

Manor Care Homes Ltd

# Autumnville

## Inspection report

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Website: [www.manor-care-homes-ltd.uk](http://www.manor-care-homes-ltd.uk)

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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

### About the service

Autumnville is a residential care home providing personal care to one person at the time of our inspection. Autumnville supports people with autism and learning disabilities in one purposely adapted building. The service can support one person only.

### People's experience of using this service and what we found

We observed people to be happy, and relaxed smiling and enjoying staff company. People had been supported to increase their independence and learn new skills for example dressing themselves. People were supported to make decisions about their care, this included daily activities and how they spent their time.

People received person centred care. People had been supported to reduce anxieties and achieve things which were previously deemed not within reach. One person was able to go on holiday, and their communication had increased with the support of staff. People were supported by staff to communicate with a range of tools including picture cards, so they were able to express themselves.

Relatives told us that their loved one was safe living at Autumnville. People were supported by sufficient numbers of suitably trained staff. Staff understood how to support people from the risk of abuse.

People's medicines were managed safely. People had been supported to reduce the amount of medicines they had been taking. A relative told us the service was clean and people were always well dressed.

Risks to people had been assessed and mitigated. A healthcare professional told us people who could show behaviour of distress had been supported successfully to reduce these instances with the support of staff. When incidents occurred they were used as opportunities for learning, and improvements put in place.

When the person moved to the service, comprehensive assessments had been completed. Healthcare professionals told us they were impressed with the support people received from the assessment stage and during the transition and how settled people appeared at Autumnville. There were multiple healthcare professionals involved in people's care and providing joined up care. People were supported to live healthy lives and eat and drink sufficient amounts.

Healthcare professionals and relatives told us they were impressed with the leadership within the service. Staff and the registered manager were committed to providing good outcomes for people. There was a positive culture shared by staff and linked to the values of the provider.

There were systems in place to improve the quality of the service. Audits and checks were completed by staff and managers and learning shared across the staff team. Staff used feedback from people and their relatives on how to improve the service. There was a complaints policy in place which the registered manager used to

make improvements within the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. For example, people had been supported to gain skills to dress themselves and be more involved in their personal care.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. For example, people had been supported to reduce restrictions previously placed on them.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff and the registered manager demonstrated a culture in line with their values, promoting good outcomes for people, which was supported by healthcare professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 12 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Autumnville

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Autumnville is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we tried using this communication tool with one person to tell us their experience.

We spoke with four members of staff including the registered manager, head of care, senior care worker, care workers.

We reviewed a range of records. This included one person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two healthcare professionals and a relative who regularly visits the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- People could demonstrate behaviour which indicated they may be distressed. Staff worked with people over months to understand them better, improve their communication and reduce their levels of anxiety. People who could have previously had up to 46 incidents of distress in one month had been supported to become more settled, with no incidents having been reported since April 2021.
- A health care professional told us, "Initially on moving [person] presented with high level behaviours however the service are committed to supporting them and persevered. Staff took time to really listen to person and what they were trying to communicate and adjust their support accordingly. As a result they became much more settled and started to enjoy life again, their quality of life dramatically improved."
- Risks to people had been assessed and mitigated. There were risk assessments in place to inform staff on the best ways to support people. For example, following incidents where someone had become distressed with staff supporting them with items of clothing, staff supported the person to purchase new items of clothing which fitted, and eliminated those instances of distress for the person.
- The registered manager collated incidents and accidents and reviewed them for trends and patterns. Staff were informed in handovers of any incidents and learning to reduce the likelihood of the incident re-occurring.
- Risks to the environment had been assessed and mitigated. When people had baths, checks were completed on the water to make sure it was not too hot.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff received training in safeguarding, and staff we spoke with were passionate about keeping people safe. A relative told us, "I don't think they could be in a safer place. They're in the best hands they could be."
- The registered manager understood their responsibilities to raise concerns to the local authority safeguarding team. There was a safeguarding policy, along with an easy read version that staff shared with people.

Staffing and recruitment

- People were supported by a consistent staff team that knew them well and were able to meet their needs. Staff told us, and rotas confirmed that when there were vacancies in the rotas caused by sickness for example, staff picked up extra duties to ensure people had consistent staff. The registered manager told us, "The staff are amazing at covering for each other."
- Staffing levels had been assessed by the registered manager and reviewed when people's needs changed. For example, as staff became more familiar with people, and understood how best to support them to reduce any behaviour of concern, staff levels for the night shift were assessed to be safe to reduce. A

healthcare professional told us this was, "An indicator of how well they were being supported."

- People were supported by staff that had been recruited safely. Before new staff worked with people, checks were completed to ensure they were the right character to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Using medicines safely

- People were supported to receive their medicines in the way they preferred by staff who had been trained to administer medicines. People had been supported to have medicine reviews, and in some cases been supported to successfully reduce long term medicines.
- Staff completed regular medicine counts to check there had been no errors in medicines administration. We completed stock checks on medicines and found them to correlate to the audits and checks completed.
- Medicine administration records had been fully completed. When people needed 'as and when' (PRN) medicines, there was clear protocols to inform staff, for example on maximum dosages to have in a 24 hour period.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved into the service. The service had been created around people's needs.
- The registered manager completed an assessment which considered people's current needs, and any protected characteristics such as if the person followed a religion.
- Before people moved into the service, staff met people in public places, and observed from a distance to get familiar with people and their likes and dislikes. A healthcare professional told us, "Staff were brilliant with their transition, they went out of their way to make it as smooth as possible for them."

Staff support: induction, training, skills and experience

- Staff had received the training needed to support people and meet their needs. Staff had been trained in supporting people with learning disabilities, and positive behaviour support. We observed staff supporting people in a positive way.
- A healthcare professional told us, "Staff have a high level of skill when supporting people with complex needs."
- Staff told us they received the training and support to enable them to deliver a high standard of care. One staff member told us, "They [the leadership] always offer us support and if there is any further training we want to do. I am going to do another course about autism and understanding behaviour."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient amounts. People had adapted cutlery to support them to eat independently.
- Mealtimes had been a time of anxiety for people, when they could show increased levels of distressed behaviour. Staff worked with people to adapt their approach to mealtimes, based on how people were presenting, which enabled people and staff to enjoy mealtimes together after some time.
- People expressed what they wanted to eat and drink by demonstrating or getting the items they wanted. People were able to point to the option presented to inform staff what they wanted to eat. People had been supported to take part in themed dinner nights based around different countries to experience different foods and cultures.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a wide range of health care professionals to enable them to live healthier lives, for example the GP.

- A health care professional told us, "As they became more settled and I was confident that their staff team were able to support them effectively I was able to discharge them."
- People were supported to take part in activities which enabled them to live healthier lives, for example walking and swimming.

#### Adapting service, design, decoration to meet people's needs

- The service had been specifically designed and modified to meet people's needs. There had been work completed to sound proof walls to ensure noise did not cause concern for people or the neighbours.
- People had access to inside and outside space to spend their time. The garden was awaiting some maintenance but provided people space to play football.
- With people's input, further plans were in place to make the service feel more homely and fit with people's likes. For example, photographs from activities people enjoyed had been printed to decorate walls, something that was previously not always tolerated by people.

#### Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 had the appropriate legal authority and were being met.

- People were supported to make every day decisions about their care and support. When more complex decisions needed to be made, for example if people should have the COVID-19 vaccine then a best interest meeting was conducted.
- Staff were aware of their responsibilities in relation to encouraging people to make their own decisions, and not placing unnecessary restrictions on people. Previous restrictions placed on people had been reviewed and removed, for example the television was no longer behind a secure casing.
- We checked DoLS authorisations in place, including any conditions to ensure they were being complied with, and found they were. The registered manager was aware when authorisations had been granted and when requests for new authorisations should be made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people being treated with kindness. Staff spoke of and with people in a respectful way, clearly demonstrating their fondness of people. Staff described people as 'wonderful' and 'a pleasure to be around.'
- We observed people to be happy and smiling. A relative told us, "They are in a happy place now and that's where they need to stay. They are always smiling. They don't cuddle people unless they're happy and they're always doing it now."
- A healthcare professional told us, "They now present as the person I knew many years ago – happy and sociable," and "It was amazing to see them so happy and enjoying life again and for the first time in years I heard them laugh again."
- A relative told us, "The first time I met them I thought oh my god what fantastic staff they are. They seem to respect them. They spend so much time with them teaching them things, showing them things."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and treatment. Staff used pictorial cards to support people to make decisions.
- Staff told us, and we observed people making every day decisions about their care, for example how they spend their time, and what activities they wanted to take part in.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. People were supported to do household tasks, such as gardening and hoovering. A relative told us, "What they've learnt since they've been there is amazing, they've learnt to dress themselves they have never been able to do that. They would have never known how to unless you show them."
- Staff told us they respected people's privacy and dignity. When people wanted alone time, they went to their bedroom, and staff completed discreet checks on them to ensure they were ok. People's privacy was protected by staff, for example, when people went to the toilet staff ensured they protected their dignity, and when people were changing staff closed blinds to maintain people's dignity and privacy.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care focused on their needs. The service had been created around people and to enable people to live a fulfilled life.
- Care plans for people were reviewed and developed as staff learnt more about people. Staff had really good understanding on people's needs and they adapted their approach as they learnt more and more about people. Care plans detailed people's preferences, for example in relation to their daily routines and how to support the person to minimise any anxieties.
- Staff told us there had been significant changes in people, and the way they communicated to have more control over their lives. One staff member told us, "The biggest thing for them is that their vocabulary has expanded. We found over a few months they would say more, they have gone from saying a dozen words to three or four dozen. They can ask for specific things as well as just pointing. If there's something they're really interested in we encourage them to use the words."
- A health care professional told us, "Manor Care Homes have done an amazing job in supporting [person] by making care person centred."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in a way that was meaningful for them. Easy read documentation was available for people to use, but staff noted that people understood more by having things explained to them, so a mixture of communication aids were used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities of their choosing. Some activities people enjoyed doing had not re started as a result of COVID-19 but staff supported people to take part in alternative activities.
- A healthcare professional told us, "They have also been able to have a holiday for the first time, it's a massive achievement for them."
- People had been supported to re-connect with their family which had a positive impact on them.

Improving care quality in response to complaints or concerns

- There was a complaints process which was available in pictorial format for people to review and raise

concerns. Staff told us that as they got to know people better, they were learning how to read if someone was happy or wanted things changed.

- Complaints that had been received had been responded to in a timely manner. The complaints process in place informed people how to escalate concerns if they were unhappy with the outcome of the complaint.

#### End of life care and support

- No one at the service was being supported with end of life care. However, staff had started to create end of life care plans to discuss with people, their loved ones and stakeholders.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive culture within the service. Staff and the leadership team worked to ensure people had good outcomes, for example expanding their vocabulary and being involved in new activities. A relative told us, "I find the staff brilliant. They seem to interact with them, they don't leave them alone, they talk to them all the time and interact with them. They have needed that."
- Staff and the registered manager created a positive environment. One staff member told us, "The leadership here is the best I have ever worked with."
- The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the provider had been open and honest.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff and the registered manager completed a range of checks and audits to improve the quality of the service. For example, staff would complete checks on medicines daily and weekly, and the head of care would complete monthly audits to check for any discrepancies.
- Staff and the registered manager were clear on their responsibilities and their roles. The registered manager told us they had a great staff team that produced excellent outcomes for people.
- The provider and staff had been nominated for awards at the national care awards. The registered manager told us it was an honour for staff to be nominated, and that their contributions were recognised.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to be involved in the running of the service. The service was designed around people's needs and had made a huge impact on people's lives.
- Staff were asked for their opinions on how to improve the service. There were regular staff meetings where staff were asked if there could be any improvements made, and these were implemented by management.

- Relatives and health care professionals told us they were kept up to date on everything that happened at the service, and that they had good communication with staff and the registered manager. A relative told us, "In my eyes, they are doing a fantastic job."

#### Working in partnership with others

- Staff and the registered manager worked together with other agencies to ensure people received joined up care.
- A health care professional told us, "Manor Care Homes have always been excellent in their collaborative working and communication with professionals." Another healthcare professional told us, "I couldn't speak highly enough of them."