

# Autism East Midlands Beechwood

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected Beechwood on 10 February 2015. This inspection was unannounced.

The service provides accommodation for up to eight people who have support needs associated with autism spectrum conditions. At the time of our inspection there were eight people living at the service.

The last inspection took place on 20 June 2013. As a result of the inspection we asked the provider to take action to improve the arrangements in place for people to give consent to their care and treatment. We also asked the provider to improve the frequency of reviews in

place to check on any changes to the care provided and the supervision systems in place to support staff. During this inspection we found that the appropriate actions and improvements had been completed by the provider.

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. 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.

# Summary of findings

People's rights were protected by the registered manager and staff who understood the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards, and followed the correct procedures when these were applied.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves.

People said they were happy with the care they received and that staff helped them maintain their privacy and dignity. We found staff had a good understanding of people's needs and they were kind and respectful to people when they provided support.

The registered manager and staff promoted an open and inclusive culture within the home. People had the opportunity share their views and opinions and were involved in planning and reviewing their care. People and their relatives also understood how to raise any complaints or issues they had and were confident the right actions would be taken to resolve them.

We found that people's health care needs were assessed and met in the right way and people had access to other social and healthcare professionals when they needed them.

People were given choices about what they wanted to eat and about when and where they had their meals. They were also supported to eat and drink enough to keep them healthy.

The registered manager and staff encouraged people to maintain strong links with their family members and to keep developing their community hobbies and interests.

Staff were trained and supported to meet people's needs appropriately. There were enough staff available to meet people's needs and staff had a good understanding of how to manage risks and protect people from avoidable harm. They also knew how to raise any concerns they may have and report them appropriately.

The registered manager ensured there were clear arrangements were in place for ordering, storing, administering and disposing of medicines.

People and their relatives were consulted regularly about the development of the service. The provider had completed quality checks to make sure that people received the care they needed in a consistent way.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People's health and safety were protected by staff who understood how to identify and report any concerns and to manage any related risks.

Incidents linked to people's safety were reported in an appropriate and timely way.

There were enough staff available with the right skills to meet people's needs.

Medicines were stored securely and administered as required.

Good



### Is the service effective?

The service was effective.

Staff had been supported to care for people in the right way and people had access to health and social care professionals when they needed to see them.

People were supported to eat and drink enough to stay well.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



### Is the service caring?

The service was caring.

There was a homely and welcoming atmosphere in the service and people could choose where and how they spent their time.

Staff recognised people's right to privacy and promoted people's dignity.

Good



### Is the service responsive?

The service was responsive.

People and their families were involved in planning and reviewing their care.

People's care plans reflected people's assessed needs and staff had a good understanding of people's wishes and preferences.

People were consulted about their needs and wishes and had been supported to pursue their community interests and hobbies.

People knew how to raise a concern or complaint if they needed to and the provider had arrangements in place to deal with them.

Good



### Is the service well-led?

The service was well-led.

There was a registered manager in post and people and staff were well supported by the provider and manager.

Good



# Summary of findings

Systems were in place to regularly assess and monitor the quality of the services provided within the home.

People had been asked for their opinions of the service so that their views could be taken into account.

# Beechwood

## 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 10 February 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

As part of our planning for the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service.

During our inspection we spent time talking with seven people who used the service and five relatives by telephone. We also spoke with the regional manager, the registered manager and three members of the care staff team. After we completed our visit to the service we also spoke with a social care professional by telephone in order to obtain their views about the service.

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

We observed care and support in communal areas and looked at the care plans of three people. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

We also looked at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People said they felt safe living at Beechwood. One person said, “Safety is a key aspect that staff adhere to here. The staff I have support from are very aware of my need to feel safe and I see they cover all of the things I need help with and tell me if I might be unsafe.”

A relative we spoke with added, “[My relative] comes home, but is always ready to return to Beechwood and sees it as home. All the staff are great and [my relative] talks to staff if [my relative] is worried.” The relative also said, “[The home] is always peaceful, always clean. Even when there are changes in staff it is done in a way which doesn’t cause problems for [my relative].”

People’s care records contained risk assessments and plans for reducing risks related to people’s safety when they were being supported with their care needs or when going out into the community. We saw that risk assessments and plans were reviewed and updated regularly with people. Records showed that staff had received training about how to manage risk and staff confirmed this when we spoke with them.

The provider had a business continuity plan in place in order to make sure people would be safe if, for example, they could not live in the home due to a fire or flood. People had personalised fire evacuation plans in place that were updated regularly and people we spoke with told us what they would do if there was a fire in order to stay safe. One person said, “The fire alarm goes off and they [people and staff] go outside, but there has never been a real fire.”

We also saw the provider had a system in place to make sure there was always a manager on-call outside normal office hours to provide people and staff with support in the event of an emergency.

Information provided by the registered manager and our records showed that when people’s safety may have been at risk the staff had worked together with external organisations to reduce risks, for example, falls. The registered manager also showed that they reported any incidents related to people’s safety to agencies that needed to know about them. This included the local authority safeguarding team and the Care Quality Commission.

A staff member said that they understood how to keep people safe in different ways. They gave an example of when they reported an incident to their manager and said they were confident to speak to other manager’s in the organisation if they needed advice. We saw records which confirmed staff training had been completed, including Whistleblowing and staff said that this had made their responsibilities clear.

Records showed that before new staff were employed the provider carried out checks about things like their work history, whether they had a criminal record and what skills they had gained. Staff confirmed this process had taken place before they were employed.

People said there were enough staff on duty to make sure people’s care needs were met. We saw staff were available in communal areas for people to speak with at all times. People’s requests for assistance were met quickly by staff who took their time to give people the help they needed to remain safe.

The staff numbers on duty matched the duty rotas in place and the registered manager told us staffing numbers were dictated by the amount of people living in the home and their individual needs. Staff said that they worked together well as a team and were able to cover any sickness or other absences within the team. When additional staff were needed the provider used their own in-house relief bank of staff. This helped to ensure staff numbers were kept consistent in meeting people’s needs.

Policies and procedures were in place for the ordering, administration and disposal of medicines and a local pharmacy regularly carried out checks of the medicines kept in the home. Records showed and staff said they were trained about administering medicines safely, the registered manager checked the medicines processes every month and staff checked the stock of medicines at each changeover of shift. Medicines were stored in appropriate lockable cabinets and staff recorded when people had their medicines.

# Is the service effective?

## Our findings

During our last inspection on 20 June 2013 we found that where people did not have the capacity to consent, the provider had not always acted in accordance with legal requirements. We also found that people could not always be sure that they were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. This was breach of regulation 18 and regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010.

Following this inspection the provider sent us an action plan which said how they planned to address the areas highlighted. During our inspection on 10 February 2015 we saw the provider had taken the actions they had set out in their action plan.

During this inspection we found that care records clearly showed people who lived at Beechwood were being supported to make their own decisions. For example, consent forms had been completed for people to have their photos taken and included in any information that was available for other people to see, for example visitors to Beechwood.

Staff said they understood what Mental Capacity Assessments were used for and records showed people's capacity to make certain decisions had also been assessed and recorded appropriately. MCA decisions were clearly documented in the care plans, and included both parts of the assessment. The information showed what communication had been used and that others, for example family members and when needed, professionals had been consulted when a best interest decision was made. We also saw systems were in place so people were supported to manage their own money, make decisions about how they spent it and ensure their finances were protected.

The registered manager was clear about their responsibility to complete DoLS applications when a need to undertake these had been identified. At the time of our inspection four people had some elements of their freedom restricted in order to keep them safe. Care records showed the registered manager and provider had acted in accordance with the Mental Capacity Act 2005, and DoLS. Applications for restrictions had also been made and were in progress for three other people.

Staff received regular supervision from the registered manager and a yearly appraisal of their work performance had either been completed or was planned. The registered manager said that supervision and appraisals had been developed to be competency based. The registered manager said this supported all staff to ensure that performance was constantly monitored in order to track what had been achieved or where actions were required. Staff said the supervision arrangements in place helped them to talk through any issues they had and to review and plan the development of their skills and knowledge.

People said that staff supported them to meet all of their social and health care needs and that staff made sure they had access to healthcare professionals whenever it was necessary. One person said, "I like the care. We do lots of good things here and I get to see the doctor if I am poorly." A relative told us, "The staff are great. The good thing is seeing the way they [staff] apply their skills and the training they get from the manager to do a good job." Individual plans were in place to show how people wanted to be supported with their healthcare needs. They included specific information related to cultural or religious needs where appropriate.

Staff said, and records showed that staff received a package of training when they started work at the home. We saw the training package was in line with nationally recognised induction arrangements. When we asked staff about the induction they received when they started to work at the home one of the newer staff members said that their Induction had been really helpful. They said they had shadowed a colleague for three to four weeks and this had been "brilliant – even down to the smallest detail."

Staff said that they held or were working towards a nationally recognised care qualification. Staff said all the training provided helped keep them up to date with current good practice and they were able to continually develop their skills and knowledge. Topics that were important to ensure people's health safety and welfare were managed and covered appropriately through the training provided. These included; infection control, behaviour support, MCA and DoLS.

Staff explained about training they had received on how de-escalate behaviour that may put people or staff at risk. They were clear about intervening as little as possible and how diverting someone's attention may calm the situation. We saw information was available for staff on Autism

## Is the service effective?

Training with Low Arousal Support Services (ATLASS). This was very detailed and clear showing how triggers could be avoided through knowing the person's likes and dislikes and knowing them well.

Staff and the registered manager said they had also accessed training in subjects such as autism and epilepsy awareness. This meant staff were appropriately trained and supported to meet people's individual needs.

We found that people were supported to get food and drinks of their choice in order to keep them healthy. The menu for the day was set out in pictures on the wall and was easy for people to read. People showed us how they planned their weekly menus. They said that this was done at weekly house meetings and we saw the records of the meetings. People said and records showed that people chose their own meals and used healthy eating information and support from staff to do so.

We saw one person who needed encouragement to eat a balanced diet change their mind about the meal they had been given. Staff responded by offering other choices and ensured the person had enough to eat. Juice was provided in jugs and people helped themselves to as much as they wanted. One person used a plate guard and adapted cutlery which meant they could eat independently and at their own pace.

People kept their own individual diaries and staff recorded what people had eaten so that they could easily identify and support any nutritional needs that people may have. We also saw people had free access to the kitchen area and hot and cold drinks whenever they wished.



# Is the service caring?

## Our findings

People said they liked living at Beechwood. The atmosphere within the home was relaxed and comfortable. We saw the relationships between people and the staff who supported them were warm and friendly. We saw staff and the manager treated people in a respectful way.

A relative said that, “Although [my relative] appears more capable I feel this is a reflection of the care [my relative] gets, and they would be more vulnerable in another setting. The relative said how their family member had progressed whilst living at Beechwood and how they went for medical appointments, blood tests and the barbers on their own or with support when needed. The relative added, “[my relative] works at a charity shop now – this started as half a day. [My relative] asked for this to increase and its now for a full day.”

We spoke with a social care professional as part of our inspection who told us the registered manager and staff had developed good relationships with family members and this had helped them to care for people in a person centred way. The social care professional described staff as being “keyed into where [service user] is coming from and know them well.”

Throughout our inspection we saw the interaction between staff and people who lived at the service was positive and that staff were sensitive and caring toward people. Staff responded to people using their preferred methods of communication so no one was left out. For example some people communicated with staff using signs.

We also observed staff spent time with people chatting and communicating about whatever each person wanted to. One person used a hand held computer to communicate and we saw staff took the time to check what the person was communicating and that the person responded positively to what staff spoke with them about.

Daily activities were timed and guided by people themselves. For example, having a lay in bed in the morning and meal times. People were supported to carry out household activities, such as laundry and cleaning, to help maintain and develop their independence.

We saw some people had chosen to go out for the day on a walk. A picnic being prepared and people choosing what they wanted to eat. We also saw some people who had decided not to go out were having their lunch. We observed people enjoyed their food and their choices were supported and independence encouraged. For example when they had finished their lunch we saw one person cleared their own crockery away.

People showed us a lounge area where they could spend time on their own or receive visitors in private if they wanted to. All of the people who lived at Beechwood had their own bedroom that they could use privately whenever they wished. People told us they were supported to have their own keys to their rooms and that this helped them to choose when they wanted to be private. People also said that staff always asked for their permission before they went into their room and knocked their door before they entered.

Staff said they had received equality and diversity training and how this linked into their day to day practice. Staff explained there was now a Dignity Champion scheme being introduced. This is a government initiative which aims to put dignity at the heart of care services. The role of dignity champions is to stand up and challenge disrespectful behaviour.

The registered manager told us equality and diversity was integral to each supervision agenda. One staff member said that the importance of taking account of people’s food preferences in relation to their religious beliefs. They gave us an example of someone who previously lived at the service who was a Muslim and was supported to have access to Halal meat.

We saw that all of the people who lived at Beechwood had family involvement and relatives we spoke with told us they were available to provide any additional support needed to help their family member communicate their wishes. We saw that although it had not been needed there was also information available so that people could access the services of an advocate if it was required. Advocates are people who are independent of the home and who support people to make decisions and communicate their wishes.

# Is the service responsive?

## Our findings

During our last inspection on 20 June 2013 we found that people could not be sure that they would experience care and support that met their needs and protected their rights. This was breach of regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010.

Following this inspection the provider sent us an action plan which said how they planned to address the areas highlighted. During our inspection on 10 February 2015 we saw the provider had taken the actions they had set out in their action plan.

For example people said they were involved in planning and reviewing the arrangements in place regarding the support they received. They knew about their care plans and had signed them to show they consented to the care and support they said staff gave them. One person said, “I have a key worker who looks after the forms that we fill in and we talk about the changes needed so I can either agree or disagree with them.” A staff member said regular care plan reviews enabled them to make sure people’s views and opinions were followed up and appropriate actions were taken.

A relative said, “We are always invited to attend reviews. It’s important to know about any changes which might impact on the care they [staff] give.” Another relative said, “The manager always tries to get all the professionals to attend reviews and we get the chance to go to at least one full review a year which is great.”

Another relative we spoke with told us there was good liaison between staff and the family and that the family popped in without prior notice and everything was always fine when they visited.

We looked at three people’s care records. The information clearly demonstrated how individual needs such as their mental and physical health, communication, nutrition, religious and social needs were met. The information also showed how people wanted to be supported and how they made decisions. They also showed when those who were important in people’s lives had been consulted, such as relatives or other professionals.

We observed staff in a “Hand over” session which included updates about people and specific support that would be needed later in the day or evening. When the meeting finished we observed a lovely conversation between staff and one person about the plot of a soap opera.

Staff said they had a clear understanding of decisions people needed support with, for example, choosing what to eat and going out to activities. One staff member gave an example of a person being supported with their communication to make a decision about how to ensure their computer equipment should be looked after.

Each person had their own activity diary which people told us they completed daily with support from staff when it was needed. The diary information included information about household, work/education and leisure pursuits.

People said how staff supported them with their chosen hobbies and one person said that they liked to go out and enjoy doing things like water aerobics. Another person said they did yoga and went to the gym regularly. There was a picture board on one of the walls in the home with the days of the week showing the activities that each person would be doing that week.

We saw two people were supported to engage in work based and educational type activities to help them maintain and develop their independence. One person was out attending a workshop activity during our inspection.

People were very enthusiastic about what they did and told us about some of the things they took part in, for example attending an animal centre and gardening tasks. Two people told us about holidays they had been on with staff and were excited about future holidays.

One staff member spoke with us about the importance of equality and diversity and respecting people’s rights as individuals. They showed us an example of how staff worked to help one person to maintain their individual identity by following their decisions and choices in regard to personal hygiene. All of the information available to people about their health, welfare and safety was also available in alternative communication formats such as pictures or symbols so that they could fully understand the information.

We saw people were supported to maintain relationships with family and friends. Two people said their family members visited them at the home and one person said

## Is the service responsive?

about their regular visits to their family's home. A relative said, "[my relative] comes to stay with us five times a year. We go and pick [my relative] up and Autism East Midlands help with the return journey. The arrangements work really well."

The provider had a clear complaints procedure in place which was accessible to people who lived at the service and their families. The procedure had been produced in an easy to read format and we saw a copy of this was available in the home for people to look at and use at any time.

Records showed that no formal complaints had been raised about the services provided since we last inspected. A relative told us, "Never had to complain but would speak to the manager. I could also speak to the Social worker." The registered manager showed us how one person preferred to communicate any worries or issues they had by letter. Both the person and their relative told us any concerns raised using this method were always acted upon by the provider and that they were happy with how their communications were managed.

# Is the service well-led?

## Our findings

We observed there were clear management arrangements in the home so that staff knew who to escalate any queries or concerns to. Staff spoke highly of their current manager describing them as “lovely” and “you would like them.”

When we arrived to start our inspection staff told us the registered manager was on holiday however they came into the service later in the day. In the meanwhile staff had made contact with the provider’s senior manager who came in to provide any additional information we needed. This showed there were clear arrangements in place to provide any additional management cover in the absence of the registered manager.

People and staff told us the senior manager was a regular visitor to the home and we saw that relationships were open and supportive.

Later on during our inspection the registered manager also visited the home and confirmed they had cut their holiday short as they wanted to be available when we visited in order to also assist with information in any way they could.

A relative said that, “Communication is excellent. We like the fact the manager has a system so we know who the main key staff member is regarding our family members care.” Another relative said, “The organisation keeps developing but the care remains consistent. The manager and staff are resident focussed.”

We saw the staff communication book which was being used regularly and was signed and dated showing staff had read and actioned things when needed. Tasks included collecting medication, recording fridge and freezer temperatures, messages about people’s activities and health related information. Staff said the registered manager was always contactable directly or by telephone for advice when needed, when they were not working at the home.

We also saw the homes appointments diary which showed the wide variety and frequency of other professionals involved in people’s care including social and health care professionals.

Throughout the inspection we saw people were comfortable to approach and express their views to the

manager and staff. During our inspection staff included people in everything they were doing. For example, people showed us around their home and information about how they plan things like meals and activities.

People said they were comfortable with approaching staff and had good relationships with the manager. People said they were supported to have opportunities to meet and described resident’s meetings they said were held at the home and how they were encouraged to attend and take part in these.

Staff said they were kept up to date with events in the home and current good practice through staff meetings. Staff said that supervisions were undertaken regularly and appraisals had been completed or were planned. Staff said these were supportive and useful in developing their knowledge and skills and for communicating any personal or professional issues that need to be addressed together with the registered manager.

Regular visits to the service were undertaken by the provider to support the registered manager in monitoring the quality of the care arrangements in place to make sure they were being maintained. The registered manager told us regular audits of areas such as meeting health needs, medicines arrangements, risk management, decision making were carried out together during these visits.

Records confirmed this and showed that the audits were carried out with support from a senior manager who was also the provider’s responsible person. The registered manager told us this helped them to learn lessons together as a management team in order to continually improve the provision of services.

When we asked the registered manager about any actions they had planned regarding further developments at the service they told us about training sessions they had scheduled for all staff called “total communication sessions.” These had been planned for completion by the end of May 2015. The registered manager said these were planned to support staff to continue to discuss, reflect on and take any individual or team changes needed to continually keep developing on and building the way staff communicate with people and the overall culture within the home.