

# Education and Services for People with Autism Limited

## Montpelier Terrace

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Montpelier Terrace is a residential care home providing personal care to 4 people at the time of the inspection. The service can support up to 6 people.

### People's experience of using this service and what we found

#### Right Support:

Staff had supported people at the home for a long time. There were positive relationships with people and staff knew their needs extremely well. Staff supported people to engage in their chosen activities and to access the community. 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.

#### Right Care:

Staff understood how to communicate effectively with people so they were empowered to make choices. Staff treated people well and with dignity and respect. Relatives were positive about the service and felt their family members were safe and well cared for.

#### Right Culture:

The service had a family orientated, person-centred culture. People's needs were prioritised and there was good communication with relatives and professionals. The registered manager was committed to on-going improvement to ensure people led fulfilling lives.

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

The last rating for this service was good (published 21 April 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Montpelier Terrace on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Montpelier Terrace

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

An inspector carried out this inspection.

#### Service and service type

Montpelier Terrace is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Montpelier Terrace is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to

Speak with us.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

We spoke with 3 people and 2 relatives. We spoke with 3 staff; the registered manager and 2 support workers. We reviewed a range of documents relating to the safety and management of the home. We carried out further visits to the service at tea-time to spend time with people.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems which helped keep people safe from abuse. Safeguarding concerns had been referred to the local authority, investigated and recommendations implemented.
- People confirmed they were happy living at Montpelier Terrace and had no concerns about the service. Staff and relatives felt the service was safe. A person said, "It is good here, it is a really nice place". A relative commented, "[Family member] is absolutely safe."
- Staff understood the whistle blowing procedures and were confident to raise concerns, if needed. One staff member told us, "I would be really confident [to raise concerns], we have a really good team."

Assessing risk, safety monitoring and management

- The provider had established systems to assess and manage potential risks to people's safety. For example, detailed risk assessments had been completed to enable people to travel independently on public transport.
- Staff were trained to support people sensitively when they were distressed. Physical restraint was not used in the service.
- Health and safety checks, intended to keep people and the premises safe, were up-to-date. The provider had procedures to safely evacuate people in emergency situations, if needed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient staff deployed on duty to meet people's needs, including their social needs, in a timely way.
- Staff felt staffing levels were at an appropriate level, which allowed them to provide the support people

needed.

- New staff were recruited safely.

#### Using medicines safely

- Medicines were managed safely. Medicines administration records confirmed people received their medicines on time. The registered manager completed regular checks to ensure any issues were identified and resolved quickly.
- Support workers completed safe handling of medicines training and had their competency assessed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following Government guidance regarding visiting in care homes. There were currently no restrictions on visiting.

#### Learning lessons when things go wrong

- The provider had effective systems to review incidents, check appropriate action had been taken and identify learning.
- Individual incidents and accidents had been investigated and addressed.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and staff team were committed to providing person-centred care. Staff had worked with people for a long time and knew their needs extremely well. A relative told us, "[Family member] gets on with the staff. Staff know [family member] really well."
- Staff confirmed there was a positive, person-centred culture within the home. One staff member told us, "We try to give people the best quality of life we can."

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

- The registered manager and staff understood and acted on the duty of candour, to promote open communication and keep people safe.
- The provider was proactive in submitting the required statutory notification for significant events at the home.
- The registered manager left the service in between our visits. There were interim arrangements in place, whilst a new manager was being recruited. Staff described the interim managers as supportive and approachable. One staff member said, "[Managers' names] are a really good asset. We have a really good team of seniors."

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

- There were opportunities for people, relatives and staff to give feedback about the service. A relative said, "Communication is good, they contact me frequently."
- The most recent staff meeting was in May 2023. Due to the small nature of the service, staff could approach management at any time to share their views.
- The provider consulted annually with people, relatives and staff. Feedback from the most recent satisfaction surveys in 2022 was positive.

Continuous learning and improving care; Working in partnership with others

- The provider had a structured approach to quality assurance. The registered manager and senior staff completed regular checks focusing on the quality and safety of the service. These had been effective identifying issues and taking action.

- The provider completed periodic quality assurance visits. The most recent visit in May 2023 was positive with no issues identified.
- The provider worked with other professionals and services to work towards positive outcomes for people.