

National Autistic Society (The)

Pelham Manor

Inspection report

31 Pelham Road
Gravesend
Kent
DA11 0HU

Tel: 01179748400
Website: www.autism.org.uk

Date of inspection visit:
02 August 2016
03 August 2016

Date of publication:
22 September 2016

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

We inspected Pelham Manor on the 2nd and 3rd of August 2016. Pelham Manor provides care and support for up to seven people. Accommodation is provided in one large detached building located near the town centre. Bedrooms were located on the ground and first floor of the building. There was a communal garden, one social communal area, one private area and a dining room. There were six people living at Pelham Manor at the time of the inspection.

This service was previously inspected on 21 July 2014 and we issued one requirement notice in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to make improvements in relation to documentation not being accurately maintained for day and night time records and this action has been completed.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had good knowledge of safeguarding adults and knew what actions to take if they suspected abuse was taking place. The provider had ensured that appropriate employment checks had taken place to ensure that staff were safe to work with people at the home. There were sufficient numbers of staff to keep people safe. The provider had a system in place that allowed the registered manager to recruit more staff when the numbers of people living at the home increased. The provider gave staff appropriate training to meet the needs of people. Staff received supervisions and appraisals from the registered manager.

Medicines were stored securely and safely administered by staff who had received appropriate training. Staff were recording the storage temperatures of the medicine cabinet but were not recording what actions were taken when reporting high temperatures. We have made a recommendation for improvement.

The principles of the Mental Capacity Act 2005 (MCA) were applied. People were being assessed appropriately and best interests meetings took place to identify least restrictive methods. Staff had received training on MCA and had good knowledge. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for daily living needs that were personalised for the people staff supported. People were given options on what they would like to eat and those that required support to eat were supported. Relatives told us and records showed that people were involved in the planning and the reviews of their care plans.

People were being referred to health professionals when needed. Records showed that people were being supported with routine health appointments with their GP, dentist and chiropodists.

People and relatives spoke positively about staff. Staff communicated with people in ways that were understood when providing support. People's private information was stored securely and discussions about people's personal needs took place in a private area where it could not be overheard. People were free to choose how they lived their lives. People could choose what activities they took part in and would decorate their bedrooms according to their own tastes.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Records showed that outcomes of the investigations were communicated to relevant people. People and their relatives were encouraged to give feedback through resident meetings and yearly surveys. The provider had ensured that there were quality monitoring systems in place to identify shortfalls and the registered manager acted on these appropriately.

People, relatives and staff spoke positively about the registered manager. The registered manager had an open door policy that was used by staff.

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 was safe.

People were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns.

Medicines were being stored securely and administered by staff who had received appropriate training. However, staff were not recording what actions were taken when storage temperatures were being recorded as being too high.

The provider had ensured that there were sufficient numbers of staff to provide care and keep people safe.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 were applied in practice. The provider had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards.

Staff received appropriate training to give them the skills and knowledge required to support people living at the service.

People were supported to attend routine appointments. People were being referred to healthcare professionals in a timely manner when needed.

Is the service caring?

Good ●

The service was caring.

People and relatives spoke positively about staff and told us they were happy with the service that they were receiving.

People and relatives told us they were involved with the planning and reviews of their care plans.

Staff demonstrated good knowledge of the people they

supported. Staff treated people with dignity and respect.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Activities were personalised to people's needs. People were free to choose what activities they participated. Staff would respect people's decisions.

People's friends and family were made to feel welcome by staff when they visited.

The provider had ensured that complaints were appropriately responded to and included full investigation and outcomes.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke positively about the registered manager. Staff told us they felt supported and could approach the registered manager with any concerns.

The provider had ensured that quality monitoring systems were in place to identify shortfalls and make improvements to the service.

The provider had ensured that all policies were up to date and that staff had seen them.

Pelham Manor

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.

We inspected Pelham Manor on the 2 and 3 of August 2016. This was an unannounced inspection. One inspector carried out the inspection. This service was previously inspected on 21 July 2014 and we issued one requirement notice in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. The registered manager had not received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report.

During inspection, we spoke to three people who lived at the service, four care staff, four relatives, the deputy manager and the registered manager. We made observations of staff interactions and the general cleanliness and safety of the home. We looked at four care plans, three staff files, staff training records and quality assurance documentation.

Is the service safe?

Our findings

People and their relatives told us they felt safe at the service. One person told us, "I feel safe living here." One relative told us, "I have absolutely no concerns with safety." Another relative told us, "All the people living there are in safe hands."

People's specific medicines were not always being stored correctly according to the manufacturer's guidance. Staff on a daily basis were recording temperatures and on occasions, the temperature was shown to be over 25 degrees Celsius. One person's medicine stated on it that it should not be stored over 25 degrees Celsius. If medicines are stored at temperatures above what is recommended this could limit the medicines effectiveness. We asked staff what they would do if the temperatures were too high and we were told that they would ventilate the rooms and there are fans on site that can be used to assist cool the room. However, on this occasion it was not documented what course of action was taken.

We recommend that the provider seeks guidance on the safe storage of medicines and take action to update their practice accordingly.

People's medicines were being managed and administered safely. We observed one person being administered their medicine and this was done in a respectful and caring way with staff giving clear guidance to the person on what they were taking. Two members of staff were involved with the administering and management of medicines and this was described in the provider's medicine policy. One member of staff told us, "We have one member of staff who assists and another checks the amounts given are correct." Staff complete a medicine audit each day to ensure that the amount of medicines being stored are correct. We checked people's medication administration records (MAR) and staff were accurately signing who administered them. Only staff that have completed medicine training and had been checked by management were allowed to administer medicines. We checked a sample of medicines that had been supplied in blister packs against the MAR's. The amounts remaining in the blister packs matched what was recorded as having been administered. Protocols were in place for the administration of medicines that had been prescribed on a 'when required basis'. Guidance was given to staff on how to identify if a person was in pain. One person's care plan stated that the person will say a specific word or hold the hands of staff to show that they are experience discomfort or pain. The guidance instructs staff to take the person's temperature, to observe the person throughout the day, give paracetamol and to refer to the GP if symptoms worsen or they last for three days. Care plans contained information on people's allergies and an up to date list of their medicines.

People were protected against abuse by staff that had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "Safeguarding is protecting people from all types of abuse. If I had any worries I would report it to the manager." Another member of staff told us, "I know the manager would act appropriately to any concerns but I know I could go high or to the social services." The registered manager investigated any concerns reported by staff and would inform the local authority if required to do so. A safeguarding folder recorded all previous safeguarding referrals and their outcomes. The provider had a clear and up to date safeguarding policy that staff were made aware

of.

The provider had ensured that there were arrangements in place to keep people safe in an emergency. There were contingency plans in place that were reviewed on a yearly basis. The contingency plans gave staff guidance on how to react to a specific emergency. For example if there was a gas leak, fire or unexpected staff absence. The guidance included specific numbers to call and where people could be relocated if the service could no longer function safely. People had a personal emergency evacuation plan that were personalised to their needs. For example, one person's evacuation plan stated that they would require the support of two staff to evacuate the building. Another evacuation plan told us that the person could evacuate the building independently.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. People had risk assessments that were personalised to their needs and these were reviewed on a regular basis and adjusted if a person's needs had changed. Assessment covered risks such as sports activities, accessing the local community and going on holiday. Where appropriate, people had moving and handling risk assessments and guidance was made clear so that staff would provide appropriate support. Risk assessments also provided guidance to staff about people's specific health conditions such as epilepsy. In the event of an accident or incident, staff were aware of the provider's policy and procedure. One member of staff told us, "If there was an accident I would make sure the person was ok and then I would fill out the accident and incident form and let the manager know."

There were sufficient number of staff to support people's needs and the staffing rota showed that staff were organised in an appropriate way. Where people required two staff members to support them when out in the community additional members of staff were brought in so that there were no disruptions to others who required support. During the day, there are four members of staff to six people and this was increased to five if people required two to one care. During the night, there were two members of staff available to provide, support if it was required.

People were protected from unsuitable staff because the provider had an effective recruitment and selection process in place. Staff files included completed applications forms, two references and photo identification. Staff records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with adults at risk.

Is the service effective?

Our findings

People and their relatives spoke positively about staff. One person told us, "The staff are amazing." One relative told us, "The staff are very good and know what they are doing." Staff received a full training schedule that gave them the skills and knowledge required to support people and this was recorded on the training schedule. The registered manager could use the training schedule to identify when staff were due a renewal of specific courses so that these could be booked within the provider's policy guidelines. One member of staff told us, "We do receive a lot of training and we do have additional training that we can go on if we want to." New members of staff went through an induction process that gave them time to go through policies and initial mandatory training. All new staff were put forward for the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. One member of staff told us, "I had nine days of training and four shadow shifts and they have put me on the Care Certificate." Records demonstrated that staff received regular supervisions and a yearly appraisal. Staff told us they were receiving regular supervisions and these are assisting them to develop.

The provider took into account the principles of the Mental Capacity Act 2005 (MCA) when assessing people's capacity to make specific decisions. The 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. The registered manager completed a mental capacity assessment for each person at the service for personal care and for any other decision specific activities that may require an assessment. If a person lacked capacity to consent to personal care, the mental capacity assessment identified that a best interest meeting took place, who took part in the decision process and clearly stated the best interest meeting conclusion. The training schedule showed that all staff had received MCA training. We questioned staff on the principles of MCA and they demonstrated good knowledge. One member of staff told us, "You must always assume that someone has capacity to make a specific decision." Another member of staff told us, "If someone does not have capacity to make a decision then a best interest meeting must be held. The outcome should be the least restrictive method".

The registered manager applied for Deprivation of Liberty Safeguards (DoLS) for people living at the service appropriately. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff demonstrated a good understanding of DoLS and could identify which people living at the service were under DoLS and why. One member of staff told us, "DoLS is when you restrict someone's freedom such as leaving the house without supervision. You must go through the MCA process before applying."

People had access to a good balanced and nutritional diet. One person told us, "I enjoy the food and I enjoy cooking it." There was a six week basic menu plan that can change day to day depending on if people change their mind. Each person has a night they cook their choice of meal for everyone. The registered manager told us, "If someone does not want what is being cooked then they can have something else." No

one at the service was on a special diet but guidance was available to staff for those that needed support with eating and drinking. During meal times, staff were seen to be supporting those that needed it appropriately and in line with the guidance given. Records showed that people were being weighed weekly and that people's weight were being maintained. Records did not identify why there were gaps on the weight charts.

Staff were supporting people with their routine health visits. Professional health visits were being recorded effectively and clearly identified who attended, why and the outcome of the visit. These visits included GP's, nurses, dentists, opticians and chiropodist. Future appointments were also recorded and included medicine reviews with GP's, blood tests and hospital visits. A member of staff told us, "We make sure this information is clear so that we put in place the appropriate support on the day."

Is the service caring?

Our findings

People and relatives spoken to said the care delivered was good and the staff were friendly, kind, caring and respectful. One person told us, "I like all the staff here, they make me smile." Another person told us, "I am very happy living here." One relative told us, "The staff are so caring and supportive to all the people living there." Another relative told us, "The staff are great and really understand their needs." Staff were seen to be kind and caring towards the people they supported. One member of staff was assisting a person to put on a wrist support. The member of staff was gentle, explained to the person throughout what they were doing, and asked the person if they were doing it correctly. After the member of staff asked the person if the wrist support was comfortable, to which the person gave a gesture that was documented in the care plan as being positive. During inspection, one person approached a member of staff and asked if it was ok to use a different ingredient in the dinner that was being prepared. The member of staff asked the person for their opinion if it would work and both agreed that it would be good to give it a go. People's religious preferences were documented and respected by staff. Staff would support those who wanted to attend religious services or classes and respected their religious preferences that were recorded in people's care plans.

People and their relatives were involved in the planning of their care. One relative told us, "We are all involved with the care plan." Another person told us, "We attend a yearly review but the staff always keep us informed if there are any changes." The registered manager recorded all reviews and people and family members were signing to say that they were involved. The care plans we looked at included all required information to provide person centred care to each person. Guidance was given on how autism affected the person. For example, one care plan told us that a person would communicate in a certain way to show that they are distressed or unhappy. Another care plan told us that staff should check if a person is ok by asking simple closed questions to identify if the person is enjoying themselves during an activity. Each person had a one page profile that identified what is important to that person. One of these profiles told us that a person likes to follow a daily routine and enjoys going swimming. People's routines were on display in the dining room. Each person's daily activities were clearly labelled with pictures and which member of staff would be supporting them on that day. Activities noted were swimming, cooking and attending a day service.

Staff demonstrated that they had good knowledge of the people they supported and fully respected their privacy and dignity. One member of staff told us, "One person can get distressed and can throw items or push furniture. This is that person's way of letting us know that they have had enough of the activity." This was documented in the person's care plan. Another member of staff told us, "One person required prompting when washing. I make sure I speak to that person clearly so that the instructions are understood." This was documented in the person's care plan. All staff spoken to stressed the importance of people's privacy and dignity. One member of staff told us, "I always make sure the person is covered up during personal care." Another member of staff told us, "People are entitled to their privacy and we do all that we can to ensure that it is respected at all times. This includes making sure the doors are closed when providing personal care."

People living at the service were encouraged to be as independent as possible. Staff told us that it was important that they encourage people to be as independent as possible by providing the correct support.

One relative told us, "The staff give my relative so much confidence. They help with clothes, make up and nails. There has been a vast improvement and is starting to take part in activities that would have never been considered before moving there." One member of staff told us, "This support gives the person the opportunity to be more confident and more independent because of it."

People's goals were updated regularly to show how people are reaching them and becoming more independent. For example, one person long term goal is to live independently. The care plan identifies what plans are in place for this to be achieved, for example, assistance with budgeting and housekeeping and what has been achieved.

People's private information was respected and kept secure at all times. People's personal information was kept in a locked cabinet that only staff had access. Staff were seen to never discuss people's individual needs in public areas. Handover of information took place in a private area of the home that could not be overheard by people, relatives or visitors. One member of staff told us, "We do not talk about people's personal concerns publically. We have a quiet room we can use to discuss confidential matters."

Is the service responsive?

Our findings

People were encouraged to make choices that gave them control on how they would like to live their lives. One person told us they decorated their room and that they have a love for animals. The person's room was decorated in a way that suited their taste and their interests. A member of staff told us, "People make their own choices and we support them in the decision making process." Another member of staff told us, "It is important that we give people options so that they can choose what they want to do." People chose where they wanted to go on holiday. The registered manager told us, "Each person has one holiday a year for seven days. People always get a choice, this year some chose to go to the Isle of Wight and others went to Weymouth. One person chose to stay at the home and went on outings to new places each day." These events were documented in people's care plans. Care plan gave staff guidance on decision making that was specific to each individual. In one care plan, it told us that staff should give the person the choices and wait 30 seconds before asking again. People were supported to vote in elections and care plans included an upcoming local election postal voting forms. The registered manager told us, "It is up to the people living here if they want to vote but we do support them to do so if they wish."

People's likes and dislikes were documented in their care plans so staff could consider this when planning care. One person's care plan told us that a person did not like mushroom and sweetcorn. Another told us that a person likes puzzles, planes and boats. Staff told us, "We make sure that people have the opportunity take part in the things they like. Today we are taking one person to see the boats along the river and marina." This was documented on the individual activity board. Another care plan told us that a person does not like waiting, especially for a doctor." A relative told us, "The staff supports the person to our family home so that a doctor can come and visit instead of waiting at the hospital." Each care plan had a life history of the person. The life history included family members and history, what school was attended, and any significant experiences including medical history such as operations a person may have had.

People's care plans were reviewed and developed on a regular basis. One care plan documented a change in need that resulted in a move to another room that better suited the person's needs. One family member told us, "They are so supportive when it comes to moving to another room, they help with everything from moving furniture to decorating." Records demonstrated that people's individual goals and aspirations were being updated accordingly. One care plan told us that a person wanted to become a volunteer at a local charity. Another care plan told us that a person wanted to go out independently without having to ask staff for support. This was noted to be completed with appropriate risk assessments put in place and was observed during inspection.

People could choose what activities they participated in and these were personalised to their needs. It was documented in care plans that some people enjoy going swimming or go to the gym. Records show that people were attending these activities on a regular basis. One care plan stressed the importance of one person taking part in regular physical activities to encourage movement of arms and legs. Another care plan told us that one person enjoys doing puzzles. A relative told us, "The staff went out of their way to get hold of puzzles that were suitable. If they saw one when they were out and about they would pick it up." There were house themed evenings six times a year, this included special activities for yearly events such as Halloween

and Easter but also includes events that make the year special. The registered manager told us, "This year we will be having a Brazil themed party to celebrate the Olympics in Rio." Relatives told us that they were invited to the events that also included summer garden parties and people's friends from outside the home could attend. One relative told us, "It is perfectly acceptable to organise a party for someone's birthday at the home and the staff get everything arranged for it, such as the food and changing the layout."

People and their relatives were encouraged to give feedback on the service they received. There was a yearly survey for people and their relatives to complete. One relative told us, "We take part in the surveys." Another relative told us, "Everyone really listens to us and they always act on it positively." Records showed that residents meetings took place on a regular basis and gave people and their relatives a chance to recommend any improvements, or make any group decisions on the running of the home. For example, when communal areas were to be refurbished people would be able to discuss what they would like to have in terms of colours and trimmings. The provider had a clear up to date complaints policy that was communicated in way that was easy to understand and made available to all people living at the service and their visitors. Relatives we spoke to told us they knew how to complain if the need arises. Complaints were being recorded but there were no recent complaints logged. The records of historic complaints showed that a full investigation took place and that the person who made the complaint was formally acknowledged and responded to with an outcome.

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the registered manager. One person told us, "The manager is very friendly." One relative told us, "The manager is well on top of running the home well." Another relative told us, "The manager is very approachable and always listens." One member of staff told us, "The manager gives me all the support I need." Another member of staff told us, "The manager is good and gives us opportunities to express our views."

At our last inspection in July 2014, the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010. This was because documentation was not accurately maintained. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements. At this inspection, we found improvements had been made and the provider is now meeting the requirements of the regulation.

People's records were updated monthly or when required by staff. People's daily notes included all information on what that person did during the day. People's night time notes were being updated by staff and recorded when people were being checked on, if required. Staff were seen to be updating people's daily notes during inspection.

The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirements were made to the Care Quality Commission. A notification is information about important events that the provider is required to tell us about. The registered manager was open and transparent and was happy to discuss the notifications made and any improvements from them. For example, following one incident that led to a safeguarding referral the registered manager carried out an investigation and put in place a system that would greatly reduce the risk of any similar incident happening again. The provider had ensured that policies and procedures were being updated and the registered manager communicated these policies to staff through staff meetings. Staff demonstrated a good understanding of the policies and procedures that included safeguarding, whistleblowing, moving and handling and medicine policy.

The provider had ensured that there were effective processes in place to check the quality of the service and identify any shortfalls. Staff completed a medicine audit daily and it was discovered that the information provided by the pharmacy on people's medicine records did not fully correspond with the guidance for when to take the medicine from the GP. One person's medicine records stated that a person should be taking a certain medicine in the morning and at night but should only be taking them every other day in the morning. Another person's records stated that someone should take their medicine in the morning, lunchtime and teatime. The person should not be taking these medicines at lunchtime. The registered manager had informed the pharmacy of the errors and has changed people's records to reflect when medicine should be taken. No one received an incorrect dose of medicines as staff were aware of the errors before administering the new medicines.

The provider carries out a yearly fire risk assessment on the premises. On the previous fire risk assessment, it was identified that there was a concern with the safety of people living at the service if there was a fire

overnight. The fire risk assessment stated that keys are not normally accepted for opening fire doors in an emergency and that the service should carry out fire drills over night to ensure that the processes they use are safe. Since this, the registered manager carried out two evacuations and from these had had extra keys cut for all exit doors along with the zone keys for fire alarms. It is also documented that the waking night and sleep in member of staff have a set of keys on them at all times. The registered manager is also exploring the feasibility of installing green box emergency exits.

The registered manager used surveys and meeting as methods for gathering views of people that used the service, their relatives and staff. The last annual survey shows a good response from all people that participated and produced positive results. All people that completed the survey said that they either strongly agreed or agreed with the question that they are happy with where they live. From the survey it was clear that people were happy with the activities they participated in and with staff listening to them. Relatives of those living at the service also responded positively. All relatives surveyed agreed that their family member is supported to be as independent as possible. Staff meetings took place on a regular basis and gave staff the opportunity to get involved with the management of the service both at home and provider level. At the previous meeting, staff were asked for their views on the provider's whistleblowing policy before an updated version was to be finalised. Staff told us that the meetings that took place every month were useful and gave them a platform to express their views. One member of staff told us, "From the meetings we have seen improvements to the garden areas in time for the summer that included a new barbecue and summer house."