National Autistic Society (The)

Middlefield Manor

Inspection report

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Date of inspection visit:
04 December 2015

Date of publication:
17 March 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 04 December 2015. This was a responsive inspection to follow up on concerns we had received in relation to the care and safety of people living at the service. The last comprehensive inspection had been conducted on 14 January 2015 where we rated the service as 'requires improvement. There were no breaches of legislation at that time.

This service accommodates 15 adults in two houses named Cambridge House and Norfolk House. People who use this service have a learning disability and live with autism. Some people show distressed behaviour and need support to manage that.

This service required a registered manager and the person in charge had recently become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave at the time of our visit and did not participate in the inspection process, but had supplied information.

When we arrived at this service most people and staff were leaving the building and going out for the day on a mini bus because there were carpets being fitted throughout the downstairs areas. The registered manager was not available as they were on paternity leave. Team leaders were in place and had access to senior managers if they needed additional support.

Middlefield Manor provides a large house with extensive grounds and several opportunities for people to access day care and the local community as it has transport in the form of mini buses. The large group living in a converted period house that requires group transportation to access community facilities whilst meeting the needs of some people is not as progressive, individualised and able to fully develop independence and individual choices.

We found some good opportunities for people, such as accessing the community. People told us about recent events and trips out. Whilst some people had their dignity and privacy maintained and promoted this was not actively developed. There were sufficient staff on duty and medicines were well managed. We found that people were safe and measures were in place to respond to situations that arose through people's distressed behaviour.

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.

There were sufficient staff available working flexibly to meet people's needs and to support them as they needed.

Medicine was well managed with appropriate actions taken to ensure people received medicine as prescribed.

People were protected from bullying and avoidable harm.
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Is the service caring?

Requires Improvement

The service was not always caring

Relatives were positive about the caring relationships staff developed with people.

Some people were supported with independence and control over their lives.

Staff did observe the privacy of people, but it was not actively promoted through consistent actions and the environment.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had opportunities to lead a meaningful lifestyle.

Care plans were not as responsive and as up to date as they could have been.

Middlefield Manor

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 responsive inspection took place on 04 December and was unannounced.

The inspection team consisted of two Inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience was a relative of someone with a learning disability.

Information was gathered and reviewed before the inspection. This included statutory notifications. These are events at the service that we are required in law to be notified about. We also reviewed the safeguarding's and actions taken as a result.

The methods that were used included, talking to three people using the service, two relatives, interviewing three staff, observation of care support, and review of four sets of care records.

Good

Is the service safe?

Our findings

We found that people were protected from abuse and measures to safeguard people from harm were in place. We had concerns that people using the service and staff were being put at risk because a small number of people displayed anxious behaviour that was leading to aggression. Our observations on the day were limited but we saw staff respond to situations appropriately. An example was that a person investigated the pockets of a member of the inspection team and took out their keys. The staff member dealt with the situation in a very calm and caring way, managing to get the keys back without confrontation. We observed the staff interactions a few times and the staff member was consistently quiet, calm, reassuring and kind. We were also advised how to react if the person should try to touch our faces. The support for the person enabled them to interact, but kept everyone safe and calm.

We had been notified of each safeguarding account with the actions taken by the service to minimise a repeat incident. We found that incidents had been analysed, advice taken from psychology and where possible strategies had been put in place. An example of this was a pop up tea station. This enabled people to get drinks when they needed without being in the same area as other people. Staff confirmed that they knew how to report any incident and were able to talk about types of potential abuse and how to identify any signs. Staff conformed they had received training in safeguarding people from abuse.

People's money was safe and they had access to it. We examined the personal finances of people living at the service. We found that good procedures were in place to safeguard staff and people's money. There were regular checks and accounting in place. Money examined matched the records seen.

There was sufficient staff on duty. Staff spoken with said that recruitment had filled vacancies and though there were a couple of staff vacancies these were being recruited to. We examined the roster for each house and found that these showed adequate staff rostered to be on duty, especially over the Christmas period. Newly recruited staff were undergoing an induction that also covered a course called Studio III. This training enabled staff to manage distress situations with skills to de-escalate, divert and if needed physically intervene. Therefore new staff were not placed on the duty roster until they were appropriately trained to support the people who used the service.

We examined and audited the medicine in both Cambridge and Norfolk House. We found good systems of ordering, storage and accounting. Records showed that people received medicine as prescribed. Medicine prescribed had information as to what it was prescribed for and potential side effects. Therefore staff had a better understanding of what they were administering and possible unwanted consequences of people taking the medicines. There were clear procedures in place for administering as and when required medicines. These had been signed by a GP. Staff told us and we saw records of competency assessments that demonstrated that staff had the appropriate skills to administer and manage medicines.

Requires Improvement

Is the service caring?

Our findings

The two sets of parents we spoke with told us that they were satisfied with the service on offer and their relatives were happy using the service. One relative told us, "[My relative] is happy, they always have a big grin on their face". They also said, that their relative particularly liked one named member of staff. A different relative said, "As far as we are concerned [my relative] is very happy there, they have had some bad placements in the past". But since being at Middlefield Manor, "We've never looked back, they are so much more contented now".

One relative told us that they were not kept up to date or involved as much as they would have liked. They said that they were not "getting any reports" on where their relative has been or what they had been doing. "I know they have a massage twice a week, which they love" and "I would like to know what [my relative does every day". We fed back our conversation to senior staff on duty who telephoned this parent to discuss plans.

All the communal rooms and facilities were clean but very impersonal and bland and were not homely. The main sitting rooms were large rooms with a number of sofas and a television. In one sitting room large areas of wallpaper that had been picked off by a person using the service. Involvement and making choices about communal rooms was not actively promoted. We asked a staff member if people had been involved in choosing the carpets currently being laid. They answered by saying that not many people were capable of being involved. We could not find any real evidence that people were genuinely involved in day to day living or had control over their home environment. e.g. their beds and bedrooms were kept tidy according to the staff's beliefs, the laundry and cleaning was done for them. Menu choices were made by staff. We could not get a sense that this service was committed to a person-centred approach even though staff spoke of this.

Privacy and dignity was not consistently promoted by staff and the environment. Bathrooms were clean but clinical and bare, not all showers had shower curtains or screens to offer any privacy to people who required support with personal care. We observed that one staff member was mindful to ensure the privacy of a person. They had taken themselves to the toilet, but forgot to close the door. The staff member promptly shut the door to ensure the privacy the person needed. We found a broken toilet seat and a lack of toilet paper and liquid soap. We spoke to the local safeguarding team who had visited. They confirmed they had also found a lack of toilet paper on one visit, but that this had been addressed on their second visit. Bedroom doors had been fitted with a thumb print recognition lock. We observed that one person could not use this device. The staff member explained it was because the person could not get their thumb in the right position in the door pad. They went on to say that the thumb recognition pads had been fitted for about six months and that other people also found them hard to use.

One relative told us that they liked their relative to have white underwear and they had come home with grey vests and pants. After complaining, they now had a basket so that their laundry could be washed separately. However this was not routinely the case for other people. In the laundry there was a notice asking that the two houses laundry should be washed separately. People could have the opportunity to develop independence and respect for their dignity if this was managed differently for everyone.

Requires Improvement

Is the service responsive?

Our findings

One relative told us the personal care was, "Very good". Another thought the best thing about Middlefield Manor was, "The lovely grounds, they keep [my relative] stimulated and [my relative] loves day care".

When we arrived most people were getting into a minibus. One person was keen to tell us that they had been to the pantomime the previous night. We found that a small group had attended the local pantomime with staff support. We were told that there were carpet fitters in and so staff were getting as many people out as possible, as it would be noisy and disruptive in the house.

People had opportunities to lead a meaningful lifestyle. Norfolk House was home to seven people, five had gone to day care and one person was at college with two staff. The remaining person had already been out to the local garage to get a specific drink they liked. They had this with them and did this most mornings. A staff member told us that Norfolk House residents tended to go to day care whilst Cambridge House residents went to organised activities, for example there was a Big Splash swimming session in Bury St Edmunds on a Thursday and Friday which some people sometimes attended. One person had a three day unsupported work placement and one person attended independent day care on a Wednesday.

We went into the kitchen where a staff member said, "They can come in to help". There was a set menu which was up on the fridge. It was reasonably well balanced with a different evening meal every day. We were told that people could have something different if they wanted. One person had coeliac disease. They had their own food in a cupboard with a combination lock. We were told that when people go out to day care they take a packed lunch which they make themselves with help. The staff member told us, "We encourage them to do as much as possible". However, when a person asked for a cheese sandwich the staff member replied, "I'll make you a lovely cheese sandwich in a minute darling". Whilst this was caring, it did not match what we had been told in terms of development of independence, choice and opportunity for people.

Care plans were not as responsive and as up to date as they could have been. We found that all people had a care plan in place. These were based upon assessments and had various professional input into them. There were risk assessments in place to guide staff. We found that not all care plans were as up to date as they could have been were difficult to navigate because information was not always dated as the most up to date and current information. It was explained that care plans were to be transferred on to a new model that better reflected the Mental Capacity Act principles. There were none completed in the new format for us to see, but we were assured this was planned.