

# Homes Caring for Autism Limited

## Stanway Close and Greenway 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

Stanway Close and Greenway Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Eight people with a learning disability and autism were receiving care at the service. They were between the ages of 25 and 37. Stanway Close and Greenway Road are two interconnected buildings in the centre of Taunton. Stanway Close is over three floors and consists of five flats. Greenway Road is over two floors and consists of three en suite bedrooms.

The care service has been developed in line with the values that underpin '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.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

### Why the service is rated Good

People were safe at the service because recruitment, staffing, medicine management, infection control and upkeep of the premises protected people from unsafe situations and harm. Individual risks to people were assessed and managed with as little restriction to the person as possible.

Staff understood their responsibilities to protect people from abuse and discrimination. They were knowledgeable and knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.

Staff praised the training they received. They were supported to be skilled and efficient in the roles. Arrangements for staff supervision and support, and the availability of the registered manager, enabled them to be effective support workers.

People's legal rights were understood and upheld. People's health care needs were met. A health care professional said the service "Strived for an increase in a person's quality of life".

The premises provided people with a variety of spaces for their use. Flats and bedrooms were very individual and based on the person's preferences. There were arrangements in place to upgrade the premises as necessary.

People received a varied diet according to their likes and dislikes. Specialist diets were understood and

being met.

People's privacy and choice were fully supported. Staff promoted people's dignity. Staff were kind and caring and all interactions between staff and people using the service were respectful and friendly.

Support plans were detailed and reviewed with the person when possible, staff who support the person, external professionals (as necessary) and family members. Staff looked to identify best practice and use this to people's benefit. Staff worked with, and took advice from, experts within the provider organisation and external health care professionals.

People had a variety of meaningful activities available to them according to their preferences. They were encouraged to lead interesting lives. Multimedia was used as a resource to support people's understanding.

The service was well organised. People's views were sought and opportunities taken to improve the service. Staff were supervised, supported and clear what was expected of them. Audits and checks were carried out in-house and through the provider so any problem could be identified and rectified.

The registered manager understood and met their legal responsibilities.

## 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.

# Stanway Close and Greenway 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 was a comprehensive, unannounced inspection. It took place on 29 January 2018.

The inspection team included one adult social care inspector.

Prior to the inspection we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people using the service. People using the service had varied ability to communicate and tell us about their experiences of living at the service.

We used informal observation to help us understand the experience of people who could not talk with us.

We spoke with two people's family members, four staff and the registered manager. A provider representative was included in the inspection feedback.

We reviewed two people's care records, two staff records, training arrangements and looked at quality monitoring information relating to the management of the service and safety records. We received feedback from two health care professionals and saw other feedback from staff questionnaires the service had recently received.

# Is the service safe?

## Our findings

The service continued to be safe.

People were protected from abuse and harm because staff had a good understanding of the types of abuse and how to respond to any concerns. All staff had received safeguarding training; this began at their induction and was regularly updated. The registered manager had informed the safeguarding team appropriately, when there had been a requirement to do so or to ask for advice. Safeguarding concerns were handled correctly in line with good practice and local protocols. We observed that people using the service were very relaxed in the company of staff, going to them with any worries.

Each person had risk assessments in place to protect them from harm. For example, relating to using the vehicles and visiting the community. These were under regular review. Accidents and incidents were recorded, investigated and monitored to look for trends and patterns toward improved safety. There was a culture of looking to make continuing improvement.

People said they felt safe and people's family members said they felt people were safe at the service. They had confidence that people's welfare was a priority and staff were competent in the support they delivered.

There was an equalities and diversity policy in place and staff received training on equalities and diversity. Staff had a good understanding of their responsibility to help protect people from discrimination and ensure people's rights were protected. For example, a project, to meet a person's request and uphold their human rights, had involved contacting a professional with that specialism for advice and guidance. This was because potential risk and the person's lack of understanding, was taken into account.

There were recruitment processes in place coordinated through the provider organisation. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Staff confirmed that they did not work at the service until all checks had been completed.

People's needs were met through sufficient numbers of staff. People received one to one support or two to one support during daytime hours. At night time one staff slept in Greenway Road and one in Stanway Close with one staff member awake throughout the night time hours. Staff had mentioned in their feedback questionnaires to the provider about a lowering of morale because of staff sickness resulting in them covering staffing shortfalls. Staff said during this inspection that this had now been resolved. The registered manager said there was one staff vacancy and they were currently recruiting and there were on call systems to cover staff sickness and enable additional support in the event of an emergency.

People were protected from infection. The premises was clean and fresh. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the

service and people living in the flats had their own washing machines. There had been a recent outbreak of diarrhoea and vomiting. The service had informed the necessary authorities and sought and followed their advice.

The premises were maintained through a programme of maintenance and servicing. For example, water checks were carried out in accordance with the level of risk. A maintenance person was available to complete small maintenance tasks and the provider organisation employed maintenance personnel for more complex maintenance. Staff said that any maintenance issue was dealt with quickly.

Vehicles used by people using the service were safe to transport people. Records showed that vehicles were checked daily and weekly to ensure they were safe.

There were arrangements in place should an emergency occur. For example, there was a plan which included relevant contact details for staff and emergency maintenance and each person had a personal evacuation plan, should this be necessary.

The arrangements for medicine management protected people and medicine use was under regular review. For example, one person was having their use of medicines reduced and this was closely monitored.

People kept their medicines in their room. One of the eight people using the service was able to manage their own medicines with support. Staff were trained in medicine management and reviews were held to check on their competence to do this. Detailed protocols informed staff when medicines could be given and under what circumstances where these were 'as required'. Medicine records were clear and complete and regular audits ensured medicines were kept and administered safely.

People's finances were protected. People's allowances were kept securely on their behalf, with weekly balance checks in place and detailed record keeping, which was open to scrutiny from people's family and monitored by the provider audit arrangements.

# Is the service effective?

## Our findings

The service continued to provide people with effective care and support.

People's family members said, "The staff are absolutely fantastic" and "I can't praise the staff enough. (The person) has come on in leaps and bounds". People's ability to communicate was affected by their condition but the staff were able to understand their communication and provide for their needs quickly and effectively.

The service sought appropriate health care in accordance with people's medical needs. For example, from a psychologist, occupational therapist and epilepsy specialist. A health care professional said "The staff are skilled. They have a good level of knowledge of autism".

People received the level of health care support that they needed. For example, medical help was sought immediately a person said they had some pain. Each person had a health action plan, hospital passport and, where necessary, an epilepsy profile.

Very detailed and intensive work with people was helping to meet care challenges and transform people's lives. The provider employed an Autism and Communication Support Trainer. They worked with support staff to produce 'social stories' using computer software. Some of the stories were animated. We were told "Using the person's interests and passions, the social stories describe what will/might or could, happen in a given situation. They describe what is obvious to most people but not always obvious to people on the autism spectrum". We saw two of the social stories being developed. A health care professional described the stories as "Really positive".

Staff received a detailed and thorough induction, including the nationally recognised Care Certificate which was integrated into the service's own induction training. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles. One support worker said their induction was "Long and intense but necessary". Each new staff member spent time training at the head office before shadowing experienced staff for as long as needed.

Staff received regular training in all subjects relating to providing safe and effective care. Staff described their training as "Excellent" and "Fantastic". Mandatory training was planned and organised through the provider. Training included all aspects of health and safety and subjects of relevance to people's individual conditions, such as positive behaviour management, autism awareness and epilepsy. Staff said they found the training provided the information they needed to be effective and skilled and they were encouraged to undertake qualifications in care once their probation period was completed.

Staff received the support and supervision they needed to achieve good outcomes for the people they supported and for their protection. Each staff member received regular one to one supervision and a yearly appraisal. Staff team meetings were held once a month and staff were encouraged to give their views at all times.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). Most people using the service lacked capacity to make all necessary decisions relating to their care and support. 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 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. Staff at the service understood this and people's family members confirmed they were involved in best interest meetings, for example, around their accommodation.

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 interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There had been seven DoLS application for people using the service for their protection and two legal authorisations had been agreed and put in place to lawfully deprive people of their liberty. The registered manager had a system for ensuring they reapplied for authorisations in time for them to be reviewed.

Restraint was not used at the service unless in an emergency situation, such as road safety. Staff received training in how to help people manage their anxieties and de-escalate any situation which had the potential to cause a person harm. People's support plans included their individual needs with regard to positive behaviour management. The service had worked with the police toward a good outcome for one person who had not understood trespassing boundaries.

People were supported to receive a nutritious diet and enjoy food. Each person in Stanway Close had their own menu plan and in Greenway Road menu choices were discussed between the three people living there. People said they enjoyed their food and told us some of their food preferences. One person liked lasagne and beef chilli. Another person liked pizza. Involvement in meal making was encouraged and we observed one person making their breakfast. There were some specialist dietary requirements for people's health and welfare. These were understood and being met.

People's diverse needs were promoted through the way the premises was used. People had a variety of spaces in which they could spend their time and their flats and bedrooms were much personalised in line with their preferences. Where one person's mobility was a challenge they lived in a ground floor flat. One person using the service and a health care professional mentioned noise challenges in that some people were very sensitive and anxious about loud noises. A family member said the service had taken steps to reduce the noise. Other solutions to the problem were being explored.

# Is the service caring?

## Our findings

The service continued to be caring.

People said the staff were kind to them. We observed that interactions between people using the service and staff were relaxed and respectful. People were happy in the company of staff.

People's family members were very complimentary about the service, one saying "The staff are so committed". An example was given of staff providing 24 hour support over four days for their family member when admitted to hospital as an emergency. During that time a nurse asked one of the service staff members what the person wanted to eat. That staff member referred the nurse to the person themselves rather than answer for them. This showed respect for the person and upheld their dignity.

Staff worked to support people in a way that promoted their independence and dignity. A staff member said, "The company says to be truthful, open and honest. It's (the people's) home. I'm the guest". Two of the three people who spoke with us referred to the support staff as "My staff" which confirmed this was put into practice.

A lot of emphasis was put into ensuring people had the privacy they wanted. For example, each person's door had a sticker with one side green and one side red. Staff said that if the sticker was red they knew not to disturb the person at all, even by knocking. When the sticker was green staff knocked and were observed not entering until invited to do so. The red/green sticker gave the person using the service the control over their private space. People were also able to lock their door as and when they wanted to.

Staff showed empathy and kindness when supporting people in times of distress. For example, following a bereavement staff had helped a person to make a 'memory box'. A health care professional said the staff were "Creative" in the ways they supported people.

People were given information in the way they could understand. For example, all information was presented pictorially. This included information as to which staff were on duty, how to make a suggestion or comment and how to find an advocate. A questionnaire asking people their views of the service was also in picture form.

People's rights to make choices was respected. For example, one person had a personal concern which they shared with the registered manager. The registered manager firstly confirmed with the person who, if anybody, they could share the information with. The person using the service trusted the registered manager who honoured that trust.

People were supported to maintain family and other relationships of importance. For example, helped to contact people in other countries using social media.

The registered manager recognised the impact new staff could have on people using the service. A policy

and procedure for ensuring people could be supported by staff of particular gender helped people have confidence in staff providing personal care. One person's family member said how (the person) was benefitting from their newly assigned key workers.

Staff had received the training they needed to understand and support people in a compassionate and personal way. They received training in equality, diversity and inclusion, autism and positive behaviour management. This meant they were well equipped to meet the complex needs of people using the service.

## Is the service responsive?

### Our findings

The service continued to be responsive.

Each person using the service had a support plan which was regularly reviewed, taking into account the person's wishes and information from people who knew them best, such as family members. Where appropriate, input was sought from health care professionals. A health care professional said of the service "They strive for an improved quality of life for people and take relevant precautions to get the best approach".

People's support plans, and other information relative to their support and care, was well organised. Information was provided in sufficient depth to ensure people's plan of support was clear and could easily be followed. For example, what the person liked or did not like, what would enhance their life and anything which would cause stress and anxiety. This meant the information staff needed was readily available so the necessary and correct support would be delivered as needed.

People had opportunities for meaningful occupation in accordance with their abilities and interests. For example, people were supported to spend time in the community. One person went to play pool during the inspection. Others had enjoyed swimming, riding, a weekly disco, visiting tourist attractions, such as the SS Great Britain, and shopping. One person's family member said, "(The staff) do things the family would not have the confidence to do with (the person using the service)".

People felt confident to take any concern to staff or "The boss" (the registered manager) as we observed. One person pointed to a 'suggestions and comments' box when asked what they could do if they were unhappy. Included in a survey of people's views in 2017 was the question: 'Do you know how to make a complaint?' People had said they would tell staff.

There had been one complaint to the service during 2017. This relating to parking at the premises. The registered manager had dealt with it appropriately. The Care Quality Commission had received no complaints about the service.

## Is the service well-led?

### Our findings

The service continued to be well-led with a positive culture for supporting people and staff.

There was a registered manager at the service. They were registered with the Care Quality Commission in November 2017 but had worked for the provider organisation for many years previously. 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 said that they were working alongside their line manager to create their own personal development plan focusing on key areas they want to develop to improve the service.

Feedback about the service was sought through questionnaires which included staff, professional visitors and people's family members. People using the service were able to shape their support through the surveys, their daily choices and from family member involvement.

Regular staff meetings kept staff up to date and provided them with information. The change of manager in August 2017 was followed by an outbreak of sickness (in December 2017) and staff morale was mentioned as being low in records of a meeting in January 2018. The registered manager said how they were meeting the current challenges, for example, there were two new senior support workers. One said how they were finding their way in the role. Staff, asked if the service was well-led, said that it was. They said "If I ask (the registered manager) for anything he will get on with it" and "Staff morale is now very good. (The registered manager) is very approachable. I can discuss concerns and things on my mind".

People's family member said the service was well led. They described the changes which were being made and said "Fantastic communication". A health care professional said the registered manager was "Very involved in the staff team".

There were good systems in place for auditing and monitoring the service. For example, audits of medicine management, petty cash and risk management. Explanations were given for any improvement required in staff practice, where this was necessary. Regular visits and monitoring audits from the provider organisation were very robust with areas for improvement highlighted, with clear timescales for action.

Staff said the home was well resourced and records showed that where improvement was needed, for example, a sofa, fridge/freezer and a washing machine, a system was in place for requesting those items.

Staff benefitted from a culture of openness and support. For example, an arrangement for on-line learning could be used to support a staff member back to work. A 'positivitree' was used to thank staff when they did something helpful.

The registered manager understood and complied with their Duty of Candour and understood and met their regulatory responsibilities.