

# Autism Anglia

## Peldon Campus

### 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:

Peldon Campus provides care and support for four people in supported living accommodation. In addition to this, 17 people living on the campus live in a residential care home. People living on Peldon Campus have learning disabilities and may have mental health needs.

People's experience of using this service:

People were safe living in the service. Risks had been identified and people told us they felt safe and well looked after.

Staff were kind and caring and supported people to be as independent as possible.  
People had access to healthcare professionals when required.

Staff knew how to care for people. Staff used their skills and the resources and equipment provided so the risk of accidental harm or infections was reduced. People were supported to have their prescribed medicines they needed to remain well.

People were supported to eat and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The registered manager had clear oversight of the service and worked alongside staff. Staff were respectful of the register manager and told us they were approachable and supportive.

We found the service continued to meet the characteristics of "Good" in all areas;  
More information is available in the full report.

Rating at last inspection:  
Good (The date of the last report published was 22 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:  
We will continue to monitor the service through the information we receive and will re-inspect as per our inspection programme or sooner if required.

## 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.

Details are in our Safe findings below

### Is the service effective?

Good ●

The service remains Good.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service is caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remains Good.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remains Good.

Details are in our Well- led findings below

# Peldon Campus

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of two inspectors.

#### Service and service type:

Peldon Campus is a care home. People in care homes received 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 when preparing for and carrying out this inspection:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, such as what the service does well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with two people who use the service. Other people were not able to speak

with us verbally or chose not to.

We spoke with the registered manager, deputy manager and the psychologist. We also spoke with six care staff. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from risk of abuse:

- People told us they felt safe at the service. A person said, "I feel safe the staff help me they know me."
- The provider had processes in place to protect people from abuse. Staff could tell us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- Staff had the information they needed to support people safely. Staff carried out risk assessments to keep people safe. Staff could tell us how they supported people to minimise the risk for example, supporting people when they accessed the kitchen or the community.

Staffing and recruitment:

- Staffing levels were appropriate to meet the needs of people using the service. All staff spoken with said they felt there were sufficient staff on duty. Our observations throughout the day found staff were available to meet the needs of people living in the service.
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely:

- People continued to receive their medicines safely. Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.
- The deputy manager carried out regular audits of the stocks and records of medicines.

Preventing and controlling infection:

- Staff completed training in infection control. Most of the service was clean and free from any odours. However, in the residential home some of the communal areas needed a 'deep clean' and this had already been highlighted by the management team who had arranged for this to be done. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's care, treatment and support continued to achieve good outcomes, promoting a good quality of life.

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

- People's needs were assessed before moving into the service to ensure their needs could be met.
- Care plans were regularly reviewed and updated to ensure people's changing needs were met.
- Consideration was given to people's cultural needs including those relating to language, ethnicity and religious needs.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled; and carried out their job roles effectively. Many staff had worked in the service for many years and therefore knew people very well. Staff told us they received training and were positive about the training programme. As well as mandatory training, staff also received specialist training for example, communication and intensive interaction.
- Agency staff were used on occasions of sickness or annual leave. The management told us they tried to ensure they used consistent agency staff. This meant people received care from staff that knew them well.
- Staff told us they had regular supervision meetings with the manager to support their development.
- We discussed with the management team the need for competency assessments to be carried out with staff to ensure they were following best practice. At present these were carried out during induction only. The registered manager told us they would consider this and put measures in place to ensure these were carried out on a regular basis. At the present time the deputy manager works alongside staff on a regular basis and therefore supervises them but this was not being documented.
- The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.

Supporting people to eat and drink enough with choice in a balanced diet:

- Most people told us they enjoyed the food and were given the opportunity to have input into the menus.
- The staff were knowledgeable about people's likes and dislikes as well as people who were on a specialised diet.
- People were referred to the dietician and or speech and language therapists if they needed support with their nutrition. Staff monitored people's weights and if necessary their nutritional intake to ensure they were getting the food and drink they required.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:

- People had access to services such as the chiropodist, optician and dentist.
- The service had clear systems in place for referring people to external agencies. Any input from health



professionals was clearly documented in people's care plans with any outcomes or actions to be taken.

Adapting service, design, decoration to meet people's need:

- The accommodation was across four homes. The older part of the residential home required some updating and redecoration. This was discussed with the registered manager who told us the provider was aware of this and plans were in place for this part of the service to be refurbished. The other three homes were well decorated light and airy and very homely.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People's care plans contained clear information about their ability to make decisions on a day to day basis. Staff ensured people were involved in making any decisions and were clear about making sure any decisions were taken in people's best interest.
- Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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 staff interacting with people. Staff spoke with affection about the people they supported.
- Staff took time to speak with people and to listen to what they had to say.
- Staff looked for facial expressions and hand gestures for people who were unable to communicate verbally and although some people could not communicate verbally staff understood what they wanted as they knew them well.

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

- People told us they were given plenty of opportunities to express their views. One person told us, "We have had resident's meetings and the management do listen to you."
- The deputy manager told us that at the present time no one used any specialist communication aids to support them but they would keep this under review.
- People were given choices throughout the day of what they would like to eat or drink or if they would like to take part in an activity. Staff knew how to support people to enable them to make an independent decision. For example, staff showed people the options using objects of reference.

Respecting and promoting people's privacy, dignity and independence:

- Staff told us they encouraged people to do as much for themselves as possible. One staff member told us, "There are no rules only guidelines, we try to get people to be as independent as possible after all that is our job." Another staff member told us, "Sometimes it is quicker to do things for people but that is not our job we are here to support them."
- Staff treated people with dignity and respect. We observed staff knocking on doors and closing doors behind them when they entered someone's room.
  - Staff told us people's families were heavily involved and this was evident from records we looked at. One person was taken to see their mother on a regular basis as they were now unable to visit them at the service.
  - Staff supported people to attend their relative's funerals if they wished to and also supported them to understand and talk about bereavement.
  - Staff told us that each person's keyworker supported them to maintain contact with their family and friends and this included supporting them to buy presents and cards for special occasions as well as keeping their care plan updated.
- People's records were kept securely and computers were password protected. Staff knew how important it was to keep people's information confidential.



# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Peoples needs were met through good organisation and delivery.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care:

- Care plans were detailed and contained clear information about people's specific needs, their personal preferences and how they wished to be supported. Each care plan was regularly reviewed and updated to reflect any changes. However, a lot of information in the care plans was old information and needed archiving to enable the care plan to be more user friendly. We discussed this with the management team and were assured this was a work in progress.
- People were enabled to follow a variety of interests and activities. Staff told us that although people had a timetable for each day these were subject to change depending on people's moods and whether they wanted to do an activity. One member of staff told us, "Nothing is set in stone we ask people if they would like to do something and let them choose. It very much depends on the day."
- People had access to and took part in a variety of community activities according to their personal preferences. For example, trips to the shops, lunch out and horse-riding and trips to use a swim spa. People also attended gateway social events and used services such as Jigsaw, which provides day opportunities exclusively to adults affected by an autism spectrum condition.

Improving care quality in response to complaints or concerns:

- Staff involved relatives as appropriate in ongoing discussion and formal reviews which gave relatives the opportunity to speak on behalf of people and address any concerns.
- People knew how to raise concerns or complaints they may have. The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff.

End of life care and support:

- People's care plans lacked information regarding people's preferred end of life care. We discussed this with the management team and at the present time people had family members to support with this. However, the management team were aware this is something they need to address in the near future and were in the process of discussing this with the staff team.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. They assured person-centred high-quality care and a fair and open culture.

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

- Peldon Campus was registered before CQC's 'Registering the right support' policy was published. The registered manager demonstrated they were actively promoting the principles of this policy.
- The registered manager was committed to ensuring all staff promoted a person-centred high quality of care. The management team all wanted to achieve the highest possible outcomes for people.
- The registered manager was supported by a deputy manager who supported them in the day to day running of the home.
- Staff told us they felt fully supported by the management team who were approachable. One staff member told us, "We work as a team the management team are all really approachable and supportive."

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

- The registered manager was experienced and knowledgeable and led by example. The staff had the upmost respect for them along with the deputy manager.
- The registered manager was supported by the provider's quality team. A plan showed where improvements were needed with set timescales.
- The registered manager told us the provider had employed an HR adviser to support them with recruiting staff.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff:

- Staff meetings were held regularly and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Multi-disciplinary meetings were held on a regular basis. Where appropriate, people were invited to participate in their meetings along with staff and other relevant professionals. This gave everyone the opportunity to discuss people's needs to ensure everyone was working consistently.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives.

Continuous learning and improving care: Working in partnership with others:

- The registered manager told us they kept up to date with current legislation by attending care conferences working with the local authority.
- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dieticians, speech and language therapists, GP's and district nurse's. This ensured a multi-disciplinary approach to ensure people received the appropriate level of care and support.