Autism Wessex

Penny Farthing House

Inspection report

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Date of inspection visit:
15 May 2018

Date of publication:
21 June 2018

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 the 15 May 2018 and was unannounced. Autism Wessex are a charitable organisation delivering education, support and care services to people on the autistic spectrum. They operate in Dorset, Hampshire and Somerset. Penny Farthing House is a residential home provided by Autism Wessex and provides accommodation and support with personal care for young people of both sexes on the autistic spectrum with associated needs, and who may, at times, display behaviours which challenge.

Penny Farthing House 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.

Penny Farthing House can accommodate up to four people in one adapted building. At the time of our inspection four people were living at the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We last inspected this service on 23 April 2015 and we identified one area where improvement was required in respect of decision making not being underpinned by the completion of a mental capacity assessment. At this inspection we found improvements had been made and mental capacity assessments were now in place for all aspects of care.

Relative told us their loved ones were safe staying at Penny Farthing House and risks to people were minimized through risk assessments. These covered activities and associated health and safety issues both within the home and in the community. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at the home to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Although some of the young people could display behaviours which challenged. Staff were knowledgeable about the complex needs of the people using the service. They completed a wide range of training and felt it supported them in their job role.

People are 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 place in the service supported this practice.

People were supported to take their medicines safely by suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people. People were supported to have maximum choice and control of their lives.

New staff completed an induction designed to ensure they understood their new role before being permitted to work unsupervised. Staff received regular support and one to one sessions or supervision to discuss areas of development.

People were cared for with kindness and compassion. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were involved in their care plans and reviews. People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. Regular audits of the service were carried out to assess and monitor the quality of the service. Staff felt supported by the registered manager and staff meetings took place.

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 is now rated good.

Staff were provided with training and support through one to one supervisions that gave them the skills to care for people effectively.

People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

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.

Penny Farthing House

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 took place on 15 May 2018 and was unannounced. The inspection team consisted of one inspector.

At this inspection we did not request a Provider Information Return before the inspection. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, deputy manager, and three support staff. We looked at a range of records which included the care records for three people, medicines records and recruitment records for four support staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Whilst we chatted with two of the young people using the service, due to difficulties communicating verbally, or their anxieties about speaking with us, we were not able to seek in any detail their views about the care and support they received. We observed interactions between staff and people. Following the inspection, we received feedback from five relatives. We also obtained the views from two internal and two external healthcare professionals.

Good

Is the service safe?

Our findings

Relatives told us the service kept people safe. One relative said, "We do feel [person's name] is safe at all times". Another relative told us, "Yes we feel he is safe. We drop our son off Monday and pick him up for the weekend. Whenever we visit the staff are very professional, organised and efficient". Another relative said, "We have but praise for the way the team works to safely manage risks and in ensuring that [person's name] has the right level of support in place for him to take part in a full as possible life". A health professional told us, "I am not aware of any concerns and am unaware of any concerns raised by colleagues".

People were supported to receive their medicines safely. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Some people needed 'as required' (PRN) medicines for pain or anxiety. The service had recently changed pharmacy and during the change PRN guidelines were missing on people's medicines profiles as they hadn't all been carried over. During the inspection this had been updated and added to people's records.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "Depending on who it was, talk to management first. If it involved management I would go above them and report to CQC". The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse. Staff were required to complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us people had regular meetings with staff where they would be able to raise any concerns and information was available for people in an easy read format.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

There were enough staff deployed to meet the needs of people and keep them safe. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. The allocation of staff working in the community was based on each person's needs. One staff member told us, "Feel enough staff here, we have a good amount of staff".

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions

and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people daily. These included environmental risks and any risks due to health and the support needs of the person. One staff member told us, "Risk assessments are filled in every time we leave the building, where we are going, expected times expected home. Who's going, medicines, money and clothing etc."

Relatives and health professionals told us they thought the service kept people safe and they managed risks very well. One relative told us, "Risks are continually monitored and adjusted where necessary". A health professional said, "The staff are highly aware of what can trigger anxiety in the individuals and how to mitigate those risks". Risk assessments were also available for assessing the community. For example, the risk assessment for one person accessing the community informed staff to support them to link arms when crossing the road and for staff to walk on the road side of the pavement.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had Personal Emergency Evacuation Plans (PEEP) in place to provide information on how people would need to be supported in the event of an emergency in the home. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventuality in case people had to leave the home due to an emergency.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule with people and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment (PPE), such as disposable gloves and aprons. Infection control audits were carried out every three months. One staff member told us, "I've had training on infection control, PPE for medicines and cleaning always plenty available".

There were processes in place and a flow chart to enable the registered manager and provider to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Good

Is the service effective?

Our findings

At our last inspection in April 2015 we found that whilst decisions made on behalf of people had been made in their best interests the decision making had not been underpinned by the completion of a mental capacity assessment. During this inspection, we found that sufficient action had been taken.

Relatives felt people were cared for by staff that were well trained and understood their needs. One relative told us, "It is refreshing to know and see in action all care workers having the qualities and skills set to help and support our son which enables him to have a wholesome well-balanced lifestyle and to enjoy life". Another relative said, "Understanding and supporting the real needs of our son with an open and honest support tailored to his own needs within a homely environment with trained and caring staff with the right skills set needed for our son's wellbeing and happiness". Other comments included, "All [staff] seem to be well educated and advised in dealing with Autistic People". As well as, "All staff show amazing qualities coping with what can be very challenging behaviours. This using training and continuing developing strategies to deliver [person's name] care effectively".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff had received additional training in supporting people who posed a risk to themselves or others. This meant staff were aware of the management and intervention techniques to positively support people with escalating behaviour. Staff also received additional specific training to ensure they had the skills necessary to meet people's needs such as autism and epilepsy awareness. One staff member said, "I've done all the training it's helpful".

New staff to the home completed an induction programme. Arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. New staff members were accompanied by a regular staff member and shown how people like things done for up to two weeks or longer if required. This enabled staff to understand people's routines and what is important to them and their personal choices.

People were supported by staff who had supervisions (one to one meeting) and an annual appraisal with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they may have. One staff member told us, "Supervision every month. It goes really well and [managers name] listens".

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in

relation to people with mental health needs. We saw that mental capacity assessments were in place when it had been identified that a person was unable to make specific decisions regarding their health care. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. People were involved in discussions about their care and staff gained people's consent before they supported them.
Health care professionals were positive about the service and told us the service had a good understanding of the MCA. One health professional told us, "From my own experience, I would consider that they manage their residents well but are happy to contact us if they have any specific medical queries. They do take into account a person's capacity to make decisions and seem capable of managing risk". Another health professional said, "The staff team take into account mental capacity and consent".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. Relevant applications for a DoLS had been submitted by the home and had been approved. The home was complying with the conditions applied to the authorised DoLS.

Staff were aware of people's dietary needs and preferences and supported them to eat and drink and maintain a balanced diet. Meals were planned on a two-week planner and people were involved in choosing their meals. Care plans provided staff with information on people's food likes and dislikes. For example, one person they liked homemade fish and chips and disliked raw tomatoes and gravy. For one person records showed they enjoyed ice lolly's and staff were assisting them to maintain their fluid intake by the ice lolly's. Photographs were kept on file of their favourite ice lollies to assist staff on what ice lolly's they preferred.

Staff told us they promoted independence at mealtimes and gave us examples. One staff member told us, "Meal times [person's name] is independent can cook all her own food. We are with them and they can choose. Show their picture book and they will show you. They can make a cup of tea quite independent". Another staff member said, "Some will help with preparation for a sandwich for a picnic, for example grate the cheese, cut bread. Help with evening meals, mash the potatoes. Weekly planner for meals, for example pizza night can choose the toppings".

People's health care needs were met. Health care professionals were positive about the support people received. The staff were always very good at communicating concerns or worries regarding people living at the home as well as seeking advice as to the best way forward with providing care for people. One health professional told us, "I can confirm that I have been a Social Worker for a client in this service for the last three years. The employees work extremely well in all areas to my knowledge, they communicate with me effectively and I have no concerns about their safety or practice in any areas. I will go so far as to say that I have often commented that it would be great if this service could be cloned due to the amazing service they provide in all areas".

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. Information about people's health needs was included within their care files and health plans including information as to what support people may need in relation to these.

Care plans provided information about a person's health, medication, care and communication needs. For example, we saw an epilepsy care plan which gave staff guidance about the type of seizures the person was

known to have. Action to take in case of an emergency with a flow chart to support staff to take a prompt response in an emergency.

The environment was appropriate for the care of people living there. People's bedrooms were highly personalised to their own tastes and preferences. For example, people had chosen their own colour schemes and décor. People's likes and hobbies were reflected in the pictures and ornaments they had in their rooms.

Good

Is the service caring?

Our findings

Relatives felt people were cared for by staff who were caring and compassionate in their role and that their loved ones were happy living at the home. One relative told us, "I'm convinced [person's name] is happy in 'his home'. Another relative said, "We always get the impression that our son's wellbeing is paramount". Other comments included, "Our son is quite impaired therefore his involvement is limited, but he is definitely happy there". As well as, "Very caring, in what can be a very challenging work". A health professional told us, "I have always found them to be caring, knowledgeable & helpful".

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. They demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they had got to know people in their care. Staff showed respect for people by addressing them using their chosen name and maintaining eye contact. For one person who could not express themselves verbally. When staff spoke to them they appeared to understand and often responded with smiles or sounds which indicated they were happy. People could move freely around the home and could choose whether to spend time in their rooms or communal areas.

Relatives said staff consulted with them and their loved ones about their care and how it was provided. One relative told us, "[person's name] is where possible encouraged to be involved with all aspects of his care where possible". Care plans were detailed and showed people were involved in the planning and reviews of their care. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have. Care staff respected people's rights to refuse care.

People were encouraged to be as independent as possible. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. Care plans promoted independence for example, one plan stated, 'Will shave independently for sixty seconds and staff will finish his shave. Staff to put shampoo onto hand for him to rub in and staff to rinse off'.

We observed positive, caring interactions between staff and people using the service. Staff demonstrated that they knew how people liked to be supported by the way they interacted with them. The staff also showed respect always and maintained dignity. It was very clear staff respected the people and the people using the service respected the staff. Staff told us they would knock on people's doors and identified themselves before entering. Staff spoke with us about how they cared for people and we observed that people were offered choices. Choices were offered in line with people's care plans and preferred communication style.

The registered manager told us how staff went the extra mile to ensure people were listened to and able to make their own choices. For example, one person had finished at college and staff were very focussed on finding social activities for the person to access in the local community. They wanted to join a dance class at

a local arts centre by choosing the photo symbol. Due to finding transitioning into new environments extremely difficult. Staff drove to the centre with the person where they watched what was happening from the window. After four weeks they were able to enter through the side entrance and has been involved in these sessions for the past eighteen months. As a result, they are now able to access another dance class as well which is a much larger group. This has been a great achievement as they can be noise sensitive, however they can tolerate the loud noises around them in the dance classes as well as the proximity of the group.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identified people who were important to the person. People and their families confirmed that the registered manager and staff supported their relatives to maintain their relationships.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People received personalised care and were supported to follow their interests and make choices about how they spend their time. One relative told us. "We are kept in constant contact regarding our son, and updated with photos and explanations of his days activities. This is particularly reassuring". Another relative said, "[person's name] is very happy and enjoys living there and looks forward to his own week of activities he has chosen to do". A third relative told us, "All aspects of the service are exceptional". A health professional told us, "The staff team have the qualities and skills to deliver effective care; they are very open and receptive to opportunities to learn new skills and are always committed to delivering a high-quality service".

People were involved in their care planning and care plans were reviewed every month by their keyworker. All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. Staff told us they reviewed care plans with people. Records of keyworkers monthly meetings showed that everyday life and the home were discussed. We spoke to a keyworker who told us, "I'm a keyworker for [person's name] I do a monthly report and the family are involved". Another keyworker said, "Keyworker for [persons' name] checking things with them. Making sure daily notes are up together, goals relevant, monthly reviews and newsletters and making sure signed for each month".

Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. Behaviour management plans were in place and were very detailed and advised staff on how best to support the person. For example, for one person they will chose a DVD to watch in the lounge and generally have related toys to accompany the film. Persons name will sit either on the sofa nearest the door or on the floor in front of the sofa. Persons name regularly likes to position the toys standing on the back of the opposite sofa. If they ask for help to stand them up say, '[person's name] can do it'. Staff are not to stand up for them or to reposition them as they fall back down which would cause heightened anxiety.

The service employed two speech and language therapists who were shared with the providers other services. We spoke to the speech and language therapists. They told us, "All staff at Penny Farthing receive induction training from the Speech and Language Therapists around total communication. They are very enthused about being trained by the Speech and Language Therapists in Talking Mats, which we will support them to use to help the residents make more informed choices. So far, we have provided indirect intervention through delivering communication passport training, which the staff team have then developed themselves alongside the individuals who live at Penny Farthing. The staff team know the residents really well as demonstrated through the development of the communication passports".

People had communication passports in place. These contained communication signs and their meaning and enabled staff to understand what people wanted to do, or how they were feeling. The registered

manager told us, "Our focus for the coming year was to develop our communication tools used to evidence resident's choice and informed decision making".

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people living at the home. They told us they had pictorial information and easy read documents in place for people. We saw this information was displayed around the home. These included easy read information for, building the right support, protecting adults at risk, compliments and complaints, DoLS, personalisation, the equality act and making equality real and CQC making sure people are treated equally and fairly.

Staff were aware of people's interests and how people liked to spend their time. Newsletters were produced each month for each person which showed photographs of people attending different activities each month. One staff member told us, "Residents go out every day, they are kept busy". Another staff member said, for one person they like to, "Go off for a picnic in the New Forest likes the drive and walk".

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. A relative survey was send out annually. The feedback from the latest quality assurance survey, showed relatives were happy with the service at the home and the responses were positive about the care and support they received.

People and their relatives knew how to make comments about the service and the complaints procedure was prominently displayed. The home had a complaints procedure which was also produced in an 'easy read' format. No complaints had been received since our last inspection.

A compliments book was in place at the home and recent feedback from a health care professional stated, 'well presented home, friendly staff, extensive paperwork in place. Very open and honest about individual being discussed'. As well as, 'well organised review, parent's opinions valued and staff very knowledgeable'.

Good

Is the service well-led?

Our findings

Because of people's complex needs, they were unable to tell us about their views of the leadership and management of the service, however all the relatives we spoke with told us they felt this was a well led service. One Relatives told us, "Management have been very helpful and informative, always keeping us fully advised of [person's name] development, strategies, progress and needs. Also, being involved in all meetings, reviews regarding [person's name]". Another relative said, "Since [registered managers name] has been in charge, things have definitely improved with parents being more involved with the care provided". A third relative told us, "We have visited lots of different care home before. We can be sure that without this level of excellent high-quality care [person's name] would not have made progress so he can get the best out of life and enjoyment of living". Other comments included, "Caring very professional and always very open and honest with us".

Staff were positive about the support they received from the registered manager and management within the home. One staff member told us, "Management are approachable really easy to talk to". Another staff member said, "Management are brilliant, very helpful with me". Staff told us they also enjoyed working at the home. One staff member said, "I really enjoy it here. Every day different, the team are amazing, everybody approachable and helps. I've never had that in a job before". Another staff member told us, "Just think brilliant place to work and feel very comfortable working here". Other comments included, "I enjoy working here nice atmosphere feels like a big happy family".

Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. A yearly survey questionnaire was send to all staff. The registered manager told us, "Staff survey looking at benefits for employees and families and how to improve services".

Staff meetings were also used to improves quality for the people living at the home. Staff meetings minutes from March 2018 showed using video reflective practice clips to aid learning and promote best practice. It showed a morning routine for one person including communication. When staff reflected on their practice it was highlighted staff were doing things slightly differently which provoked a discussion on best practice to improve care for people.
The registered manager and other senior staff working in the home used a system of audits to monitor and assess the quality of the service provided. These included medicines, infection control, health and safety, safeguarding and finances. Where issues were identified, remedial action was taken. In addition to the audits management walked around the home looking at improvements to people's rooms.

The registered manager informed us they kept up to date by attending training and publications on line. As well as attending meetings with other managers from the provider's homes to share best practice. They also worked with the providers Internal therapy team which consists of speech and language therapists, occupation therapist and behaviour support therapist.

There was an open and transparent culture in the home. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The provider had appropriate polices in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way if people came to harm.