

## Autism.West Midlands

# Upper Ford Lodge

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 6 May 2015 and was unannounced.

The provider of Upper Ford Lodge is registered to provide accommodation for up to 10 people with learning disabilities, in particular people with autism. At the time of this inspection 9 people lived at the home.

The manager was appointed in November 2014 and is currently registering with us. 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.

People were supported by staff who knew how to recognise and report any concerns so that people were kept safe from harm. There were sufficient staff on duty to respond to people's individual needs at the times they needed support. People were helped to take their medicines by staff who knew how to manage these in line with safe principles of practice.

# Summary of findings

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them by using gestures, short phrases, words or special systems of pictures. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well.

Staff met people's care and support needs in the least restrictive way. Where it was felt people received care and support to keep them safe and well which may be restricting their liberty the manager had made applications to the local authority. These actions made sure people's liberty was not being unlawfully restricted.

Staff had been supported to assist people in the right way which included helping people to eat and drink enough to stay healthy and well. People had been assessed for any risks associated with eating and drinking and care plans had been created for those people who were identified as being at risk. People were supported to access health and social care services to maintain and promote their health and well-being.

People were treated with kindness, compassion and respect. There were many examples of staff showing they cared for people and the warmth of touch was used, such as, hugs. Staff promoted what people could do and supported people with dignity when they needed a little help. People's right to private space and time to be alone and with their relatives was accepted and respected.

People indicated to us with their facial expressions and body language that they were happy with the support they received from staff. People received care and support to meet their diverse needs including people who had special communication needs. Staff offered people the opportunity to pursue their interests and try different things for fun. There were good arrangements in place for receiving and resolving complaints which took into account people's individual needs.

The views of people who lived at the home and their relatives were sought to develop the service and quality checks had also been done to make improvements. The manager had strong values about encouraging inclusive opportunities for all and people benefitted from staff being involved in good practice initiatives.

# Summary of findings

## 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 is safe.

People received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns they may have about people's wellbeing and safety.

People were supported by sufficient staff to meet and respond to their needs in a safe and timely way.

Staff were recruited using safe recruitment principles to make sure they were suitable to be employed to work with people who lived at the home.

People were supported by staff to take their medicines when they needed them when.

Good



### Is the service effective?

The service is effective.

People were supported to make their own decisions and when people did not have the capacity to do this decisions were made in their best interests.

People liked the food they received and they were supported to access health professionals to ensure any nutritional and other health needs were effectively managed.

Staff had received training and on-going support to help them provide good quality care.

Good



### Is the service caring?

The service is caring.

People's needs were met by staff who were caring in their roles and respected people's dignity and privacy.

Staff valued people's independence and knew what mattered to them.

People were given choices and involved in the decisions about their care and support.

Good



### Is the service responsive?

The service is responsive.

People had their individual needs regularly reviewed so that these were consistently met.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People and relatives were listened to by the manager and staff who acted on their concerns and any suggestions for improvements.

Good



### Is the service well-led?

The service is well led.

People had been asked for their views about the service and quality checks had been undertaken to drive through improvements.

Good



# Summary of findings

The manager was registering with the Care Quality Commission and staff were well supported in their roles.

People had benefitted from staff being involved in good practice initiatives which were led by a manager who was committed to the value of inclusiveness for all people.

# Upper Ford Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 6 May 2015 by two inspectors.

We looked at the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We met with the people who lived at the home and saw the care and support offered to people at different times of the day. Many people who lived at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. Although we spent some time with two people who lived at the home who were able to tell us how they felt by using a mixture of verbal communication, facial expressions and body language. During our inspection we spoke with two relatives, the manager and four members of staff. We also spoke with six relatives by telephone following the day we spent at the home.

We looked at the care records of three people, the medicine management arrangements and at records about staffing, training and the quality of the service.

# Is the service safe?

## Our findings

People said and showed us that they felt safe living at the home. A person pointed to a staff member and said, "Like them, they are nice." We saw people were relaxed and smiled in response to staff supporting and chatting with them, which indicated people felt safe and comfortable with staff. Relatives spoken with confirmed what we saw and they told us they had no concerns about how staff treated people.

Staff spoken with had a good understanding of the types of concerns that could be possible abuse. They confirmed they had attended training on how to protect people from abuse and knew what their responsibilities were to help protect people. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. What staff told us was consistent with the provider's guidelines on safeguarding people. We saw information was on display within the home that provided staff and visitors with details about reporting abuse or unsafe practices if this was required.

People had been supported to take reasonable risks so that they could lead full lives of their choosing. This included the being assisted to use the kitchen area of their home. For example, ensuring staff supported people when they were in the kitchen and being mindful of the safe storage of objects which could cause injuries to people. Staff also helped people to safely access the community, for example, making sure staff were aware of each person's abilities when crossing main roads. Staff who we spoke with were able to identify people's levels of risk and how they managed these in relation to all aspects of people's care and support. They told us that when a person had a new risk identified this was shared with all staff so that people received consistent support to help keep them as safe as possible.

There were sufficient staff on duty on the day of our inspection to support people's individual needs. This was because people received individual attention and responded to people's individual choices. For example, some people chose to go rock climbing whilst other people wanted to stay at home and staffing levels were adjusted which enabled this to happen. The manager showed us they had assessed and kept staffing levels reviewed against the dependency needs of people who lived at the home. Staff told us that if there was an increase in the amount of support a person needed they would alter staffing to meet needs of the person. Staff and relatives said there were enough staff on duty to meet people's care needs.

We saw in the staff records that staff were only employed after essential checks to ensure that they were fit to carry out their roles effectively and safely were made. We found staff had references, records of employment history and a Disclosure and Barring Service (DBS). A DBS check identifies if a person has any criminal convictions or has been banned from working with people. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

There were reliable arrangements for ordering, storing and administering people's medicines. We saw that there was a sufficient supply of medicines and they were stored securely. The manager told us that all staff who administered medicines had been trained to do so. This was confirmed by staff we spoke with. We saw that staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times. Staff showed us they understood the circumstances about when to give people their medicine to meet their needs. For example, when people had seizures and or needed their medicines for their emotional wellbeing.

# Is the service effective?

## Our findings

When we asked people about the staff who supported them, their responses were positive. One person told us they were happy with how staff helped them. Relatives we spoke with told us that staff had the skills and knowledge to support people with their needs. A relative told us, "The manager and staff understand people. Without the skills and training this would be a struggle." Another relative said, "Staff do know him and they are good with his communication symbols and changing needs, must be due to their training." Staff put their knowledge and skills into practice while they communicated and supported people. We saw staff were aware of how important it was for people who preferred to follow their chosen routines and or who needed to be supported to promote their health.

Staff said they had received an induction and training that helped them to meet the specific needs of people they provided care and support to. Staff told us they had received a detailed induction and had initially worked alongside another staff member so that they were supported to learn about people and their needs. One staff member told us, "It's a great place to work, very dedicated team who work here." Another staff member said this practice also helped people who lived at the home to become familiar with new staff and feel comfortable. Staff also told us their training was centred around learning about the needs of people with autism which they said helped them to feel supported in their roles. Staff told us that they felt supported in their work and would be able to raise any concerns and or training needs at staff meetings as well as at one to one meetings. We spoke with the registered manager about the training staff had received and any further learning staff needed to enable people's needs to be met effectively. The registered manager was able to identify areas where staff needed additional support and was providing learning sessions around these areas, such as, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We saw that staff approached people in a respectful way and asked for their permission before supporting them with their care needs. We saw that staff used pictures, symbols and photographs when required to explain to people how they were going to support them. This helped people make their own decisions whether it be a choice of going to a social event or wearing certain clothing and

footwear. Staff we spoke with told us that people's capacity to make their own decisions was assessed and we saw this was the case. This included involving relatives and other representatives to help people make decisions that were right for them. Relatives we spoke with confirmed they were involved in when specific decisions needed to be made. A relative told us, "The manager keeps us well informed about [my relative's] care. If decisions need to be made we are asked for our views in order to make the best decisions for [my relative]."

The manager was knowledgeable about the DoLS. They had taken the action and DoLS applications had been made to the funding local authority where people's liberty may be restricted in order to keep them safe and effectively meet their needs. Staff used their knowledge around DoLS to support people with their needs and daily routines in the least restrictive way as possible. We saw people moved freely around their home and garden area throughout the day as they wished.

People we spoke with told us they liked the meals. This was supported by the comments we received from relatives about the meals people received. A relative told us, "Really lovely Sunday dinner." Another relative said, "They have varied healthy balanced meals."

People were supported to eat and drink sufficient amounts of food and drink that they liked. We saw that people had unrestricted access to the kitchen and were supported by staff with drinks and snacks. Staff told us people were involved in planning their menus and shopping. One person showed us how they chose their meals. They pointed to pictures of food and they pointed to the choice they wanted to make.

Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. We saw one person was supported by staff to attend their appointment with the dietician on the day of our inspection.

People were supported to stay healthy and well. Everyone living at the home had a health action plan in place. These plans reflected people's on-going health needs and

## Is the service effective?

provided staff with guidance on how to support people and recognise any deterioration in their health. Staff we spoke with had a good understanding about the health issues of the people we asked them about. One person had a health need that required regular monitoring. Staff we spoke with were aware of recent recommendations from a health

professional regarding the person's health issues and we saw staff encouraged the person to follow these recommendations. This showed that an individual approach was taken so that people were supported to maintain their health and well-being.



# Is the service caring?

## Our findings

People and their relatives all told us that in their view staff were caring. One person described the staff as being, “Lovely” and “Nice to me.” A relative told us, “The staff are very patient and caring. They are kind to me as well.” Another relative said, “It feels like [my relative’s] home, they (staff) really do care. Lovely keyworker, well chosen, if I can’t give her a hug, I know someone will.”

Staff we spoke with told us they enjoyed supporting people who live at the home and we saw they did this with kindness and compassion. We saw staff engaged people in conversation with gentle humour, touching people’s hands and giving hugs therefore providing the warmth of touch. Staff approached people in a friendly and respectful way. We saw staff understood people who were not always able to communicate verbally and supported people’s wellbeing. For example, we noted one person liked a certain snack on a repeated basis. We saw staff gently encouraged this person with other distractions that they liked to do which was successful and the person looked happy. A relative told us, “I think they (staff) love them (people who lived at the home), it’s like an extended family, you can feel the warmth, they give hugs.”

Staff were knowledgeable about the care and support people required, assumed that people had the ability to make their own decisions and gave them choices in a way they could understand. Staff also gave people the time to express their wishes and respected the decisions they made. For example, one person did not want to go rock climbing in the afternoon and they did not go.

Relatives told us that they had been actively involved in contributing to the care and supported people received. A relative told us, “They (staff) are open about any problems and we look at strategies together which they act on.” Another relative said, “Keyworker rings regularly to ask about the best ways of doing things.” A further relative felt they were valued by the manager and staff as they listened to their views so that they felt actively involved in their family member’s care and support.

People were treated as individuals with their levels of independence promoted. Staff and the registered manager showed they were fully committed to this approach and found ways to make it a reality for each person who lived at the home. People were supported through personalised methods to ensure they could communicate things that mattered to them and people were being supported to try new experiences in their lives. For example, some people were going on holiday to another country and this is the first time this had happened. A relative said, “This is a big undertaking but it has been a raging success.”

Staff recognised the importance of not intruding into people’s private space. People had their own bedroom to which they could go to whenever they wished. One person invited us to chat with them in their bedroom which we saw had their personal belongings of interest. The person said they liked their room. People were happy to spend some time in their room doing things which interested them. We saw that staff knocked on people’s bedroom doors and waited for a response before entering. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

# Is the service responsive?

## Our findings

People we spoke with said staff helped them with all of the practical everyday support they needed. Relatives we spoke with were positive about the care people received. A relative told us, "I am overjoyed, so happy for [my relative], they are absolutely thriving." Another relative said, "They know how to support my [my relative] and I can see the care is right for them."

We saw that staff were knowledgeable about people who lived at the home and the things that were important to them in their lives. People's care records included information about their life before they came to live at the home and people's individual needs. Staff knew this information and used this when anticipating people's support needs by recognising changes in their body language. We saw that staff knew how to relate to people who expressed themselves using short phrases, words or gestures. For example, we saw staff used a special systems of pictures to which people could refer in order to express themselves. We saw people understood what staff had said and responded positively to these different styles of communication.

We heard from relatives how staff supported people with their behaviour when this was challenging to other people and or staff. A relative shared with us how staff understood how to engage with and respond to their family member with a specific aspect of their behaviour so that their needs were met appropriately. Staff were also able to provide us with examples of how they would divert people's attention to things which they were interested in doing to support people with their behavioural needs when required.

Staff we spoke with described how the arrangements in place supported people to receive consistent care which took account of their any changes in their needs. For example, people had dedicated members of staff who were known as their keyworker and were responsible for the person's welfare and was the main contact with the person's families or representatives. A relative described to us how the keyworker for their family member would contact them to discuss any issues or check things out with them. Another relative described the review meeting they had attended which focused on how their family members needs were being met and reflected any changes.

Staff understood the importance of promoting equality and diversity. We saw staff put this into action. For example, arrangements were in place to ensure that people only received close personal care from a member of staff who was the same gender as them if this was people's choices. This supported people to receive care that respected their diverse needs.

We saw staff supported people to pursue their interests and hobbies. One person enjoyed completing jigsaw puzzles and we saw they did these on the day of our inspection. We saw people who wanted to go rock climbing. There was a trampoline for people to use and recently a hot tub had been purchased which people enjoyed using. People also had the opportunity to undertake college courses in varying subjects, such as, life skills. In addition staff assisted people to access the community resources which included going shopping for clothes and visiting places of interest.

We saw there was a very active and involved group of relatives who visited the home regularly. All the relatives told us they felt welcomed, had confidence in the manager and staff team and their views were valued. A relative told us regular meetings took place in which they could raise any issues. We also saw relatives were included in life at the home. For example, a relative looked after the sensory garden area of the home. This showed that people were supported to maintain contact with people who mattered to them.

Relatives who we spoke with told us that they would raise any concerns or complaints' that they had with the manager of the home, if they needed to. They told us that they would feel comfortable in doing this and were in no doubt that the manager would listen and take any actions needed. We looked at the complaints procedure which showed how people would make a complaint and what would be done to resolve it. This included pictures so that people who were unable to read would know how to make a complaint. In addition to the complaints procedure staff told us they would observe people's body language or behaviour to know they were unhappy. We looked at the complaints and found these had been investigated in line with the procedures and action taken to resolve the issues raised. The manager told us concerns and complaints were welcomed and would be addressed to ensure improvements where necessary.

# Is the service well-led?

## Our findings

People showed us that they knew who the manager was. We saw the manager chatting with people who lived at the home and with staff. They had a good knowledge of the care each person was supported with. We saw there was a genuine warmth between people and the manager during communications where people smiled, laughed and touch was used. The manager showed us that they knew about important points of detail, such as, which staff members were on duty and what they were supporting people with on the day of our inspection. This level of knowledge supported the manager to run the service effectively so that people could be supported in the right way. A relative told us, “The manager is very nice, always willing to listen and take action. Staff and residents really like him.” Another relative said, “The manager leads from the front, he’s a brave person to do this. Really impressed with the organisation.”

There were opportunities to enable people to share their views with their keyworkers who had got to know people well and their preferred style of communication. Through these relationships we saw people were supported with things that were important to them, such as, trying different meals and social events. We also saw relatives held regular meetings known as the ‘Friends of Upper Ford Lodge’ where they shared any concerns they had and or their suggestions for improvements. At one recent meeting sharing took place about the new kitchen arrangements were going and how risks to people were being reduced through staff practices.

Since our last inspection a new manager had come into post in September 2014 and was in the process of applying to become the registered manager. The service was part of a larger organisation. The manager told us the wider organisation offered regular feedback and assistance to them to support them in their new role. The manager with support of the organisation identified where actions were needed so that improvements to the quality of the service were achieved. We saw action had been taken to improve care plans, make sure medicines were managed safely and that the accommodation remained in a good condition.

Staff who we spoke with told us they felt supported by the manager and their colleagues in order to develop good working practices so that people received the consistent care they needed. One staff member told us, Staff

described to us that there was a named team leader in charge of each shift. There were handover meetings at the beginning and end of all shifts so that staff had the opportunity of reviewing each person’s care and support. In addition there were regular staff meetings where staff could discuss their roles and suggest improvements to further develop effective team work which was responsive to people’s needs. A Relative told us, “Staff just seem to be happy, says everything.” Another relative said that staff know what matters to people and have an “Immense sense of commitment to them.”

All staff spoke of a strong commitment to providing a good quality service for people who lived at the home. We saw communications between the manager and staff showed they were inclusive and positive. Staff we spoke with told us they were confident that they could talk with the manager if they had any concerns. A staff member said, “[The manager] is very approachable. I can talk to him about anything and he is supportive.” Staff spoken with had an understanding of their role in reporting poor practice for example where abuse was suspected or regarding staff members conduct. They knew about the whistle blowing process and how to report any concerns so that people were not at risk from poor staff practices.

Providers of health and social care services have to inform us if important events that take place in their services. The records we hold about this service showed that the provider had a good history of informing us of notifiable events. We saw that when accidents or incidents or suspicion of harm had occurred they had been analysed and steps taken to help prevent them from happening again.

The manager had adopted values based upon good practice initiatives and did lead by example as confirmed by staff we spoke with. One staff member told us, “The manager gives everyone the same opportunities. People go rock climbing and try other new things.” Another staff member said, “Some people are going on holiday this year to Menorca, this has never been tried before. The manager is person centred, wants to make people as independent as possible.” When we spoke with some relatives following our inspection they confirmed to us that the holiday was going well. We also saw the manager had made the kitchen accessible to people. We were given examples of people

## Is the service well-led?

waiting by a serving hatch for their meals before the kitchen was unlocked. These practices had helped to make sure that people received care and support that was enriched by changes and improvements made.