

# National Autistic Society (The)

# Pelham Manor

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Pelham Manor is a small care home for up to seven people with learning disabilities and/or autistic spectrum disorder aged 18 years and over. There were seven people living at the service at the time of inspection.

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:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; staff recognised that people had the capacity to make day to day choices and supported them to do so. People were encouraged to be independent. People were engaging in the community.

Risks to people's safety had not always been identified. Fire safety had not always been checked adequately. Fire drill records did not show which staff had undertaken a drill. Water temperatures had not always been checked and recorded each week as scheduled within the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did not always support this practice. Best interest meetings had taken place when people lacked capacity to make a decision. Best interest decision records did not show who had been involved in the decision making process. This is an area for improvement.

The service was well led. The registered manager knew people well and people were comfortable communicating with them. The registered manager carried out the appropriate checks to ensure that the quality of the service was maintained. The audits and checks were robust but had not captured the issues relating to risk management we had identified. This was an area for improvement.

There was a positive atmosphere at the service. People were happy, and staff engaged with people in a kind and caring way. People were busy when we visited, engaging in activities, undertaking daily living tasks.

The service continued to provide effective support to people living with a learning disability and or autism. People were provided with good support to communicate, staff knew people well and understood their communication. People were supported to manage their emotions and had positive behaviour support strategies in place. People were supported to feedback on their experiences and contribute to planning their

own support in ways which were suitable for their communication needs. For example, through using pictures, stories and electronic communication.

Staff were kind and caring and had the skills, learning and training they needed to support people. People were encouraged to increase their independence. The service supported people to maintain family relationships.

The service met the characteristics of Requires Improvement in some areas. 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: Good when we inspected on 02 August 2016 (the report was published on 22 September 2016).

Why we inspected: This inspection was a scheduled inspection based on previous rating.

Follow up: We will visit the service again in the future to check if there are changes to the quality of the service.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Pelham Manor

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Pelham Manor is a care home without nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spent time speaking with two people. We spoke with four people's relatives. Some people were not able

to verbally express their experiences of living at the service. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and local authority safeguarding coordinators and Healthwatch. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We did not receive any feedback from any other health and social care professionals.

We spoke with four staff including; support workers, senior support workers and the registered manager.

We looked at three people's personal records, support plans and people's medicines charts, risk assessments, staff rotas, staff schedules, two staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for copies of the staff training matrix and a copy of the electrical inspection and servicing records. These were received in a timely manner.

# Is the service safe?

## Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Fire safety had not always been checked adequately. Although staff were completing weekly fire alarm tests. The staff completing these had not recorded which fire alarm call point had been checked in the service. This meant the management team were unaware if all call points within the service were working correctly.
- The service had a fire risk assessment in place which had been reviewed in 2018. There were three actions from the risk assessment which had been identified. We checked with the registered manager whether these had all been completed. One action to fix appropriate warning signs to the shed where BBQ gas was stored had not been completed.
- Fire drill records did not show which staff had undertaken a drill, the registered manager was not able to confirm that all staff working at the service had been involved in a fire drill at least once in the last year.
- Each person had a personal emergency evacuation plan (PEEP) in place to detail what level of support they would require to evacuate the service in a fire. PEEPs did not include that some people had paraffin based creams and emollients applied to their skin which was flammable. We spoke with the registered manager about this and they agreed to review these. The registered manager added a caution statement to people's medicines records where the prescribed creams contained paraffin so staff were aware.
- Water temperatures had not always been checked and recorded each week as scheduled within the service. This meant that some water temperatures may be too high which could cause a scalding injury.
- Staff at the service carried out three monthly shower head cleaning to minimise the risks of legionella bacteria developing in the shower heads. However, records showed that this had last been done on 14 July 2018. There were no records for shower head cleaning for October 2018 and January 2019. The registered manager was not able to confirm if the shower head cleaning had taken place.

The failure to manage risks to people's health and welfare was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An external contractor completed Legionella water checks within the service. During checks carried out on 21 February 2019 the contractor found there was no hot water from the first floor bathroom. They reported this needed investigating. The issue identified was given a timescale for completion of one to three months. This had not yet been completed as the inspection had taken place eight working days after the contractor had visited.
- Risk assessments were in place for people's individual risks as well as general tasks and risks affecting people and staff. There was clear guidance in place for staff on how to work with people safely.
- People were kept safe because the equipment and the environment had been maintained. Repairs and maintenance was undertaken in a timely manner.

- Two people we spoke with knew how to keep safe in the event of a fire. One person told us, "If the fire alarm goes off we leave the house and wait out the front." They opened the front door to show us where the fire meeting point is. Another person said, "The fire alarm goes off sometimes when we are cooking."

#### Using medicines safely

- Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed.
- We observed good practice when staff supported people with their medicines; such as checking prescription labels before dispensing medicines and wearing gloves. A relative said, "They are very well organised with medication."
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed.
- Medicines were checked and audited frequently. Medicines were stored securely and at the correct temperature.
- MAR charts didn't always record the amount of medicines carried forward from the previous month and there were a number of different medicines stock counting forms in place. This made it difficult to track medicines. We spoke with the registered manager about this and they agreed to review and revise.
- The service was in the process of digitalising the records held at the service. They were starting with medicines records. During the inspection staff and the registered manager worked with an external company who were supplying the software to design and put in place the new medicines records. They planned to roll this out within the following week. We will check what progress had been made at the next inspection.

#### Systems and processes to safeguard people from the risk of abuse

- Staff continued to know how to spot signs of abuse and mistreatment. Staff received regular safeguarding training.
- The provider had effective safeguarding systems in place to protect people from the risk of abuse.
- Staff had confidence in the management team and provider to appropriately deal with concerns.
- All staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member told us, "[I would] report to senior, report to the registered manager or other managers in the local area or the area manager. It would be dealt with appropriately by the managers. I could report issues to the local authority."
- There was easy to read information on display around the service to tell people about abuse and keeping safe. One person told us, "Staff help me feel safe."

#### Staffing and recruitment

- There continued to be enough staff to keep people safe. Staffing was matched to people's assessed needs. A staff member told us, "There is enough staff in place, might be times when staff go sick; we then use agency, we use the same names [agency staff]."
- Staffing was arranged flexibly and where people needed one to one or two to one support this was provided.
- Staff continued to be recruited safely. For example, Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

#### Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE)



to help prevent the spread of healthcare-related infections where necessary. We observed staff using PPE during the inspection.

- The service employed a part time cleaner who kept communal areas of the home clean. The service was clean, tidy and smelt fresh. A relative said, "The house is always fresh and clean."
- People were supported and encouraged to keep their own bedrooms clean and tidy.

#### Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again. This included organisational learning from incidents which had either occurred in other services owned by the provider or from incidents and events that had occurred nationally and had been reported about within the press releases.
- The registered manager monitored accidents and incidents to check for trends and patterns.

## 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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Care Files showed that MCA assessments had taken place in relation to specific decisions and appropriate DoLS applications had been made. The registered manager monitored when they were authorised or due for renewal, some people had conditions attached to their authorised DoLS and these were met. One relative told us, "DoLS has gone through, we were involved."
- Best interest meetings had taken place when people lacked capacity to make a decision. Best interest decision records did not show who had been involved in the decision making process, such as relatives, GPs and other health and social care professionals. This is an area for improvement.
- Staff had understanding of the MCA and DoLS and understood that people's capacity could vary. They told us that they always offered people choice and respected their decisions. We observed this throughout the inspection.
- Where people had capacity to consent to decisions they had signed to verify their agreement. For example, one person had been referred on to the provider's positive behaviour support (PBS) team and had signed to consent to the referral.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- Records showed that care planning considered any additional support that people may require to ensure they did not suffer from discrimination, such as needs around cultural or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.

- Although some people were not able to tell staff what their religious beliefs were, staff had clearly documented which religious festivals people liked to celebrate such as Christmas and Easter. People were engaged in conversations during the inspection about making pancakes for dessert after their evening meal as it was Shrove Tuesday.
- A transition to the service for new people was arranged at a pace to suit the person. A relative told us, "During his transition staff were very patient and showed kindness. He feels at home there."

#### Staff support: induction, training, skills and experience

- Training records showed that staff had continued to receive training relevant to their roles.
- Staff told us they received induction, support and supervision including group supervisions with their line manager. One staff member told us the service utilised reflective practice to review and improve how they supported people. They told us how reflective practice sessions had led to support plan changes and different ways of working with people. This had come from observations of people's care and support and following incidents where people had displayed behaviours that others may find challenging.

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

- People were supported to eat and drink enough to maintain their health. They were offered choices of meals. One person told us, "I know what foods to eat but they do prompt me, I do need that." A relative said, "There is a variety of food, they tell us what she has had, if we bring her back late on a Sunday they have always saved her a roast dinner."
- People's care records showed clear likes and dislikes for food and drink. Staff knew that some people did not like spicy food so made mild variations of meals to meet their needs.
- We observed people independently making drinks, breakfast and lunch where they were able to. People were involved with preparing and cooking meals.
- People were supported to access the local community to shop for food. Staff encouraged people to engage in this to help them develop skills and gain independence.

#### Staff working with other agencies to provide consistent, effective, timely care

- People had hospital passports in place. Hospital passports are documents that tell hospital staff important information about a person such as how to communicate, likes and dislikes and what makes a person anxious or worried. The passports help people get consistent care if they need to go to hospital.
- People also had communication passports. This included information on what people's signs and gestures meant and what people could understand. These documents could be used by healthcare staff to aid communication.
- Staff worked closely with day service staff employed by the provider and other agencies such as nurses at the local surgery, local authority care managers to ensure people received consistent care.

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

- The service was designed and decorated to meet people's needs. The environment was pleasant, spacious and decorated in colours which people had been involved in choosing.
- The ground floor was fully accessible for people who used wheelchairs to mobilise. Where people had additional mobility needs, suitable equipment was in place. For example, a hoist and slings and height adjustable bed.
- People had access to the garden which was secure and well maintained and all areas of the service including the kitchen.
- People's rooms were personalised to suit their tastes and needs.

#### Supporting people to live healthier lives, access healthcare services and support

- People continued to have access to healthcare services when they needed it. People had health action plans which included information about their healthcare needs and appointments such as doctors, paramedics, dentists, consultants, specialists and opticians. People's weights were monitored regularly and action was taken when there were concerns. One person said, "I am weighed every week."
- Staff recognised when people were not acting in their usual manner and took timely action. A relative told us, "Staff noticed that [person] wasn't quite right and said they noticed that she had a problem with her balance. She came home to stay with us over the weekend and we noticed it too and reported the same to staff when we dropped her off. First thing Monday morning they rang the GP and they have found she has a problem with her ears. They were on it like a shot."
- Staff worked with people to enable them to be able to access healthcare. A relative told us, "[Person is] always supported to go to the GP, she is refusing to have blood tests at the moment." A person told us staff had supported them to book a GP appointment and they were going to have support to attend this.

# 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.

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

Ensuring people are well treated and supported; equality and diversity

- We observed people being treated with kindness and compassion. Staff responded quickly to people's requests and questions. Staff frequently spoke with people and when they did so it was in a patient, calm and friendly way. We saw that staff maintained eye contact with people, sat down next to them at the table when talking with them, and bent down to interact when appropriate.
- People told us they liked the staff. One person said, "I get on with the staff, I love [staff member] and me and [another staff member] are so close."
- Relatives told us staff were kind and caring. Comments included, "We are extremely happy with how she is treated. It has become her home"; "Staff are kind and caring they know her inside and out"; "He feels at home there. He is always happy to go back there when we've been out. Staff are kind and caring. I have never had an impression of lack of respect. They have the best interests of everyone at heart. They are a little community and they know everyone well. They want what is best for [person]."
- Staff had considered people's diversity needs and taken action to improve people's lives. For example, staff utilised their autism training to adapt to each person's sensory needs. Some people were very sensitive to noise. Staff knew this and ensure they talked in a quiet tone.

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

- People were supported to express their views in a way which suited them. People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support. Keyworkers used pictures and objects of reference to discuss people's support with them and enabled people to express their views.
- Weekly house meetings were held with people to discuss concerns, requests, meal planning, activity planning.
- Staff also used electronic tablets or mobile phones to assist people to communicate where this was appropriate.
- People were encouraged and supported to self-advocate. People had support from relatives to advocate for them where they needed them. Advocacy information was available for people. The registered manager was in the process of supporting one person to gain an advocate and had started this process with the local authority care manager.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff treated people with dignity and respect. We observed people seeking staff out and choosing to spend time with staff. We observed people interacting with staff and smiling.
- Staff respected people's privacy. Staff did not enter people's rooms without knocking first and being invited in. Staff detailed how they supported people with their personal care in a dignified manner to ensure

the person's privacy was maintained, such as making sure doors and curtains were closed. One person told us, "Staff knock on door before coming in. They leave me to bath [on my own]."

- People's records were stored securely to protect their privacy.
- People were supported to maintain important relationships. People were supported to stay in touch with their relatives and see them regularly. One relative told us, "She rings us every day."
- People were encouraged to become independent. Support plans included information about how much a person could do for themselves. Staff shared information about helping people to increase their independence.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported in an individualised way. Staff knew people well and understood their likes and dislikes. These preferences were documented in their support plan.
- We observed that staff understood how people wanted to be supported. Some people interacted with staff frequently and others preferred to undertake activities undisturbed and staff respected these choices. One person liked to spend time in their room using sensory items and watching television. Staff respected their privacy and discreetly observed them.
- People regularly reviewed their support with their keyworkers. Records showed that reviews were outcome focused, the records showed pictures of people participating in tasks and activities to demonstrate that they had achieved their desired outcomes and wishes. Relatives told us they were involved in reviewing care and support. One relative said, "We are involved in reviews; we've got one coming up at the end of March."
- People were supported to access activities such as attending day services, sensory activities, exercise activities such as swimming and trampolining, going shopping or going on holiday. Relatives told us that people had enough to keep them stimulated. Comments included, "She has enough to do to keep her active, she is often out [in the community]" and "They take him out often, they are very accommodating."

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand.
- We observed that people and staff had a good rapport; people felt comfortable to approach staff and ask questions. Two people we spoke with confirmed that they had complained about the service. Records showed that these complaints had been investigated and responded to. People and the registered manager confirmed that they had met to discuss their complaints. People were happy with their responses. Responses had been written in an easy to read format.
- Staff told us how they would recognise if people who were unable to verbally communicate were unhappy. They explained that people's behaviour may change, people may become withdrawn or act differently. This would alert staff, who all confirmed they would report this and explore the reasons for this.
- Relative told us, "The care, you can't fault it. We've never had a problem" and "She [person] knows how to complain."

End of life care and support

- The service was not supporting anyone at the end of their life and the people living there were younger adults.
- The registered manager and staff had explored people's wishes and preferences around their end of life care where this was appropriate.

# 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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to check the quality of the service including reviewing support plans, incidents, medicines, safeguarding, maintenance and health and safety. Where actions were needed these were recorded and completed in a timely manner. The systems to check the quality of the service were embedded, however the audits and checks had not identified the concerns we raised in relation to effective risk management. This is an area for improvement.
- The registered manager continued to meet with other managers in regular meetings and spent time in other services owned by the provider to share good practice and learning. The registered manager told us they felt well supported by the organisation and detailed that the senior managers continued to have an open-door policy.
- There were regular audits by on behalf of the provider to check that quality systems were effective.
- The registered managers had informed CQC of significant events that happen within the service, as required.
- Policies and procedures had been amended and reviewed since the last inspection to provide updated guidance and support to staff.
- The registered manager continued to gain support from the provider and the senior management team.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and registered managers understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- Relatives told us their loved ones received high quality care and support. Comments included, "Definitely would recommend the home"; "We are extremely happy with how she is treated. [Registered manager] is good. He has his eye on the ball with what is going on"; "They keep me up to date" and "I am very happy with his care there."
- There was an open and transparent culture within the service.
- People approached the registered manager during the inspection. The registered manager knew people well.
- Relatives were involved in people's care. Where things went wrong or there were incidents, relatives were informed where this appropriate.



- There were established processes and procedures in place to ensure people received care and supported they wanted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People were asked for feedback through weekly house meetings. A staff member told us how feedback is acted on quickly. They told us that the day before at a meeting a person had reported their tap was not working. They told us, "There is a plumber there today to sort it."
- Relatives had been asked for their feedback through completion of surveys. The survey results from 2018 showed that 71% of the surveys had been completed. All the feedback received was positive. One relative said, "We are involved in reviews and get surveys."
- People, relatives, visitors and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the service and on the provider's website.
- Staff meetings had taken place regularly. Staff told us they felt listened to and supported by the registered manager. One staff member said, "We do have meetings and reviews, we action points from meetings. We are having a staff meeting on Friday. We are encouraged to speak up about absolutely anything. Management meetings are held at the office. We are kept up to date, including with the digital transformation of the service. [The management team] action things as and when things happen. Staff talk together and communicate well."
- Staff told us they now felt better supported by the registered manager. There had been a short period of three months that the registered manager was providing support to people and staff from arms reach. Staff had access to the registered manager by telephone and through meeting at an office away from the home. The registered manager still had an oversight of the service from their temporary base. The staff and registered manager all recognised that this had not been ideal.

Continuous learning and improving care

- The registered manager told us that they and their colleagues take it in turns to attend the local authority forums and provide feedback to the wider management team. This was good for networking and updating of what is happening locally. The registered manager said, "National changes are fed back through the National Autistic Society."
- The provider had gained a recognised Autism accreditation on 26 January 2017. This had been awarded to the Kent residential services (which Pelham Manor was one). The accreditation report evidenced good practice in adapting to the challenges of having a number of people who were ageing and experiencing significant health problems and bereavement. It stated, 'The staff team, including the managers, team leaders and support staff were motivated, empathetic an understanding of the service users they were supporting' and went on to say the things the provider should celebrate in Kent was 'The proactive work of the service in meeting the needs of the service users. The outcome focused review presentations.'

Working in partnership with others

- The service works in partnership with people, their relatives and health and social care professionals to ensure people have the best outcomes. A staff member told us, "I think Pelham works well, there are lots of different agencies involved."
- Staff demonstrated that they also worked in partnership with the provider's positive behaviour support team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Registered persons had failed to effectively manage risks to people's health and welfare. Regulation 12 (1)(2)