

# Education and Services for People with Autism Limited

## Forest Hall

### Inspection report

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### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Forest Hall is a care home providing personal and nursing care for up to six people with autism or a mental health condition. At the time of the inspection the service was supporting three people.

The service was divided into four self-contained flats. Two flats accommodate one person and two flats can accommodate two people, each with their own bedrooms. An office is located within one of the flats.

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 and what we found

People told us they were safe and well looked after by staff. The home had dealt with any safeguarding concerns appropriately. Risks associated with people's care and daily lives had been assessed and action taken to minimise these. There were enough staff to support people and safe recruitment processes had been followed. The home was clean and tidy. People were appropriately supported to take their medicines.

Individual's need and personal choices were well supported by the service. Staff had a range of training, although we noted that the scope of mandatory training could be wider. Staff received regular supervision and appraisals. People were helped to make their own choice of meals and supported to shop for the ingredients. The service worked closely with other agencies to ensure people's health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The design of the home allowed people to have as much independence as possible and maintain their privacy and dignity.

People told us they liked living at the home and the staff were caring and supportive. People were supported to make choices about their care, as much as possible. Staff had a good understanding of people's personalities and worked to maintain their independence and extend their skills.

People's care plans were extremely detailed but often contained duplicate information. We have made a recommendation about improvements to the care planning process. Care plans were regularly reviewed to ensure they remained relevant and fully reflected people's changing needs. Information was provided in a format that was accessible to people. Staff assisted people to access the local community and supported them to engage in a range of activities. The provider had received a small number of informal complaints

which had been dealt with appropriately.

Staff told us the registered manager was extremely supportive and a relative said they thought the registered manager was a strong leader. A number of quality checks and audits were undertaken, although the detail was not always thorough. We have made a recommendation about this. People were supported to engage in the running of the service as much as possible. There was clear evidence the service worked in partnership with several agencies to support people who lived at the home. The provider was meeting their legal obligations in terms of notifying the Commission of incidents and events.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

This service was registered with us on 9 April 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date the service was first registered.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### 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 well-led.  
Details are in our well-led findings below.

Good ●

# Forest Hall

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Forest Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff including the, registered manager and a support worker.

We reviewed a range of records. This included one person's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one relative who had written to us about their relation's experience. They gave us permission to quote from their written information.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service was safe, and systems were in place to protect people from abuse. Where any safeguarding concerns had been raised the registered manager had dealt with them appropriately and referred matters to the local safeguarding adults team. Staff had received training in safeguarding vulnerable adults.

Assessing risk, safety monitoring and management

- Systems to manage risks were in place and action to mitigate risk taken, where necessary. Risk assessments were undertaken as part of a review process and covered, health and safety, the working environment and issues related to direct care.

Staffing and recruitment

- Staff recruitment was safely and effectively managed. The registered managers had carried out appropriate checks including the undertaking of Disclosure and Barring Service (DBS) checks. Staff told us there were enough staff to support people and the team supported each other to cover absences.

Using medicines safely

- Medicines were managed and administered safely. People's medicines were kept in a locked cupboard in their individual flats. Medicines records were complete, and staff had received training with regard the safe handling of medicines. Staff competencies were regularly checked.

Preventing and controlling infection

- People were supported to maintain their flats in a clean and tidy manner and to wash clothes regularly. Staff had received training around infection control.

Learning lessons when things go wrong

- The registered manager spoke about lessons learnt from recent minor medicine errors that had occurred in the service. She had changed systems to prevent further similar errors and strengthened checking processes.
- There had been no accident or incidents involving people who used the service within the last 12 months.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed and their choices and preferences incorporated into their support. Information for care staff followed professional advice and was in line with national guidance and standards.

Staff support: induction, training, skills and experience

- Staff were supported to access a range of training and development schedules. The provider had in place a system to monitor staff uptake of training, including a process to highlight when courses needed to be refreshed. We noted that mandatory training was limited and did not specifically cover such areas as equality and diversity. The registered manager later sent us information to demonstrate this and other matters were covered within a broader training course. One relative told us, "All of the staff there have been of an excellent standard, very caring thoughtful and thorough."
- Staff told us they had good access to training and received regular supervision and appraisals. Documents in staff files confirmed this.

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

- People were supported to maintain an adequate intake of food and fluids. People were supported to go shopping and make choices about their meals. Staff monitored people's diet and alerted the manager or health professionals to any concerns.

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

- The service worked closely with a range of other agencies. Care records indicated there was close collaboration between the service and a number of health and social care professionals.

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

- The service was designed to meet people's specific needs, provide individual care and promote their independence. People had their own well-appointed flats within the complex and these were decorated to people's personal tastes. A person we spoke with told us they liked their flat and were happy living at Forest Hall.

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

- People were supported to maintain their wellbeing and access a range of healthcare services. There was evidence in people's files that they had been supported to attend a range of appointments, including dentists and opticians. One relative told us, "Speech therapists, mental health support and social support;



all have been available when required. They are good at monitoring health and safety needs."

#### 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One person supported by the service had their freedom restricted through a DoLS and a second application was in the process of being made. These were reviewed regularly.
- People living at the home had fluctuating capacity. Where it was determined they may not understand about certain actions or decisions, then a best interests assessment and decision process had been followed. One relative told us, "Staff are very well trained in Autism Spectrum conditions and how to support the residents appropriately, they always had (person's) best interests at the forefront of what they do."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were fully supported to live fulfilling lives and were treated with kindness and respect. Staff had a good understanding of people's particular needs, preferences and personalities.
- People looked happy and relaxed in staff company and told us they were happy living at the home and that staff helped to look after them very well.

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

- People were supported to express their views and make decisions about their care. Staff understood how to best support individuals to make choices.
- There was evidence in care plans people had been encouraged to participate in review meetings and discussions about their care. Staff used a variety of methods and aids to help people understand the choices they were making. One relative told us, "They are happy to get advocates involved when believed helpful."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were fully respected by the service. Staff understood people's flats were their homes and they could spend time on their own if they wished.
- People's independence was encouraged. People were supported to explore their local community and staff assisted them to develop skills that extended their independence. One relative told us, "They try to help residents interact socially and meet their goals and aspirations. They don't over support and are well able to tailor the support to maximise independence."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned in detail to ensure the support they received met their needs. Care records were extremely detailed. However, information for care staff and risk assessment information was often duplicated. The registered manager told us they were in the process of trying to reorganise care records to make them more accessible.

We recommended the provider review care records and recording processes to make care information easily accessible to care staff and more easily reviewed and updated.

- People's care plans were reviewed on a regular basis and the rationale for any changes recorded. There was some evidence people were supported to participate in this review process, as far as practical.
- Information clearly showed people's choices and preferences were supported during the delivery of care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to understand their care and support through a range of communication systems, including the use of visual information. A range of accessible information was on display in people's flats. Staff had a good understanding of each person's communications needs

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend a range of events and access the local community. They were supported to attend college, Zumba classes and a range of other activities. One person was being supported to go bowling as we arrived for the inspection. People told us staff were very good at helping them to go out.
- There was clear evidence in people's care records that they were helped to maintain contact with friends and family members.

Improving care quality in response to complaints or concerns

- The service had received no formal complaints within the last 12 months. A number of concerns had been raised with the service, such as noise during a fire drill and issues with garden maintenance. These had been

dealt with appropriately by the registered manager.

#### End of life care and support

- At the time of the inspection there was no one using the service who was being supported with end of life care. People's care files contained a section where this information could be recorded if it became pertinent to their care needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were some quality processes in place and the registered manager had recently instigated a monthly manager review process that covered a range of checks and audits. Formal audit processes were in place for checking on medicines and health and safety issues. The provider also carried out targeted quality checks during the year. However, some of these audits processes were limited in scope and it was not always possible to identify actions from the process.

We recommend the provider review the present audit process to ensure it is robustly implemented and reviewed.

- The registered manager and staff had a clear understanding of their roles and responsibilities within the service. The registered manager was directly involved in supporting day to day care alongside running the service. Relatives said the registered manager ran the service well. They told us, (Registered manager) is a very strong leader and manager and keeps everything closely monitored. She is always there to listen and will make quick and necessary changes when required."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided good individualised care that was person centred and empowered people to live independent and fulfilling lives. The registered manager spoke about how the service supported people to develop skills that would allow them to live more autonomously in the future. Staff had a detailed understanding of people and how they wished to be supported. People told us they were very happy with the help they received from staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of her responsibilities under the duty of candour, although there had been no instances where she had been required to exercise this duty.

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

- People were supported to express their views about the service and the care they received on a daily basis.

Staff had supported people to complete annual questionnaires, although because of the small number of people using the service the responses were limited. One relative had returned a questionnaire which rated the service as being extremely good.

#### Continuous learning and improving care

- The registered manager spoke about how the service was continuing to evolve and develop. Staff told us they could access additional training if they felt this was required. They also received support from the registered manager and deputy manager throughout the year.

#### Working in partnership with others

- The service worked in partnership with a range of other services to ensure people were well supported and received good quality care.