autism. We spoke with a support worker who told us "We used a social story when one person kept asking about a member of staff that had left. It helped them understand it was good and nothing to worry about". The registered manager also told us about social stories being used when one person started having problems sleeping at night. It enabled the person to express the reasons why and the problem was able to be resolved.

People and their families were involved in decisions about care. One support worker told us about a person at the service who liked to be independent. They said "They decide the order to things. Communication sometimes better than others. Sometimes they just point". One person preferred a female member of staff supporting them and this had been respected. People's individual level of decision making was understood by staff.

We spoke to two families who told us they felt involved in their relatives care. One relative said "They ring and let me know what is going on. Probably ring once or twice a fortnight".

Staff respected people's right to privacy. A relative said "They have to give my relative some privacy but always ensure they're safe". Each person required a member of staff with them throughout the day. People had their dignity respected. Staff knew the informal names people had chosen to be addressed by and used these appropriately. We observed interactions between staff and people that were respectful and maintained a persons' dignity. Some people needed staff to observe them most of the time. We saw staff achieving this in the least restrictive way respecting people's rights to having freedom and independence around the home.

Good

Is the service responsive?

Our findings

Pre admission assessments had been completed prior to a person moving to the house. The pre admission assessment had been used to create individual support plans for people that provided information to staff about the person and how to support them. We spoke with staff who demonstrated a good knowledge and understanding of how they needed to support people.

The support plans focused on providing support in a way that ensured people had opportunities to make choices and maximise their level of independence. One plan described the level of choice one person was able to make themselves. It then detailed the circle of family and professionals who could be involved in choices and decisions on their behalf. A care worker told us about a person they support. They explained they could make choices about daily routines and how they were good at spontaneous decisions. On the day of the inspection they had been going out to trampoline. They changed their mind and had got their picture book out and shown staff what they would like to do instead.

Support plans included details of activities people enjoyed and we could see these had been organised for people. Activities had taken place as a group and also individually and included swimming, cycling and the cinema. People had been supported in their religious practices. Another person had a season ticket for a local football team and had been supported to attend with their family. One person had been supported with a part time job at a local business.

The deputy manager told us that staff and people together had made cupcakes and sold them to raise funds to go to the theatre. They said "People were still baking a midnight. We all went to the head office selling cupcakes. It was hard work but worth it as people could see there was a reward for their efforts".

We saw one support plan that explained how to support a person who had a specific health condition. Staff had written the plan and incorporated guidelines from a specialist health organisation. We spoke with a health professional who told us "The staffing approach is extremely proactive".

People had individual behavioural overviews in their support plans. Information included known triggers, such as loud noise, and signs of anxiety a person may show. The overviews included potential risk associated with a person's behaviour. This information enabled staff to recognise signs of distress and reduce any associated potential risks to people. Plans included the agreed team techniques used to support people when they were anxious or distressed. We spoke to staff and read records that showed us people had been consistently supported as agreed in their support plans.

Support plans included goals that people had said they would like to achieve. One person had been supported to use public transport. Another person had made changes to their personal appearance.

People had health action plans and communication plans that had been developed to support people when accessing services in the community.

Support plans had been reviewed a minimum of monthly. A relative told us "I get invited to reviews and they definitely listen and ask me if there is anything I would like them to work on". We read one review that confirmed what staff had told us about a person demonstrating independence in planning their day and routine. Another relative said "They keep us well informed. We go to reviews and they listen to what you say. There is a general good feeling about the home. We feel we can talk to any of them".

The service user guide contained information about how to make a complaint. Families told us they knew how to make a complaint and felt if they did the staff would listen. How to make a complaint was also available in picture form so that people using the service had access to the information. A complaints log was in place but no complaints had been received since the last inspection.

Good

Is the service well-led?

Our findings

Families, staff and health and social care professionals we spoke with all told us the service was well led. One relative said "I think it's very well managed and organised". Another told us "Very well led. Excellent all round". A support worker said "It's well organised and the manager is very approachable".

The registered manager explained to us how they had set up a service development meeting. The meetings had included staff, family and a trustee. The registered manager said "We wanted to gather people's views of the service. Because of the complexities of people living here we felt so many people will have a perspective and they may not feel they have an opportunity to share". There had been five meetings and each had looked at the five CQC domains of safe, effective, caring, responsive and well led. Outcomes from the meeting had included a communication workshop, the introduction of a more detailed food and kitchen audit process and the service user guide being produced in easy read format with the help of a speech and language therapist.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Regular meetings were held with the staff team. A support worker said "We have regular meetings to make sure we are keeping things to a good standard and working on support strategies. When we have a meeting everybody has something they want to discuss and everyone's input is considered".

Families told us they felt the manager and staff were good at keeping them informed of changes in the service as well as information about their relative.

Staff spoke positively about the service, the management and the team work. One support worker said "It's a great team to be part of. Management really do their best to make sure the team as a whole is happy and feel they have the support to do their best". They told us they felt appreciated and that their achievements were recognised. We were told that one support worker had gone the extra mile arranging a group social event and an article had been put in the newsletter to recognise their efforts. Success was also celebrated when staff had passed exams.

The service used the expertise of other recognised professional organisations to support practice development and continually improve the quality of service people received. This included the registered manager attending national care events.

Audits were completed for medicine, people's finance and health and safety. Any identified actions were completed in a timely manner. The management team also completed observational quality checks on staff practice. Observations had taken place of shift handover, medicine administration, preparation for an outing and cooking a meal. The organisations director carried out a monthly audit of the service and peer

inspections had taken place. This was where a registered manager from another service had visited Manor Road and completed a comprehensive audit. Outcomes had been shared where appropriate with staff and fed into the service development plan.