

Autism Wessex

Autism Wessex-Barnes Lane

Inspection report

13-15 Barnes Lane
Beaminster
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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

The inspection took place on 17 August 2016 and was unannounced. 13-15 Barnes Lane provides care and accommodation for up to six people who have an autistic spectrum disorder. The service comprises three inter-linked terraced houses each accommodating up to two people. People had complex individual needs and could display behaviour that others might find challenging. On the day we visited five people were living in the service. Autism Wessex the company that own this service and has other services in the surrounding areas.

The service had a 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.

We met or spoke to four people during our visit. People were not able to fully verbalise their views and used other methods of communication, for example pictures and symbols. Due to people's complex needs we were unable to spend much time with people. A relative said; "They always put the individual first. "

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as psychiatrists.

People's care records were detailed and personalised to meet their individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their care plans, therefore family members supported staff to complete and review the care plans. People's preferences were sought and respected.

People's risks were well documented, monitored and managed to ensure people remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input in preparing some meals and drinks.

Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager and staff. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff had completed safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and

were confident any incidents or allegations would be fully investigated.

Staff described the registered manager as being very approachable and supportive. Staff talked positively about their roles.

People, who required intensive support, had one to one or two to one staffing at particular times. Staff confirmed there were sufficient staff to meet these requirements. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff received a comprehensive induction programme when they started work. People were protected by the company's safe recruitment procedures.

All significant events and incidences were document and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, relatives, professionals and staff.

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 ●

This service was safe. People were supported by sufficient numbers of skilled and experienced staff.

People were kept safe by staff that had a good understanding of how to recognise and report signs of abuse.

People's risk had been identified and managed appropriately. Risk assessments had been completed to help protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Is the service effective?

Good ●

The service was effective. People received support from staff that had the knowledge and training to carry out their role.

People's human rights were respected. Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet and the service used a range of tools to communicate with people.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff were caring, kind and treated.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

Is the service well-led?

Good ●

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Autism Wessex-Barnes Lane

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 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.

The inspection was undertaken by one inspector on 17 August 2016 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with four people who used the service, the registered manager and three members of staff. We also spoke to three relatives.

We looked around the premises and we looked at three records which related to people's individual care needs. This included five records which related to the administration of medicines, three staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People who lived at Barnes Lane were not able to fully verbalise their views and used other methods of communication, for example pictures or symbols. People had complex individual needs and could display behaviour that could challenge others. We therefore met people briefly and spoke to people for short periods. We spoke with staff to ascertain if people were safe. Staff said they felt people were safe with one saying; "We make sure people are kept safe and staffing levels help keep people safe." Another said; "People are kept safe by a stable work force and continuity of care." All relatives spoken with agreed that their relatives were safe living in Barnes Lane with one saying; "Yes he's safe and well looked after." Another said; "If he feels safe, then he's happy, which makes us happy." One person when asked if they felt safe said; "Yes because staff help me."

People were provided with a safe and secure environment. Each person had a "Things to keep me safe at home" and was supported by a risk assessment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Each house held up to date personal evacuation plans and risk assessments which detailed how staff needed to support individuals in the event of a fire to help keep people safe.

The provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were confident that any reported concerns would be taken seriously and investigated. One staff said; "All staff are very caring and would report anything and everything!"

People's finances were kept safe. People had appointees to manage their money where needed, including family members. Money was kept secure and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited regularly.

Care plans detailed the staffing levels required to help keep people safe inside and outside the service. For example, additional staffing arrangements were in place to help ensure each person had the staffing they required when needed. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. Staff said; "Extra staff are made available when we do activities." Staff told us they felt this helped to keep people safe.

Risks were identified and steps taken to mitigate their impact on people. For example, the service liaised with the local behavioural support team to support people who displayed behaviour that could challenge others. Staff told us they managed each person's behaviour differently and this was recorded into individual care plans and included clear guidelines on managing people's behaviour.

People identified as being at risk inside the service or when they went out outside, had clear risk

assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People's medicines were managed safely. Each person had their own medicine cabinet in their rooms. People had risk assessments and clear protocols in place for the administration of "as required" medicines. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. Staff completed a full induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered manager confirmed new staff completed the Care Certificate (A nationally recognised training course for staff new to care) as part of their training. The registered manager informed us staff received appropriate ongoing training, for example autism awareness. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staffs continued learning and was updated regularly. A healthcare professional recorded on a survey asking what the service does well; "Providing a stable and consistent approach and staff team." One staff member said; "One good thing about Wessex (The company that own 13-15 Barnes Lane) is the training offered." A relative said; "The staff know how to look after [...]."

Staff had competency checks in all areas of their work. For example medicines and providing personal care. Staff received supervision with either the registered manager or deputy manager. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Staff felt they were able to contribute to staff meetings.

People lived in a home that was regularly updated and maintained. The registered manager talked through recent upgrades in the home and further refurbishment planned to ensure people lived in a suitable environment, for example one person's house had a new decking area and fencing. The registered manager confirmed that the improvements planned to the service were suitable for the people who lived there and any adaptations/upgrades needed would be carried out.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Records showed best interest meetings had been held to discuss people taking medicines and attending hospital appointments. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe. A DoLS assessor recorded in the compliments record; "I must say your paperwork for [...] is excellent."

The registered manager informed us each person was subject to a DoLS authorisation and people were restricted from leaving the service on their own to keep them safe. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The registered manager said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood other professionals and appointee would need to be consulted to ensure they were acting in people's best interest and ensuring their safe care. This helped to

ensure actions were carried out in line with legislation.

Staff confirmed they received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions were held on changes in people's health needs as well as any important information in relation to medical needs or appointments.

People had access to healthcare services when required. People's well-being in relation to their health care needs were clearly documented. People had guidelines in place to help ensure their specific health and social care needs were met in a way they wanted and needed. Records held health action plans and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. Hospital passports ensured people received continuity of care and helped hospital staff to understand the person and meet their needs.

Staff sought people's consent where possible before providing care. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. Staff confirmed they gave people time and encouraged them to make simple day to day decisions. For example, what activities they wished to partake in.

People had one staff member designated to each house on a daily basis and one person confirmed staff offered them choices. We observed staff offering one person a choice of drink and their preferences were respected. We briefly observed people being supported by staff and nobody appeared rushed.

People's individual nutritional and hydration needs were met. Staff demonstrated they knew how people communicated and said they encouraged food choice when possible. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. A relative said; "There always seem to be plenty of food and drink available."

People who required it had their weight monitored and food and fluid charts completed. Staff confirmed they had information about people's dietary requirements. Care records listed what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people remained hydrated and received adequate nutrition.

Is the service caring?

Our findings

People were supported by staff that were both kind and caring and we observed staff treated people with patience and compassion. The interactions between people and staff were very positive. We briefly observed staff providing some support to people during our visit. Staff interacted with people in a caring way. For example, if people became anxious staff responded quickly to reassure people and try to distract them to help them settle. A relative when asked in survey what the service does well responded; "All aspects of caring for [...]." Another praised the staff for looking after people well. All relatives spoken to said the staff were very caring. One said; "They have genuine concern for his care and welfare."

People were supported by staff that had the skills and knowledge to care for them. Staff understood how to meet people's individual needs. Staff knew the people they cared for, some staff had worked at the home for over 10 years. Staff knew people's particular ways of communicating and supported us when meeting and talking with people. This showed us the staff knew people well. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. This matched what one person told us and what was recorded in individual's care records. Staff knew who liked to stay in bed later and they supported people to maintain these choices. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access. One staff member commented "I am encouraged to offer choice, individuality and provide dignity and respect to people."

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. For example, one person became anxious due to our visit. Staff intervened by redirecting them. This provided reassurance to this person and reduced their anxiety.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with one to one or two to one support at times to enable them to receive quality time from any activities undertaken. People had specific routines and care was personalised and reflected people's wishes. For example, each person had clear routines in place to help reassure them. This enabled staff to assist people and care for them how they wished to be cared for. Staff were also aware due to people's changing needs these routines needed to be reviewed regularly. Staff knew people well and what was important to them such as their structured daily routines on all areas of their care.

People were not all able to express their views verbally. However staff encouraged people to be as independent as possible. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA) were used when needed. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had their privacy and dignity maintained while staff supported people with their personal care needs. We observed staff knocking on people's front doors to gain entry to individual houses and people

were always involved and asked if they were happy we visited and met them.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People dressed to their liking and the staff told us they always made sure people were smartly dressed if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to. We observed people closing bedroom doors to carry out care tasks. One person was able to say that staff knocked on their house door when they wanted to enter.

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. Records showed people had medical appointments and recorded where the actions and outcome of these appointments. For example eye tests. The registered manager told us people were treated as individuals. Throughout the inspection we briefly observed kind, patient interactions with people. The way the service was organised was done in a way which put people first. For example staff worked long days to enable people to go out and be with the same staff all day. This consistency helped people with their routine.

People's wishes for their end of life care had been discussed with them or family members. This helped ensure those wishes would be respected and acted upon when needed.

Is the service responsive?

Our findings

People were not all fully able to be involved with planning and reviewing their own care and making decisions about how they liked their needs met. Guidelines were in place to help staff ensure any behavioural needs were responded to. People had 'My behaviour support needs' in their care files. This information included triggers to behaviour, behaviours displayed and response and specific guidelines in managing these behaviours. This helped staff respond to people's behavioural needs in situations where they may require additional support by showing staff the approach and response required to assist people. Staff knew when people were upset or becoming anxious and staff followed written guidance to support people. For example, one person had guidelines for staff to assist them when they became anxious. The staff's quick response helped this person to avoid becoming anxious. A healthcare professional had recorded on a survey returned to the service; "There is an improvement in [...] communication and behaviour. His behaviour has settled." Another professional had recorded under what the service does well; "Understanding individual needs and adapting services to respond to changes in needs." A relative said; "They adapt to the individual and not fit them into a mould."

People had "My autistic Spectrum condition" information. This had information on individual's needs. Guidelines were in place for people in their daily lives. People had a 'My daily routines' and this told a brief story about the person's life, their interests and how they chose and preferred to be supported. This information helped staff in understanding and responding to people in the way they liked to be supported. The registered manager and staff confirmed plans had been drawn up with staff who worked with the person who knew them well. Regular reviews were carried out on care plans and behavioural guidance to help ensure staff had the most recent updated information required to support people. One person confirmed they had attended their review with their key worker.

People with limited communication were supported to make choices. Staff knew how people communicated and encouraged choice when possible. Staff confirmed, and observations showed, they offered people choices for example, what people wanted to drink. Staff said they used pictures and symbols to assist people with choices when needed. One person said they go shopping with their key worker and they help them choose their clothes.

People were supported to develop and maintain relationships with people that mattered to them. For example, people went out with family members regularly. Records showed regularly overnights visits to family members were documented. One family member told us how the service Skype them to keep in contact with their relative and another had regular phone calls arranged.

People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People led active social lives and participated in activities that were individual to their needs. We saw people planning and going out to a local carnival during our visit. Guidelines were in place to assist staff in responding to people's needs in different situations for example when travelling and people's involvement in different activities. One person said they had; "A caravan holiday booked with staff."

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example people visited local shops and the local church. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable. One relative said how the service helps to motivate their relative into doing activities."

The complaints procedure was displayed in a picture format so people could understand it. The complaints received were documented and had information recorded on the complaint, the action taken and the outcome of the complaint received. The registered manager understood the actions they would need to take to resolve any issues raised. Staff told us that due to people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the manager and were dealt with and actioned without delay. One person confirmed the registered manager and company's senior management visits them and told us they ask them if they are ok or have any complaints or concerns.

Is the service well-led?

Our findings

13-15 Barnes Lane and Autism Wessex, the company that own the service, was well led and managed effectively. The service and company had clear values including, "Relationships of integrity and respect. Personal development, empowerment and quality of life. High quality, professional and personalised services. Equal opportunity and diversity and Value for money." This demonstrated the service had clear values in place on how people's needs should be met and respected. These values were incorporated into staff training and people received a copy of the service's core values. One person confirmed that the senior management and registered manager were all approachable and they could "talk to them." A staff member said; "Having a stable management team and approachable management." All relatives agreed that the registered manager was approachable and had regular contact with them.

People were provided with information and were involved in the running of the home as much as possible. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to tell staff about the service. One to one meetings with people's key workers were arranged.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. The registered manager had worked for the company for over 25 years. There were clear lines of responsibility and accountability within the management structure of the company. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff felt supported. Staff said the registered manager was available and was "Approachable." Staff confirmed they were able to raise concerns and agreed any issues raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered manager. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together. One staff said; "Very good staff team. Many of us have worked for the company for years." Another said; "A great company to work for."

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. These provided forums for staff to contribute on how the service was run. Staff were also updated on any new issues and reflected on. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowers policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans and environment. The registered manager carried out monthly official site visits to audit the premises, records and observe if people were well. Monthly and annual audits and maintenance checks were completed related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests. The registered manager sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the company's senior management. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.