

# Autism East Midlands Carlton Road

## Inspection report

181-183 Carlton Road  
Worksop  
Nottinghamshire  
S81 7AD

Tel: 01909473831  
Website: [www.norsaca.org.uk](http://www.norsaca.org.uk)

Date of inspection visit:  
14 January 2019

Date of publication:  
22 February 2019

## 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:

Carlton Road is a residential home that provides accommodation with personal care for up to nine people who live with autism. At the time of our inspection, there were nine people using the service. Carlton Road consists of two adjoining houses in a residential area of Worksop.

### What life is like for people using this service:

People told us that they felt safe living at Carlton Road. People were cared for by enough staff who understood how to keep people safe from harm and abuse. People told us that they received their medicines on time.

People were supported by an experienced staff team who had the relevant training and support to meet people's needs. Staff supported people with their nutritional needs and to access health services when they needed them.

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

Staff were kind and treated people with dignity and respect. People were supported to make their own choices and were encouraged to be as independent as possible. Staff understood people's preferences and care was delivered in line with people's wishes and needs.

People told us that the management team were approachable and people knew how to make a complaint. The registered manager carried out health and safety checks of the premises and equipment. Accidents and incidents were recorded and action taken where necessary to keep people safe.

More information is in the full report.

### Rating at last inspection:

At our last inspection (report published 22 July 2016) all the key questions were rated Good and the service was rated as Good overall. This rating has not changed and the service remains Good.

### Why we inspected:

This was a planned inspection based on the date and the rating of the last inspection.

### Follow up:

We will continue to monitor the service through the information that we receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-led findings below.

**Good** ●

# Carlton Road

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection was carried out on 14 January 2019 by two inspectors.

#### Service and service type:

Carlton Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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:

The inspection was announced. We gave 24 hours' notice because Carlton Road is a small service and people are often out. We needed to be sure people would be in.

#### What we did:

We reviewed the information we had received about the service. This included notifications of events that had happened at the service such as deaths and serious injuries, which the provider is required to send to us by law. We looked at the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to tell us about what the service does well and any improvements they plan to make.

This information helped us to plan our inspection.

During the inspection visit, we spoke with three people who used the service, the registered manager and two support workers. We also spoke with a regional manager and a manager from the provider's head office who were visiting the service. We reviewed two people's care records and records relating to the management and operation of the service such as audits.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Safeguarding systems and processes

- People said they felt safe living at Carlton Road.
- Staff understood their responsibilities in relation to keeping people safe from harm and abuse.
- People were advised how to stay safe when they went out. They had been supported to learn how to use public transport safely and how to contact the service if they were delayed returning home.

### Assessing risk, safety monitoring and management

- Risks associated with people's care and support were evaluated by the registered manager with people's involvement. People were supported to be independent and to participate in activities such as swimming, horse riding and cycling without unnecessary restrictions.
- Risk assessments were completed following an initial assessment of people's needs and an action plan put in place as necessary.
- Staff knew people well and understood people's behaviours. They received training in handling potentially challenging situations between people.
- Every person had a personal evacuation plan in the event of an emergency such as a fire. Fire evacuation drills took place every Friday that people and staff participated in. People and staff therefore knew how to safely evacuate the premises.
- Relative's responses to a survey the provider carried out included comments that Carlton Road was a safe and secure environment.

### Staffing levels

- The registered manager calculated staffing levels using a dependency tool to ensure that enough staff were on duty during the day and night. They made unannounced spot checks at night-times to ensure staff were carrying out their duties.
- Staff told us that enough staff were on duty. A staff member told us, "It is really important for people that they are able to do their activities. There are always enough staff for that to happen."

### Using medicines safely

- People were supported to have their medicines at the right times. Staff told people what their medicines were for.
- Only trained staff who had been assessed as competent supported people with their medicines.
- People had medicines care plans which explained how their medicines must be given. Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People told us they had PRN medicines when they needed them.
- Medicines were stored securely and regularly audited by the registered manager to ensure they were being

managed safely.

#### Preventing and controlling infection

- Staff followed infection control procedures to protect people and themselves from the risk of the spread of infection.
- Bathrooms included information about the most effective hand-washing techniques.
- The premises were kept clean.

#### Learning lessons when things go wrong

- Staff used the provider's system for reporting incidents. The register manager reviewed these to identify any trends or patterns. No serious incidents had occurred since our last inspection.

# Is the service effective?

## Our findings

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

Good: 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 were assessed and regularly reviewed. This ensured that the service could continually meet people's needs.
- Staff told us that they read people's care plans to ensure they understood people's needs effectively.
- Staff were part of a handover process before each shift so that relevant and current information could be passed amongst staff to provide good outcomes for people.
- Staff meetings were used to ensure staff had the latest information about people.

Staff skills, knowledge and experience

- New staff received a full and comprehensive induction programme.
- The provider specialised in support of people who lived with autism and ensured staff received training about autism. Staff were kept up to date with latest research about autism so they were able to provide the best possible support to people.
- Staff put their training into practice. For example, they identified that a person became anxious when they heard unexpected high-pitched noise, for example sirens. Staff had obtained low noise equipment and the person had special ear phones to wear when outside.
- The registered manager supported staff to develop their knowledge and skills through additional training programmes. A staff member told us, "[The registered manager] is really good at giving us chances to develop."
- Staff received supervisions and appraisals every six weeks that gave them an opportunity to discuss their training and development needs.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff ensured that people always had a choice of nutritious food and drinks.
- Staff prepared meals of people's choice. People participated in preparing meals.
- One person made meals that reflected people's diversity. They had provided staff with a menu of how to prepare a variety of meals and staff had located food shops that stocked specialist items the person could go to.
- Staff and people ate their meals together in a dining room to make meal times a social occasion.

Staff providing consistent, effective, timely care

- Most staff were experienced and had worked at the service and with the people who lived there for at least three years. Staff we spoke with demonstrated in-depth knowledge of people's care plans.
- The service worked closely with a range of health professionals to ensure that people received the right



type of support.

- People had access to healthcare as required, for example annual health checks.

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

- Carlton Road has been adapted to ensure the layout and design meets the needs of people living there. Two kitchens and a bathroom had been extensively refitted since our last inspection.
- People were encouraged to personalise their own rooms. We saw that rooms were highly personalised and reflected people's hobbies, interests and culture.
- People had use of a sensory room that was fitted with subtle lighting and tactile objects that people used to relax. A garden area had been developed where people could socialise with visitors and friends, for example for parties and barbeques.

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

The Mental Capacity Act 2005 (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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 it was.

- Staff understood the principles of the MCA and told us how they adopted these principles in practice, for example always obtaining people's consent before providing support.
- The registered manager understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated in a kind and caring way by staff who demonstrated patience and compassion towards them.
- Staff engaged in conversation with people about what they had done that day. They expressed genuine interest to demonstrate that people's happiness mattered to them.

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

- People were supported to make their own choices and decisions about their care and support. They decided how much support they wanted and how they wanted to spend their time.
- Staff explored people's interests and involved them in deciding how they wanted to develop them. After a person expressed interest in growing vegetables staff took them to a vacant allotment plot to show them how they could grow vegetables there. This proved to be a success and the person now provided the service with vegetables.
- People were encouraged to attend resident meetings to express their views and wishes about the service. People were involved in the refurbishment of the kitchen areas and chose the colour schemes.
- People were provided with mobile telephones with an application especially designed for people living with autism and/or anxiety. This included sources of information people could access at time of anxiety, for example if they were lost or without public transport.
- The registered manager and staff understood their obligations in relation to Equality, Diversity and Human Rights. They promoted cultural diversity, for example introducing cultural diverse meals and supporting people to attend a local gay pride event.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by staff. Staff told us how they respected the privacy and dignity of people they were supporting by ensuring that any personal care was in the privacy of people's rooms.
- People could spend their time where they wanted. They could go to their rooms at any time where they were not disturbed.
- People were supported to maintain relationships with family and friends who were welcome to Carlton Road at any time.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People were supported to receive individualised care.
- Care plans contained details of people's preferences, likes and dislikes. Staff told us that they used the care plans to aid them to provide person-centred care. Care plans we saw were detailed, easy to follow and contained information for staff about how people wanted to be supported.
- Staff completed daily records of how people were supported and what people had done so that they could monitor people's welfare.
- Staff supported people to follow their interests and hobbies. They supported a person to follow their favourite football team; another person was supported to develop their interest in gardening.
- People could visit places of interest. On the day of our inspection three people decided they wanted to go to the seaside and staff took them. When they returned they spoke enthusiastically about how much they had enjoyed the day.
- Some activities supported people to be environmentally aware and to mix with people from the wider community. For example, people participated in a project to clean and maintain a canal and paint bridges. This gave people a sense that they contributed to the wider community and gave them increased confidence.
- Staff supported people to find employment and voluntary work. People participated in activities such as food preparation, cleaning the home and minor maintenance. This was to support people to become more independent and less reliant on support. It was an important stepping stone towards people being ready to move into their own accommodation. Since our last inspection a person had moved on from the service to independent living and another was expected to do so in 2019.
- People were supported to follow their faith if, and when they wanted to.
- Staff supported people in line with the Accessible Information Standards (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- People's care plans included a 'communications' section which explained what signs, words and phrases they used to express themselves. Staff provided people with written information in an easy to read format. A person had been supported to understand the value of money and to distinguish coins and notes so they could avoid being exploited when shopping.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place that was available in an easy to read format.
- The service had not received any formal complaints since the last inspection. The complaints procedure

was designed to encourage improvements.

- People told us that they would feel comfortable making a complaint and they knew who to go to in any such event.
- There was a whistle blowing policy in place and staff told us that they would use the policy to report any concerns and issues.

#### End of life care and support

- At the time of the inspection, there was no one receiving end-of-life care.
- People were asked about their end of life wishes and preferences as part of the assessment process. Where people had specific requirements, these were documented in care files.
- People were supported to cope with the bereavement of family members.

# Is the service well-led?

## Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager and staff shared and lived the provider's values of providing support to people that helped them achieve their goals of increased independence.
- The registered manager ensured that staff had relevant training and support to meet people's needs. They had built a strong and experienced staff team that was a great benefit to new staff.
- People achieved greater independence because the service was not risk averse. People who had lacked the confidence to participate in the wider community now did so. This was achieved because staff managed the risks associated with people's fears and anxieties by supporting them in incremental steps towards increased confidence and self-belief.
- The provider supported the registered manager by ensuring they had access to the provider's team of autism specialists and a senior management team.
- The registered manager supported staff to understand CQCs role and the five key questions we ask when we inspect services. Staff told us that they consciously tried to identify which standards they were meeting when they provided care and support.
- The registered manager submitted statutory notifications to us, as required by law and the ratings of the service were displayed on their website and within the home.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager understood their obligations to be open and transparent and take accountability when things go wrong.
- Staff spoke highly of the registered manager. A staff member told us, "The manager is really good. They trust us and encourage ideas. We trial them to see if they work. Really good at giving us chances to develop. They want the best for the service users. It motivates us all and makes me want to work here."

Engaging and involving people using the service, the public and staff

- People were encouraged to feedback about the running of the service both formally and informally through reviews of care plans, meetings and in general discussions with the registered manager and staff team.
- The provider was in the process of sending questionnaires to people, relatives, staff and health professionals who were involved in people's support. This was to get their views of their experience of the

service. The surveys were managed by the provider's head office.

#### Continuous learning and improving care

- In their PIR the provider said that their aim was for the service to achieve an outstanding CQC rating. A plan was being developed to achieve this. The registered manager was being supported by a 'quality and compliance lead'. Staff were aware of the CQC's key questions. This showed a commitment to continuous learning and improvement.

#### Working in partnership with others

- The service had developed good links with a variety of organisations and charities that provided services for vulnerable people. Through those links the service has supported people to find paid employment and voluntary work.