

# National Autistic Society (The) Mainwaring Terrace

## Inspection report

1, 2, 3, 5 Mainwaring Terrace  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	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

Mainwaring Terrace is a residential care home providing personal and nursing care to 10 people with learning disabilities or autistic spectrum disorder at the time of the inspection.

Although the service was registered as a large home, people lived in four individual properties on the same road. Three of the properties were next to each other with a fourth over the road. Up to three or four people lived together in each property. It was registered for the support of up to 14 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safely supported. Improvements had been made to the management of medicines and premises safety. Risks to people were assessed and monitored. Staff were recruited safely and understood the principles of safeguarding vulnerable adults. Our observations were people were safe in the environment.

People were supported in line with the mental capacity act and were supported to make decisions in their best interests. The staff team worked with health and social care professionals to ensure people remained fit and well. People were given choices and support to eat a healthy and nutritious diet. The properties were suitable for people's needs and people had their own bedrooms where they could furnish with personal belongings. Staff received training to support their job role.

Staff were caring and kind to the people living at Mainwaring Terrace. It was clear bonds had been formed and people told us the staff were good and listened to them. A relative spoke highly of the good work the staff team had done to ensure their relative remained well cared for and safe. People were given choices and encouraged to reach personal goals. Staff could describe how to support people and were aware of people's routines.

Care plans were detailed and regularly reviewed. Care plans were developed with people, their relatives and

staff and contained people's likes, dislikes, preferences and aspirations. People were supported to attend many activities in and away from the home. People knew how to make a complaint and there was easy read information available to enable people to understand the process. Plans were being formulated to support people's wishes should they be at the end of their life.

A new registered manager was in post and staff told us morale had been boosted and they felt well supported. The registered manager had oversight of the home and completed regular audits and walk around to monitor and improve the service. The management team worked in partnership with other professionals and multi-disciplinary working led to best outcomes for people.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service did not use any restrictive interventions at the time of inspection.

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 and update. The last rating for this service was requires improvement (published 1 November 2018) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

# Mainwaring Terrace

## 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.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Mainwaring Terrace 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.

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 since the last inspection. 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, deputy manager, three support workers, three people who used the service and one relative.

We reviewed three care files and medicines records. We reviewed three staff recruitment files and information relating to the induction, training and supervision of staff. We saw records of internal and external safety checks of the properties. We looked at audits to monitor and improve the service and the processes, policies and procedures that supported the provider, people and the staff team.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to safely manage people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. Medicines were clearly recorded and signed for by trained staff members.
- Regular checks of medicines were in place to monitor stock levels and ensure they were being given correctly.
- At the last inspection, protocols were not in place to support people who may not be able to communicate they needed as required medication such as pain relief. At this inspection, we found protocols were in place and clearly detailed the signs and symptoms people may display when they required such medicines.
- At the last inspection, staff were not having their ability to safely manage medicines assessed. At this inspection, we saw, staff received training and competency checks and staff told us, they felt competent to safely administer medicines.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure appropriate health and safety checks were maintained on the properties. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Each property had appropriate checks in place, completed by competent professionals for fire, gas and electrical safety. Improvements had been made to ensure a robust legionella risk assessment was in place.
- Risk assessments were in place to ensure the properties were safe for people to live in.
- Suitable risk assessments were in place to ensure people could be safely supported in and away from the home. Risk assessments were regularly reviewed and captured peoples wishes and needs.

Systems and processes to safeguard people from the risk of abuse

- People and the staff team were confident they could report any concerns they had to the registered manager, people's families where appropriate, or the local authority safeguarding team.
- People told us they felt safe while being supported by the staff team. A relative told us, "Oh yes, they are safe, they have worked wonders."
- Staff received training in safeguarding vulnerable people from abuse. Staff could describe what action to take if they suspected abuse was occurring and were aware of the whistleblowing policy to protect staff of any reprisals should they report suspected abuse.

#### Staffing and recruitment

- Staff were recruited safely with the appropriate pre-employment checks in place before employment commenced.
- There were enough staff on duty throughout our visit. Sometimes agency staff were used who were regular and had received an induction to the service. A family member told us, "The staff work very well with [Name], even the agency staff who are regular and have got to know her."

#### Preventing and controlling infection

- Each of the properties were clean and well decorated.
- Staff encouraged people to take responsibility for the cleanliness of their rooms.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to prevent future occurrences.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 received a full assessment of their needs prior to moving into the home. The assessment included looking at the compatibility of people the person would live with and asking the person, what kind of person would they want to live with.
- The assessment process captured people's wishes, needs and aspirations and looked at the characteristics of staff who may be suitable to support the person.
- One person told us, "I get on well with [housemates]."

Staff support: induction, training, skills and experience

- Staff received an induction into the service which incorporated the organisation's values.
- Training was given as part of the induction and updated as required. Staff felt the training had improved and was suitable for their job role.
- Staff received specialist autism training to enable them to holistically support people.
- Staff received regular, structured supervision. Staff told us supervision was regular and they spoke with the registered manager or deputy manager often, and communication had improved.

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

- People were supported to eat and drink a healthy and nutritious diet.
- Some people made their own meals and snacks while staff supported others.
- People told us there was always a range of food available and they were able to choose what they wanted to eat or drink.
- If there was a concern with people's eating and drinking or weight management, this was reported to an appropriate health professional promptly.
- One person told us they enjoyed eating out and the staff encouraged them to eat healthily.

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

- The staff team worked with health professionals to ensure the people they supported remained as fit and healthy as possible.
- The staff team supported people to attend health appointments in and away from the home. People had health action plans in place which documented the support needed to ensure the person remained well.
- Records of appointments and outcomes were logged in people's care files. A relative told us, they were

always updated with any changes to their relative's wellbeing.

- The service worked with an agency to supply staff to the home to cover shifts where required. The staff told us the workers were regular and were part of the team and people knew them well.

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

- Although registered as a care home, the service was four individual properties on a residential road. Three of the properties were next to each other and had their own front and back door but shared a communal garden. A fourth house was over the road.
- People had their own bedrooms which they could furnish. One person said, "I have posters up on my wall." Two people had a room downstairs to assist with mobility difficulties.
- Each of the properties had large communal lounges and kitchen and dining areas.
- The garden was spacious and gave people the opportunity to wonder freely while being safe.

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).

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 had their capacity assessed and where there were concerns about a lack of capacity, a referral was made to the local authority to deprive a person of their liberty.
- Decisions were made with people, their relatives and professionals to support people with personal care, medicines management and to remain safely at the home, in people's best interests.
- Decisions were clearly recorded and reviewed.
- Staff received training on mental capacity and DoLS.

# 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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- People told us the staff were kind and caring. One person said, "[Staff member] is good, he's very helpful, we get on well."
- We saw kind interactions between staff and people living at the home. Staff could describe how they supported people to ensure they felt safe and secure. We saw friendly joking between people and the staff.
- A family member told us, "After a difficult time, the staff team have been wonderful with [Name], I cannot praise them enough. At a time when we thought [Name] would not be able to return to the home, they worked hard to ensure [Name] was well supported. They are all amazing."
- Staff told us they treated people as individuals and could describe people's routines. One staff member told us, "We treat people how I would want my child to be treated, with care, attention and dignity."

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

- People were supported to be involved in planning their care. One person told us they were moving to a new accommodation and had worked with the current staff team and new staff member to get to know them.
- A family member told us, they were planning a short holiday with their relative and the staff team and could not have done it without the support of the staff.
- People had been involved in contributing to their care plans and where appropriate had signed to agree the plan was correct.
- People told us and records confirmed, they were consulted on how they wish to spend their day. People had a mixture of shared care and one to one hours and could plan in advance.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they protected people's privacy and dignity. Comments included ensuring people had private time in their room. Not overloading people with questions. Giving people space in the bathroom to complete personal care and ensuring staff always gain consent from people.
- People were encouraged to maintain relationships with family and friends.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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's care plans were detailed and contained information for staff to enable them to support people in a person-centred way.
- Care plans contained a life history, achievements and aspirations. Long term and short term goals were set, such as for one person, learning to manage their own medicines and budgeting for finances.
- Each care file contained positive behaviour support guidelines which included prevention and resolution strategies. Staff were able to describe the strategies for each person and told us they were involved in care planning and reviewing the plans with families.
- Personal profiles contained information around routines and rituals, words to avoid and dislikes and phobias. Staff were aware of this information and could describe people's routines.

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.

- Care plans and risk assessments were presented in words and pictorial format and were easy read.
- Information displayed around the home was also in easy read and pictorial format.
- Areas of the home including what was contained in cupboards or drawers were clearly labelled.

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 attend activities of their choice.
- During our inspection, some people returned from a barge trip which they told us, they really enjoyed. One person told us they go out for meals and we saw others attended the gym or swimming, bowling and trampolining.
- Some people chose to attend the providers own centre, not far from the home which provides support to reduce barriers that social communication, interaction and imagination can have on the lives of autistic people. Others were supported to attend other groups to meet new people.
- It was evident people enjoyed their activities at home, one person who was an avid gaming fan, excitedly told us about staff taking them to their favourite shops to purchase retro games for their computer console.
- People living at the home continued to have good relationships with their family. One relative told us they were always made welcome into the home, and people returned to the family home for weekends and short

stays.

Improving care quality in response to complaints or concerns

- People told us they would speak to the registered manager or their family if they had any complaints. A relative said they wouldn't hesitate to pick up the phone and know they would be listened to.
- Complaints were recorded responded to in a timely manner.
- Any concerns raised of a safeguarding nature were reported appropriately to the local authority for further investigation.

End of life care and support

- The service was not supporting anyone at the end of their life at this inspection.
- The registered manager had recognised further work needed to be undertaken to enable the service to support people, should they be at the end of their life but was aware the people living at the service were young and the subject was very sensitive.
- Going forward, the registered manager was planning to meet with families to make plans, if that was people's wish.
- The home had good links with GPs to assist in supporting end of life care, should that need to occur.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, we found there were a lack of audits and oversight in relation to medicines and premises safety. Staff were not receiving regular supervision and the low morale across the service had not been acknowledged. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits to monitor and improve the service were completed regularly. Where any concerning information was raised, actions were taken to remedy the findings. Regular medicines audits meant medicines were managed safely.
- Staff were receiving regular, planned supervision and felt morale had improved since the arrival of the new registered manager. Staff told us, "It has got better since [registered manager] has been here, she is approachable.", "You know you have a good manager in [registered manager]." and "Morale has improved."
- The registered manager was new in post and told us they had been well supported and received a thorough induction to the organisation and the home.
- The registered manager was aware of their responsibilities under their registration and had notified the Care Quality Commission of any incidents affecting the service.
- The recruitment of staff was ongoing and new employees were recruited using values-based recruitment to ensure they were suitable to work with the people living at Mainwaring Terrace. A staff member told us, "The management are looking for staff who understand about choice and improving outcomes for people."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had reviewed systems and processes in place and introduced new practises into the team. This included having keyworker workshops and inviting the organisation's autism practise team to meet with people and their families to ensure care was planned and agreed in the best interests of the person.
- The registered manager had met or spoken with families to introduce themselves and be a point of

contact. A relative told us, "I haven't met [registered manager] yet but I have spoken to her and she's been very helpful."

- We frequently saw people and staff pop in and out of the office to speak to the registered or deputy manager.

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

- People, staff and a relative we spoke with were positive about the changes since the registered manager had been in post. A staff member told us, "The change was needed and now the team feels better and guided."
- The registered manager understood their responsibility to comply with the duty of candour. Staff were aware of what action to take to report any concerning information or complaints.

Working in partnership with others

- The registered manger had worked with the local authority to improve outcomes for the people the service supported.
- Going forward, the home planned to be in a pilot for understanding autism and supporting through reflective practice, and gaining an autism accreditation. We will review this at the next inspection.