

Autism Wessex

# Autism Wessex – Manor Road

## Inspection Report

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Date of inspection visit: 14/05/14  
Date of publication: 19/11/2014

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# Summary of findings

## Overall summary

Manor Road is a care home that provides personal care and accommodation for up to four people living with autism. At the time of the inspection there were four people using the service. The people who received care at the home were younger adults. All of the people living at the home required support with their daily living and communication.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider

People living at the home had their right to move freely around the home respected. The staff ensured that people were involved in activities outside of the home based on people's wishes and aspirations. Each person had their own private bedroom that was furnished to their own taste and needs. They were responsible for keeping their own room clean with staff support

We found that people had been involved in decisions about their care and the risks they took. People were consulted about their needs and staff took action to meet these needs. The staff had developed communication methods with people to ensure that they had opportunities to comment on the service on offer. Each person had a care plan that outlined their needs and the support required to meet those needs. People received care that met their physical and social needs.

All staff demonstrated a good knowledge of autism and how this impacted on a person's wellbeing which meant that staff treated people with respect and dignity. The staff had opportunities to further their knowledge of care through training and demonstrated they were putting their training into practice.

The system in place to ensure medicines were given as required protected people from the risk of the inappropriate use of medicines. There was a medicines auditing system that ensured that the dispensing of medicines was safe and that staff were suitably trained.

People's relatives we spoke with said that staff treated people with kindness. We observed that staff assisted people with their care needs in an unhurried manner.

There was a management structure in the home that provided people with clear lines of responsibility and accountability. The registered manager had carried out quality monitoring to assess the quality of care provided and plan on-going improvements. These systems were effective.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

People living at the home were safe. This was demonstrated through the observation of the interactions between people and staff and evaluation of records used at the home.

People lived in a home that was clean and well maintained.

Staff were aware of people's individual behaviours and how to avoid situations that would cause distress to people. The service had a system in place to ensure that any incidents of anxiety and distress were evaluated to ensure that lessons were learnt and similar situations avoided. The records evidenced that the system worked in practice.

The service had systems in place to ensure the safe administration of medicines. Staff had received on-going training in the safe administration and storage of medicines. This ensured that people were supported with medicines in a safe and consistent manner.

There were systems in place to verify that new members of staff were suitably qualified to work with vulnerable adults. The service had an induction procedure that assisted new members of staff to understand autism and how to effectively work with those people living with autism.

The staff were aware of their responsibilities to protect people from abuse and had received training with regards to this issue. The staff were able to tell us about how to report concerns and ensure that people were protected from discrimination and abuse. They had also received training with regards to the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

### **Are services effective?**

The support given to people was effective. Staff knew people's routines, their likes and dislikes and when to encourage people to enable them to be as independent as possible. People had a range of communication methods that staff knew well which enabled them to interact in a positive way.

There were systems in place to ensure that people's health care needs were monitored. When required, people attended other health care professional's clinics for assistance. When people could not attend outside clinics the staff worked with other professionals to bring the services to the home.

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## **Are services caring?**

We observed people's interactions with staff. These interactions were positive and respectful. Staff knew when to encourage and when to wait patiently for people to understand the information that they had been given.

Staff met people's care needs in a caring manner such as helping people to make choices and offer alternatives when required. Staff ensured that people had opportunities to contribute to the running of the home giving them a voice.

Staff used a range of communication methods to ensure people were included in things that mattered to them. These ranged from symbols and pictures to visual plans of people's preferred routines. This meant that people's individual styles of communication were understood by staff which in turn helped ensure a personalised service.

The staff worked as a team to ensure they provided a positive environment where people living at the home could feel safe which is important in people's development and self-esteem.

## **Are services responsive to people's needs?**

The staff were responsive to people's needs. The people living at the home had a range of activities available to them based on their personal preferences. There were effective systems in place for people to choose how they spent their time.

The staff worked hard to identify opportunities for people to become involved in taking into account the financial restraints placed on people living at the home. This meant people had active lives.

The staff were organised in such a way as to ensure that staff who had developed a good understanding of a person's needs and generally worked with the same person. This approach to consistency helped to ensure people were supported by people they had developed a relationship with and was effective at meeting people's needs.

## **Are services well-led?**

The home was well led.

There were systems in place to assess and monitor the quality of care provided. There were systems in place to monitor other areas of staff support and practice at the home such as medicines administration and infection control practices. These systems

## Summary of findings

identified areas for improvement and the management of the home had developed an action plan to address the issues identified. This meant that where areas of development were identified the registered manager had a plan to address these.

The staffing structure provided staff with on-going day to day support through senior care staff and deputy manager. The staff were receiving formal supervision, where staff talk with their line manager about their work which supported staff's understanding of how to work with people living with autism.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke to two relatives of people living at Manor Road following the inspection. They told us they were happy with the care provided and that their relative was treated with the upmost respect.

One relative commented that: “The staff treat people living at the home as their friends.” One person told us: “You could not wish for better care, I have never had any concerns that staff are anything other than professional caring people”.

Relatives told us that they considered the home was open to new ideas and they were confident that they could raise issues with the staff knowing that they would be listened to.

We observed that people were relaxed in the company of the staff. The staff gave people choices and guidance when negotiating with people about what they would like to do during the day. We observed that people living at the home were involved in the daily routines of the home in order to either develop or maintain as much independence as possible, such as shopping for food or maintaining voluntary employment opportunities.

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## 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

This inspection was carried out on 14 May 2014. During the inspection we spent time observing and talking with people who used the service and members of staff at the home. The people who lived at the home were unable to verbally express their views as a result of their autism. We therefore spent time observing care practices and interactions in the home. We spent time observing care in two areas of home and used a short observational framework inspection (SOFI) to observe staff and peoples interaction during a period in the afternoon. A SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. At our last inspection on 13 September 2013 we did not identify any concerns with the care provided to people.

During this inspection we looked around the premises, spent time with people in their personal rooms and in shared areas, such as the lounge. We observed care for a period of time in the afternoon when staff were supporting people living at the home. We also looked at records which related to peoples' individual care and to the running of the home.

We reviewed four peoples' care records, staff files and a selection of the home's policies and procedures.

At the time of the inspection there were four people living at the home. We spoke with two of these people and others briefly but their comments did not relate to the inspection. We spoke with two relatives following the inspection by telephone, five members of staff and the registered manager.

# Are services safe?

## Our findings

The service had systems in place to ensure the safe administration of medicines. We looked at the records relating to medicines and found they were kept in good order. A medicines audit had been carried out on 28 March 2013 which found that no improvements were needed in the recording and administration of medicines. We noted that staff working with the people living at the home had received training in medicines administration. This ensured that people received their medicines at times they needed them.

The staff were aware of people's behaviours that may put the person or others at risk. We saw that people had recorded support plans to help staff work in a consistent way when they became anxious or distressed. All incidents of behaviours likely to put people at risk were recorded and the home had a system in place to enable staff and others to learn from the incidents. For example if an incident occurred immediate action was taken by staff to protect people from harm. The incident was then recorded in detail and the recording evaluated immediately by the management at the home. This ensured that staff learnt from the incident and developed strategies to avoid the situations that could cause harm.

The home was clean. We looked around the home in the shared areas and people's private rooms with their permission. The staff we spoke with told us that people are responsible for keeping their private rooms clean with staff support (taking into account people's abilities).

The staff were aware of the risks of cross infection and how to minimise these risks. We spoke with staff who told us about the infection control policies at the service and how they minimised the risk of cross infection. They gave examples such as people only used their own towels, which they took into the bathrooms only when needed, and

ensuring the laundry is washed at high temperatures when required. The staff identified that one member of staff was nominated as an infection control lead person who they could go to for advice and guidance.

Staff were aware of the Mental Capacity Act 2005 and how to ensure people in their care had their rights protected. The registered manager had an in-depth knowledge of this issue and supported the staff with their understanding of recent changes in legislation and the impact this would have on their practice.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. (Deprivation of Liberty Safeguards ensures that people are not unlawfully deprived of their civil liberties). We found the home was meeting the requirements of the Deprivation of Liberty Safeguards. Whilst the staff had not made an application to deprive a person of their liberty relevant staff had been trained to understand when an application should be made, and in how to submit one. We noted in people's care records that some of the care practices could be seen as a deprivation of liberty. We discussed our observations with the registered manager. They told us that in line with recent changes in legislation they had plans in place to review all of the care practices. This meant that people's rights were protected at the home.

The staff told us they had received training in the protection of vulnerable adults. The training records confirmed this. The staff we spoke with could inform us of the correct procedures to follow should they be concerned that people were at risk. This meant the provider had taken steps to reduce the risk through raising awareness of the protection of vulnerable people.

The records relating to staff recruitment were good. We looked at three people's recruitment records that showed all appropriate checks had taken place and references sought before a person started working at the home. This meant that there were systems in place to ensure that prospective members of staff were safe to work with vulnerable adults.



# Are services effective?

(for example, treatment is effective)

## Our findings

The support given to people was effective. Staff knew people's routines, their likes and dislikes and when to encourage people to enable them to be as independent as possible.

We spoke with two staff that were supporting a person with complex behavioural needs. They told us about the routine the person had and why it was important to the person. We looked at the person's care records that reflected what staff had told us. We observed the staff supporting the person. We observed that staff were patient and unhurried, they knew when to prompt the person, when to wait and how to communicate with the person using simple but direct words to encourage them. We observed that the person responded well to the staff support and was comfortable in the company of their support workers.

People were supported to express their views about their care and support. The staff used a variety of communication methods such as picture boards and symbols in order to gain people's views. This information was then used to develop people's support care plans. Relatives told us they were always informed of issues as they presented. They also told us that they understood that it was their relative's decision if they were contacted and felt that staff respected their relative's wishes.

People's care records evidenced that their developing needs were kept under assessment through staff meetings, evaluation of care records and incident analysis. Where

people had emerging needs that were not contained within the current care plans, amendments were made to meet these needs. An example of this was evidenced in the care records which demonstrated that following a period of anxiety, a person's care records had been amended to avoid a repeat of the situation that was believed to have caused the reaction. This meant that staff knew to avoid the situation in future.

People were supported to maintain good health. There were systems in place to ensure that people's health care needs were monitored. The staff ensured that people had opportunities to see a doctor or other health care specialist such as an optician or dentist both on a regular basis or when required. Due to the complex needs of some of the people living at the home the staff arranged with the health care specialists about where people received consultations. The registered manager told us about one example where a person was required to go to hospital for a consultation. However due to the person's complex needs a hospital appointment would not be possible. At the time of the inspection the registered manager was negotiating, on behalf of the person, with hospital staff to resolve this issue. We looked at the person's care records that confirmed that the service was proactive in advocating for this person to receive a service from the hospital and had been for some length of time. This meant that where people have health care needs the staff at the service were proactive in ensuring that people have these met, taking into account the complexities of living with autism.

# Are services caring?

## Our findings

The staff were caring and ensured people received a personalised service.

We observed that the staff sat and talked with people, reassured them when they became anxious and provided those with things to do that interested them, such as talking about news events or recent visits by relatives. People were treated as individuals and staff took time to support people in a manner that respected their own individual abilities. We observed that people living at the home were relaxed in the company of the staff.

We observed that people were encouraged to participate in how the home was run and there were regular opportunities for people to comment about changes. The staff made us aware that people were responsible for drawing up a menu and shopping for some of the ingredient's required, with staff support.

People spent time in the privacy of their own rooms when they wished. The staff respected people's rights to spend time on their own. However, due to autism, some people needed to be monitored more closely as they were at risk of isolation or poor motivation. They staff we spoke with told us about how they ensure that people have their rights to privacy respected. Examples of this were knocking and waiting to be invited in to people's rooms or if people require less support in the bathroom they only monitored them in line with individual care plans.

We observed people's interactions with staff during the afternoon period. These interactions were positive and respectful. Staff knew when to encourage and when to wait patiently for people to understand and think about the information that they had been given.

The staff we spoke with told us about the need to respect people living at the home. Staff told us about the importance of understanding that people living with autism need to feel safe and secure, to feel cared for and to ensure that people can have personal relationships. Staff also told us about some techniques with regards to assisting people living with and without autism which helped them motivate people living at the home to be as independent as possible. This meant that people were cared for by staff that had a good understanding of how to meet people's social and emotional needs.

We noted that staff used a range of communication methods to ensure people were included in things that mattered to them. These ranged from symbols and pictures to visual plans of people's preferred routines. This meant that people's individual styles of communication were understood by staff which in turn helped ensure a personalised service.

We spoke with family members of people living at the home after the inspection. They told us that the staff treated people living at the home as their "friends". One person told us "you could not wish for better care, I have never had any concerns that staff are anything other than professional caring people".

The staff we spoke with told us of the importance of team work in ensuring people living at the home were well cared for. The staff identified that if the team did not communicate with each other this could impact on the care people receive as people may not receive the care and support in the way it was planned.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The staff supported people to choose how they spent their time. We looked at three people's support plans which detailed how the person chose to spend their time. People had a weekly activity plan that was based on their needs and wishes for example, some people liked to go for walks or swimming, one person had a part time job. We spoke with five staff at the service who told us about how they encouraged people to choose how they spent their time. One staff member told us about how they build on the knowledge within the staff team to offer choice of activities to people by evaluating what has worked and what the person had displayed an interest in. The staff were able to describe each person's preferences and situations to avoid for example, one staff member told us that a person would become distressed in large crowds so avoided going to the shops at times when it could be busy.

We spoke with people's relatives following the inspection. They told us that the staff and people, with the support of relatives when appropriate, plan how people they spend their week. One relative told us that there were trips out in small groups or on an individual basis. They told us that the staff ensured that when people went out on trips people got value for money and worked hard to provide activities that were affordable and enjoyable.

People had a keyworker. A keyworker is a member of staff who is responsible for ensuring the person has a single point of contact within the staff team who knows their needs well and can discuss concerns with them, or people important to them. The staff members told us about the key worker system in place. They told us about some of the roles of key working such as ensuring that housekeeping

issues were maintained regarding the person's room. They told us the key worker should know the person's needs well and they were usually the first point of contact for the family to discuss concerns or emerging issues. Through discussion with the staff, looking at people's care records and observations at the inspection it was evident that the key worker system was working well. This meant that people received care and support from staff that they knew well and who they had built a positive relationship with.

We looked at the care record of people living at the home that evidenced that people's capacity to make decisions had been considered. Staff members also told us about the need to update how people's capacity to make decisions are recorded. The registered manager confirmed this and told us that they were in the process of addressing this. There were records available that evidenced that the home was discussing this issue with the local authority to ensure people's capacity was properly assessed. We spoke with some of the people's relatives by telephone following the inspection. One relative told us that they were consulted on some of the bigger decisions such as health care interventions, but most decisions about their relative's care was made between the staff and their person at the home. This demonstrated that people's rights to make decision about things that affected them were respected. It further demonstrated that the registered manager was responsive to changing care management processes.

Staff encouraged people to maintain relationships with friends and relatives. Relatives told us they could visit at any time of the day. This enabled people who lived at the service to maintain relationships with people important to them.

# Are services well-led?

## Our findings

The service was well led.

There were systems in place to assess and monitor the quality of care provided. The management of the home regularly reviewed the care records to ensure that the care being delivered was in line with people's plans of care. The registered manager and staff told us that once a month the staff had an opportunity to receive feedback from the registered manager about their findings in relation to care records audits.

There were systems in place to monitor areas of staff support and practice at the home such as medicines administration and infection control practices. These systems identified areas which the registered manager considered could be improved which demonstrated that the home sought to improve the standards of the service offered at the home. The action plan for on-going improvement confirmed this.

The staffing structure provided staff with on-going day to day support through senior care staff and the deputy manager. The staff were receiving formal supervision, where staff talk with their line manager about their work to ensure their practice was of the required standard and to look at their personal development. This meant that staff had opportunities to discuss improvements to the service. All of the staff we spoke with told us that the home was a nice place to work at and considered the support and encouragement from the management of the home was good.

We looked at the staffing rota which demonstrated there was always enough staff on duty to meet people's needs.

There were systems in place to verify that new members of staff were suitably qualified to work with vulnerable adults. We spoke with one new member of staff who told us about their induction. They told us that they had worked alongside existing members of staff in the first place to enable them to get to know the people living at the home and for the people to get used to a "new face" working there. They told us that they had experienced "excellent support" from all staff and felt confident to just ask, if they were uncertain about any area of their work.

People were consulted about the service they received in a way that suited their preferred communication style. When people displayed dissatisfaction with the service they received this was addressed through the care planning process. If the issue related to communal living the staff worked with people to address the issue and recorded solutions to problems in the person's care records. Relatives we spoke with following the inspection told us they knew who to speak to at the home if they were unhappy with aspects of the care service on offer. They told us about the home compliant procedures but no one told us that they had made a complaint. This meant that there was a system in place to ensure that people had opportunities to influence the service they received.