

Autism Wessex

# Autism Wessex - Manor Road

## Inspection report

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16 August 2018

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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 15 August and was unannounced. The inspection continued on 16 August 2018 and was announced.

Manor Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation for persons who require personal care. It is registered for up to four people with learning disabilities and autistic spectrum disorder. At the time of our inspection there were four people living in the home.

The home was a two storey detached property which had an open plan kitchen dining area, large lounge, a sensory room and one bedroom on the ground floor. On the first floor there were three further spacious en-suite bedrooms and a staff sleep-in room.

The care service had been developed and designed in line with the values that underpinned the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

The service had a registered manager in post. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of seizures or behaviours which may challenge the service, staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

Where possible people had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had

received an induction and on-going training that enabled them to carry out their role effectively. People's eating and drinking preferences were understood and their dietary needs were met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using 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 supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to express their views about their care using their preferred method of communication and were actively supported to have control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. Equality Diversity and Human Rights (EDHR) were promoted and understood by staff. A complaints process was in place, people and families felt listened to and actions were taken if they raised concerns. The registered manager had started to explore opportunities to identify and understand people's end of life wishes and preferences.

The service had an open and positive culture within Manor Road. Leadership was visible and promoted good teamwork. Staff spoke highly about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Autism Wessex - Manor Road

## **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 inspection site visit took place on 15 August and was unannounced. The inspection continued on 16 August 2018 and was announced. Both days were carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

Before the inspection we did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information from the provider during the inspection.

We spoke with two people who used the service, one relative and a health care professional. We received feedback from two other relatives and another health care professional via the telephone.

We spoke with the registered manager, nominated individual and locality manager. We met with five care staff and the senior support worker. We reviewed two people's care files, three medicine administration records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people.

# Is the service safe?

## Our findings

People, relatives, professionals and staff told us that Manor Road was a safe place to live. We asked one person if they were happy living at Manor Road. We used key words and simple sign language which the person understood. The person said, "[Person's name] like Manor Road, yes". We asked another person the same question. This person gave us a thumbs up which indicated that they were happy living at the home. A relative told us, "Our loved one is safe, they are very happy and relaxed there. I can tell this because he's always relaxed and happy to go back". A professional said, "I have never thought people were unsafe living at Manor Road". Staff were confident people were safe at the home and told us that systems were in place to ensure safety. For example, doors were secure, policies were in place, risk assessments had been completed and care plans were clear.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. A relative said, "Staff help our relative to understand risks they may face". Risk assessments were in place for each person. Where people had been assessed as being at risk of seizures, assessments showed measures taken to discreetly monitor the person. For example, a bed alarm was in place as well as an epilepsy pillow. The assessment also clearly informed staff that if the person was to want a bath that they required respectful discrete monitoring. In addition to risk assessments for people the home had general risk assessments which covered areas such as using the kitchen, the home's vehicle and BBQ. A health care professional told us, "The home is good at risk assessing".

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour charts were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored and analysed by the management and internal behaviour support team. We found that Manor Road had good working relations with the local learning disability teams and came together with them, the person and family in response to changes in their needs and/or a set review. The support people had received by staff had had a positive impact on their lives and had meant that they could access the community more with support from staff who had a clear understanding of active and proactive strategies to support them safely. A health professional told us, "Behaviours are managed well. Support plans are thorough and effective". A relative said, "They [staff] support [name] with their behaviour appropriately and have suitable plans in place".

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the home. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us, "I have no safeguarding concerns and believe that the manager is transparent". Relatives and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should

they need to.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take appropriate action. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence.

There were enough staff on duty to meet people's needs. A staff member said, "Staffing levels are good here. There is a solid care team and a good mix of ages which is good. If agency staff are used we tend to get the same ones which is good for consistency". A health professional told us, "There are enough staff to meet people's assessed needs". We found that the registered manager assessed people's required staffing levels during pre-admission assessments. The registered manager told us they regularly reviewed this and both increased and decreased staffing levels in response to changes in need and/or behaviour. The registered manager said, "We have recently increased one person's staffing levels whilst they are out in the community. This is under regular review".

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as evidence of conduct in previous employment and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

We found that the home had implemented safe systems and processes which meant people received their medicines in line with the provider's medicine policy. The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.

We observed people's medicine blister packs were cross checked with people's medicine administration record (MAR) sheets to ensure the correct medicine was administered to the correct person at the right time. Medicine Administration Records (MAR) were completed and audited appropriately.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to personal protective equipment (PPE) such as disposable gloves. Throughout the inspection we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene. A relative told us, "I have always found the home to be clean and tidy".

All electrical equipment had been tested to ensure its effective operation. A fire risk assessment had been completed and was up to date. People had personal emergency evacuation plans (PEEPs) in place. These plans told staff how to support people in the event of a fire.



## Is the service effective?

### Our findings

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 at Manor Road were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support.

Mental capacity assessments and best interest paperwork were in place which covered a number of areas of care. For example, behaviour, delivery of personal care, medicines and access to the community. A relative told us, "Decisions are made in [person's name] best interest which I am involved in". A professional said, "Best interest is always at the heart of the home's practice".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that these were. Applications for Deprivation of Liberty Safeguards (DoLS) had been made for each person and submitted to the local authority.

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed, ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to. A professional told us, "The home has good paperwork and staff do lots of recording for me. This is always up to date".

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I receive enough training. I recently did autism training this was useful. I am also due to do sign along training in September which I am looking forward to". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; challenging behaviour, epilepsy and autism awareness. In addition to general training some staff also had achieved or were working towards their level three diplomas in health and social care. A relative said, "I believe staff are well trained and each person has a support plan which helps staff's competence".

The registered manager told us staff received annual appraisals and regular supervisions (approximately three monthly). They went onto say, "I am currently completing these on my own and am a little behind. My aim is to get the senior support workers to start supervising staff". Staff told us that they felt supported and could request supervision or just approach the registered manager should they need to. The area manager told us that a new training course had been agreed for senior support workers which would include supervision, conflict, performance and recruitment.

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A new staff member said, "My induction is going well. Staff are helpful and explain people's needs. I have started reading care files, staff give me tips and I am building relationships with people as I learn their preferred communication methods". Another staff member told us, "I found my induction good. I always had people around me and support from the registered manager. I had an induction pack which I worked through and completed shadow shifts".

People were supported with shopping, cooking and preparation of meals in their home. A relative told us, "[Name] like's food. They go shopping and cook which is great". Staff understood people's dietary needs and ensured that these were met. A staff member said, "[Name] has a specific diet. We have information about this in the kitchen and in his care file so that all staff are aware". Another staff member showed us the menu file which was made up of photos of meals and had recipes on the back of them. People were actively involved in choosing meals and preparing these. Menu's reflected a good choice of healthy home cooked meals. We were told that people could choose whether to have their meals in their own rooms, the communal dining or living area or outside in the garden.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A health professional said, "Staff will always listen to my advice and change practice should they need to. This has seen some really positive outcomes for people at Manor Road". Recent health visits included; a community learning disability nurse, GP and a dentist.

The service worked effectively with people, professionals, families and local authorities during admission and move on. A relative told us that their loved one found their transition fairly difficult. However, with continuity from staff at the home it had had a positive impact on the person. For example, at first the person was reluctant to participate in any activity either inside or outside of the home. The relative told us that now the person is a lot more involved.

The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. We observed people's art work displayed on the walls and furnishings were in a good state of repair. The registered manager told us that they were in the process of replacing the carpets but were working with people in the home to reduce anxiety and disruption. There was an open plan kitchen dining area and large enclosed garden with a swing which staff told us people enjoyed.

# Is the service caring?

## Our findings

People, professionals and their relatives told us staff were kind and caring. We asked a person using key words and supported sign language if they liked the staff that worked with them. The person said, "[Person's name] happy staff, yes". A relative told us, "Staff are very good and care for [name]. Staff try hard to understand what they want and use PECS with them". A professional said, "Staff are kind and caring with people. I have never known of any issues. They [staff] are all really passionate about the people living at Manor Road".

During the inspection there was a calm and welcoming atmosphere in the home. We observed staff interacting with people in a caring and compassionate manner.

People were treated with respect. A relative said, "Staff respects people for who they are". We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Promoting independence was at the heart of how staff supported people to live fulfilled lives. A staff member told us, "I promote independence by giving people choice. Allowing people to be independent and do things for themselves where possible. Independence is so important for us all, I really believe that".

People each had their own preferred methods of communication and this was understood, respected and used by staff. Methods of communication included, sign language, key word speech, written text, photos and picture exchange communication system (PECS). The service was in the process of reviewing people's communication needs and creating communication passports with them, their families and the Speech and Language Team (SALT). We observed staff using these communication preferences throughout the inspection with people to aid and enable them to be as independent as possible and make choices and decisions for themselves.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. There was a sensory room so people were able to meet privately with visitors in areas other than their bedrooms. A relative told us, "I am always made to feel welcome. Staff offer me a drink. I can visit anytime. The rest of the family have commented on how happy [person's name] is at the home". Another relative said, "We always feel welcome and are never made to feel like we are intruding. We could visit anytime but [person's name] likes to know in advance". Staff were aware of who was important to the people living there including family, friends and other people at the service.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice. For example, one person was supported by staff to attend a service regularly and meet their family at the place of worship. This was important to the person and their family.

## Is the service responsive?

### Our findings

Manor Road was responsive to people and their changing needs. A relative told us, "Staff respond to [name's] needs promptly and really well". Promoting independence, involving people and using creative approaches was embedded and normal practice for staff. We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included information about people's personal history, their individual interests and their ability to make decisions about their day to day lives. Support plans provided guidance as to individual goals for people to work towards to increase their independence and reduce their reliance on staff for support.

The registered manager told us that they had been supporting a person who had recently become anxious and was displaying new behaviours. Communication aids were used effectively to support the person express their emotions. For example, the service used a mood board. This was made up of two tools. One had visual emotions on it such as happy, sad, pain and upset. The other had a body map with visual images of the body for example, arm, ears, tooth, throat, stomach and elbow. This helped the staff identify that the person had pain in their ear. A relative said, "Staff support [name] positively. They [staff] are supporting [name] well with his ear infection. They have been supported to see a professional and the home keep me up to date daily".

The registered manager alerted staff to changes and promoted open communication. Staff actively supported people as their needs and circumstances changed. A relative told us, "The home is very consistent which is important and helps [name]. The communication is very open and great".

Staff were able to tell us how they put people in the centre of their care and involved them and / or their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. Relatives comments included, "I'm involved in meetings which is good and they [staff] always take [name's] needs and decisions into consideration", "I attend meetings and I am happy with the care here" and "We are involved in meetings, we discuss what [name] wants and their current needs".

People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. During the inspection we noted that people were supported to go shopping, eat away from the home, go to golf and out for walks. A staff member told us, "We use a photo file with some people which has pictures of activities. It includes activities both in the community and at home. Other people are more verbal and are able to tell us what they would like to do". The staff member went on to tell us about an activity they had arranged earlier in the summer. They said, "I arranged a treasure hunt, we collected things and there was chocolate at the end. This gave [name] a purpose to the activity which was important to them and had a positive impact on them". A relative said, "[Name] has a good varied timetable. It includes walks, football, swimming, church, picnics and the cinema".

The service met the requirements of the Accessible information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in people's support plans where a need had been identified, and communication passports were being put into place.

The service promoted Equality Diversity and Human Rights (EDHR). Staff had received equality and diversity training. The registered manager told us, "We protect and respect people's Human Rights through respecting choices and decisions they make. We treat them as humans and promote positive relationships with them. We ensure access to the community and try to give each person a purpose in life. We work with people never for them".

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. A relative told us, "I have never had to complain. I would meet with the manager if I had to though and I am confident it would be taken seriously". People were supported to understand the complaints procedure which was also available in an easy read pictorial format.

The registered manager told us that they had started to approach end of life discussions with families and people. They told us, "I feel it is very important to understand preferences and wishes. However, some parents are reluctant so we are starting with preferences should parents pass away".

## Is the service well-led?

### Our findings

Throughout the inspection we observed a very positive and inclusive culture at the home. People, staff, relatives and professionals feedback the management at the home was positive. We asked one person using key words and sign language if they were happy with the registered manager. The person told us, "Yes, like [managers name]". Staff comments included; "The registered manager is great. Such a caring person who works really hard and cares for people and staff. I feel very supported", "The registered manager is a lovely, kind person with lots of experience. Always asks how I am and is very supportive to me and my colleagues" and "The registered manager is really good and the senior support workers have a good skill mix". A relative said, "The registered manager is lovely. Very professional and full of ideas. I can contact them at any time". A professional told us, "The registered manager is good. They have a very solid staff team. Seniors are very good too which gives a great balance". The registered manager told us that the provider was open and supportive.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, medicines and health and safety. The registered manager told us that they worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary. The area manager told us that they visited Manor Road twice a month to observe the environment, observe staff interactions with people, sample care files and give support to the registered manager.

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "Manor Road work well with me and take on any advice I give them". Another professional told us, "I can talk openly with the registered manager and staff at the home. They all work well with us and always provide the information we need".

The registered manager understood the requirements of the duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.. A relative told us, "The home is transparent and I would recommend Manor Road to anyone".

Systems were in place to support the registered manager and staff continuously learn and improve the service delivered to people living at Manor Road. The area manager told us, "We are always looking for ways to be innovative, creative and meaningful". Relatives and staff told us that they felt engaged and involved in the service. The nominated individual told us that they chaired 360 (feedback) meetings. These meetings were an opportunity to get people, families and staff together and share information, ideas and organisational aims. They told us that the feedback gathered at these meetings was used to make improvements and feed into the organisation's annual review. A relative said, "I find the 360 meetings interesting. It's nice to hear from others and these meetings give us an opportunity to share ideas". A staff member told us, "I feel involved in improvements and developments. I have recently been working to improve the garden. The registered manager has supported me with this and given me time".

