

# Parkcare Homes (No.2) Limited

# Autumn Leaf House

## Inspection report

38 Chester Road  
Solihull  
B36 9BX

Tel: 01217302648

Date of inspection visit:  
25 July 2019

Date of publication:  
21 August 2019

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Autumn leaf House is a residential care home providing personal care and accommodation for younger people with learning disabilities and autism.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a domestic style property registered to support up to eight people. Five people were using the service during our inspection visit. There were no identifying signs to indicate it was a care home.

People received extremely personalised and responsive care and support from kind and caring staff. People were empowered to achieve outcomes which improved their quality of life.

People and relatives were treated as active partners in their care. People's care plans contained detailed information about their individual goals and guidance for staff to follow to support people to achieve them. Feedback was encouraged, and views and suggestions were acted on.

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice.

Relatives felt people were safe living at the home. Safeguarding procedures were in place to protect people. Staff were recruited safely, and enough staff were on duty to provide safe care during our visit. Staff had the skills they needed to support people effectively.

Risks associated with people's care and support were assessed. Detailed risk management plans helped staff to manage and reduce risks.

People's individuality and diversity was recognised. Staff had an excellent understanding of people's cultures and beliefs and recognised how this informed the way people wanted to receive their care. People had opportunities to maintain links with people that mattered to them and people in their local community who shared their culture and beliefs.

Staff had a very good understanding of the way people preferred to communicate and understood what people were communicating through their gestures and behaviours.

People's right to privacy was respected, their dignity was maintained, and people were encouraged to be independent.

People's nutrition and hydration needs were met. People received their medicines as prescribed. Health professionals were complimentary about the service people received. People had access to health professionals when needed to maintain their health and wellbeing.

The home was clean and tidy during our visit. The environment met people's needs and people were involved in deciding how their home and garden area should look.

Leadership of the service had improved since our last inspection. Completed audits and checks demonstrated good governance and effective risk management. The provider and their management team demonstrated commitment to learning lessons when things went wrong. Relatives felt comfortable raising concerns and staff understood the importance of supporting people to raise complaints.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Requires Improvement (published 31 July 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.  
Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Autumn Leaf House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector and an assistant inspector undertook the inspection.

#### Service and service type

Autumn Leaf House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This meant both they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection visit took place on 25 July 2019. Our visit was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners who work to find appropriate care and support services for people and fund the care provided. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used the information to plan our inspection.

#### During the inspection

Due to their complex needs, people were unable to talk with us about the care they received, or the quality of the service provided. Therefore, we used other methods to understand what it was like to live at Autumn

Leaf House. For example, we observed how staff supported people throughout our visit to help us understand people's experiences of living at the home. As part of our observations we also used the Short Observational Framework for Inspection tool (SOFI) in a communal area. SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the registered manager, the deputy manager, the positive behaviour support practitioner, the quality improvement lead, one senior care worker and two care workers.

We reviewed two people's care records to ensure they were reflective of their needs. We looked at three people's medicine administration records. We reviewed records relating to the management of the service such as quality audits, complaints, compliments and people's feedback. We also reviewed the recruitment records for two staff members.

Following our visit, we spoke with three people's relatives via the telephone to give them the opportunity to share their views on the home and the care and support people received.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks associated with people's care and support were assessed. One person displayed behaviours that caused themselves harm. Their risk assessment provided staff with the detailed guidance they needed to follow to mitigate the risk, with a positive effect.
- Staff understood how to manage this risk. They told us by following the guidance the number of times the person had caused themselves harm had significantly reduced. One said, "We have got to the point where [incidents] has become really rare."
- There was a positive approach to risk taking. For example, one person really enjoyed travelling in vehicles but on occasion took off their seatbelt which was unsafe. A specialist seatbelt had been sourced and purchased which meant the risk was minimised.
- The provider had systems to minimise risks related to the premises and equipment, such as periodic safety checks of gas, water, fire and electrical equipment in line with safety guidance.
- Emergency and contingency plans were in place. Staff understood the provider's emergency procedures and the actions they needed to take to keep people and themselves safe in the event of an emergency.
- People had personal emergency evacuation plans in place (PEEPs). These provided staff and emergency services with information on how to support people to evacuate the home quickly and safely in the event of an emergency situation.

### Learning lessons when things go wrong

- The whole staff team shared a committed to learning lessons when things went wrong. A variety of systems were used to record accidents and incidents that happened.
- Each incident was analysed by the provider's positive behaviour support practitioner. Analysis had identified triggers and patterns of behaviour. To prevent reoccurrence staff had attended debriefing sessions to reflect on their practice and had also received further training.
- The provider shared learning across their organisation to drive continual improvement.

### Systems and processes to safeguard people from the risk of abuse

- Relatives felt their family members were safe. One relative said, "It's very safe, I have no worries about safety." Another told us, "The smile on [person's] face assures me they are safe and secure."
- Systems were in place to protect people from harm. Information was available in formats people could understand if they wished to report concerns.
- Staff completed safeguarding training which supported them to understand the different types of abuse people may experience. Staff knew what to do and who to tell if they had concerns about the well-being of anyone living in the home. One staff member said, "Managers would act straight away if someone was at

risk."

- The registered manager understood their responsibility to share information, when required, with the local authority and with us (CQC), to ensure allegations or suspected abuse were investigated.

#### Staffing and recruitment

- People required one to one or two to one support from staff at all times to keep them safe. During our visit enough staff were on duty to respond to people's needs in a timely way and maintain their safety.
- Staff were recruited safely. The provider completed checks to ensure staff working at the home were suitable. Staff confirmed they had not started work until the required checks had been completed.
- The registered manager said, "We recruit staff based on their values, we want to make sure we employ the right staff as consistency is really important to people."

#### Using medicines safely

- Relatives confirmed people received their medicines as prescribed. Medicine administration records (MAR) we reviewed confirmed this.
- The provider followed safe protocols for the ordering, storage, administration and disposal of people's medicines. This demonstrated improvements had been made and sustained since our last inspection.
- Guidelines for medicines to be given on an 'as required' basis had improved since our last inspection which ensured they were given consistently and only when needed.
- People's medicines were administered by trained staff. Their competency was checked by managers to ensure their understanding of safe procedures.
- A series of effective medicine checks took place. This meant any errors could be quickly identified and addressed.

#### Preventing and controlling infection

- The home was clean and tidy during our visit.
- Staff completed training on the prevention of infection and followed good infection control practice when they provided support which protected people from the risk of infection.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the registered manager and the positive behaviour support practitioner before they moved into the home to ensure their needs could be met. Assessments involved people, their families and health and social care professionals.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.
- Information gathered during assessments was used to develop initial support plans which helped staff to meet people's needs. Staff also visited people before they moved into the home to get to know them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA and staff made sure people had choice and control of their lives.
- People's care records identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed involving the necessary representatives and professionals.
- Referrals had been made to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way. Authorised DoLS were in place for people to keep them safe from harm and conditions were met.
- Staff completed training to help them understand the principles of the MCA. We saw staff sought people's consent before they provided any assistance.

Staff support: induction, training, skills and experience

- Relatives had confidence in the ability of staff to deliver care and support effectively. One said, "They get

good training they know what they are doing." We saw staff were confident and competent in their practice.

- Staff received an induction when they started work which included working alongside experienced staff to help them understand what was expected of them and to get to know people. One staff member said, "They gave me a good start, made sure I had the folders and service users' routines. I was given lots of information and support, so I knew what to do."
- Staff received ongoing training to be effective in the roles. Staff spoke positively about their training. One explained how completing 'PROACT-SCIP' training had given them the skills they needed to support people whose behaviours placed themselves or others at risk of harm. The aim of the training was to keep people safe by using de-escalation techniques.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a nutritionally balanced diet and we found ample quantities of different foods including fresh fruit were available to people during our visit.
- Staff knew what people liked to eat and drink and peoples' individual dietary requirements were documented and catered for. For example, one person ate only halal meat, and another did not eat pork.
- Staff supported people to make their meals during our visit and individual weekly pictorial food menus were on display. Pictures were used to help people choose what they wanted to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when needed. For example, staff had worked with a psychiatrist to support one person to manage their levels of anxiety. This had resulted in the amount of medicine the person was prescribed being reduced. Staff told us this had a positive effective on the persons wellbeing.
- There was a whole team approach to supporting each person individually. Staff discussed each person at daily handovers and team meetings, considering how the person had responded to care provided. A 24-hour on-call support system for people, staff and families was also in place.

Adapting service, design, decoration to meet people's needs

- People were involved in deciding how their home and garden area should look. For example, people and staff had redeveloped the garden area in 2018. The achievement had been recognised by the provider and people received gift vouchers for the 'best transformed garden'. People had chosen to spend their vouchers on items including a hot drinks machine and a radio for everyone to enjoy.
- The environment met people's needs. Walls were painted in calming colours and rooms were free from clutter. This was important as some people became overwhelmed when they had too much visual information to process.
- People were involved in the decoration and personalisation of their bedrooms. For example, one person liked water and they had a sensory bubble tube which provided them with positive sensory experiences.
- The facilities were under constant review to make sure it was a nice place for people to live. During our visit air conditioning was being installed at the home. This was important as some people were unable to tell staff when they felt too hot.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff offered kind and compassionate care and support. When appropriate, staff sung to people and encouraged people to dance with them which made people laugh and smile.
- Relatives spoke positively about the staff who supported their family members describing them as 'really patient,' 'kind' and 'caring'. This demonstrated the support provided reflected the values of the provider's 'positive culture pledge'. The pledge outlined how high-quality care would be achieved. The values included patience and commitment.
- From speaking with staff, it was evident they cared about the people they supported and wanted to do their best. One said, "I often get emotional when I see how much people have achieved. I love seeing people happy. That's why I do my job."
- We asked staff what being caring meant to them. Comments included, "Listening to people" and, "Treating people how I would like to be treated." All staff spoken with told us they would be happy for someone they loved to live at Autumn Leaf House.
- Staff understood the principles of the Equality Act and supported people in a caring way regardless of their disability, race, gender, religion, sexual orientation or cultural backgrounds.
- The provider was a part of a national organisation's diversity champion programme that campaigns for the equality of lesbian, gay, bisexual and transgender people across Britain which demonstrated their commitment to achieving equality.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were treated as active partners in their care. Their views were gathered in a number of different ways including family meetings and regular reviews of the care and support provided.
- There were numerous examples of where people's views had been acted upon to improve their lives. For example, experiencing new social activities for the first time.
- Staff advocated for people's voices to be heard and ensured people had opportunities to be involved in every part of life at the home.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. For example, cleaning their bedrooms and maintaining the garden area. Where people undertook tasks, staff praised them for their achievements.
- Support plans highlighted what people could do for themselves and how staff should provide assistance when needed. Relatives spoke of staff being very discrete with their support, so people did not feel dependent and staff did not take over.

- People's care and support was provided in a dignified way. Two people were sensitive to touch and often chose to remove items of their clothing. Staff described in detail and provided examples of how they had maintained their dignity at those times.
- Staff knocked on people's bedroom doors and waiting for permission to enter which showed people's right to privacy was respected.
- The provider followed data protection law. That meant information about people was kept securely.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider, registered manager and staff team made a real and lasting difference to people's lives which was their fundamental aim.

- Without exception, feedback from relatives confirmed people received exceptional personalised care. Comments included, "It's brilliant. (Person) is finally settled and calm. That's all I have ever wanted. I can't express how much that means," and, "Outstanding, simply because people's lives are made better."

- Staff had an excellent understanding of people's cultures and beliefs and recognised how this informed the way people wanted to receive their care. For example, action had been taken to alter the washing facilities in one person's bathroom which enabled the person to follow a particular personal care routine in line with their faith. This same person was supported to listen to prayers as part of their morning routine. Staff explained the familiar sounds provided the person with comfort.

- Staff's commitment and focus was on ensuring people's experiences made a positive difference to their lives. Staff spoke with pride when they told us how they had organised and supported a person and their family to visit the seaside. This had been a very special occasion because it was the person's first visit to the seaside with their family. The person's relative told us the outing had enabled them to make 'lovely memories.' They added, "It was a really brilliant and happy day."

- People's care plans contained detailed information about their individual goals and step by step guidance for staff to follow to support people to achieve them. One staff member told us, "With thorough planning people reach their goals." The staff member explained how going shopping, for one person had been a huge achievement because their anxiety levels increased in unfamiliar environments. They added, "We planned it carefully. It was a fabulous day."

- Relatives felt valued and listened to. They were involved in and consulted about their family member's care. One said, "(Registered manager) meets with me. She listens to my view point. She really wants my input."

- Relatives' contributions were detailed in care records and these were under constant review. Care records were used to monitor people's progress towards achieving goals and set new ones.

- Staff supported each other in their practice to ensure people's needs were met. For example, when one person appeared anxious the deputy manager provided a staff member with advice and guidance which successfully reduced the person's level of anxiety. The deputy manager said, "By working as a team we make a real positive difference."

- The management team were passionate about and committed to recognising and celebrating people's achievements. For example, an awards ceremony called 'proud of you' was being planned. The registered manager explained the awards would celebrate, the often-overlooked stories and people's personal achievements.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The whole staff team were passionate about people leading fulfilled lives. Some people found it difficult to deal with everyday sensory information. Therefore, new opportunities and experiences were introduced gradually to people, so they were not overwhelmed by the new situation. For example, one person was supported to go out at quieter times of day to help build their confidence as they were sensitive to loud noises.
- Strong emphasis was placed on supporting people to overcome obstacles to improve their quality of life. One person whose life experiences had been limited due to living with a sensory impairment had been supported to choose a variety of new social activities. They had experienced ice skating, swimming and hiking for the very first time since moving into the home in December 2018. A staff member explained they were proud of the person's achievements. They added, "They are like a different person. I am trying to get them a bike, so we can go bike riding together next."
- People and relatives were treated as active partners in their care. A relative told us, "Staff bring [Person] to visit me each week. It's made our relationship better. [Person] is so much calmer, and we spend time together in the family home. Me not having to travel to visit has improved both of our lives."
- People were supported to maintain links with people in their local community who shared their culture and beliefs. For example, people were supported to visit places of worship and visit restaurants to eat different types of food which was important part of their culture.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication plans described in detail the way people communicated and how staff should engage with them to ensure their wants and needs were met. For example, one plan stated, 'Can be given two choices to touch and is able to select the preferred option.' The plan went on to explain other specific ways the person would communicate without communicating verbally.
- Staff had a very good understanding of what people were communicating through their gestures and behaviours. A staff member described how one person expressed they were feeling unhappy. The staff member described how physically touching the person at those times brought them comfort. They said, "[Person] responds well to touch. [Person] recognises voices and smells my hands to recognise me."
- We saw staff carefully selected different methods of communication to meet the needs of the person they were engaging with. This included, singing, hand clapping and touch. People responded positively to this interaction. For example, one person smiled and laughed when staff sung their favourite song to them.
- People were provided with information in a format they could understand, and signage helped people to locate their way around their home.

#### Improving care quality in response to complaints or concerns

- Health professionals were complimentary about the service people received. In July 2019 one commented, 'I have been impressed by the person-centred care you provide. Please keep up the good work.' Another commented, '[Person] has settled really well into his new home, has been to lots of exciting places in the community and is learning new skills and communicating really well with staff.'
- Relatives felt comfortable to raise complaints. One said, "I did raise a couple of issues a while back, they were nipped in the bud by the manager." This demonstrated complaints were listened to and feedback was acted on to improve people's experiences.

- Staff understood the importance of supporting people to raise complaints. The provider's complaint procedure was available in different formats, including pictures. Complaints received had been responded to in line with the provider's procedure.

# Is the service well-led?

## Our findings

Well -Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- People were empowered to achieve outcomes which improved their quality of life.
- People's exceptionally personalised care and support was responsive to their needs and gave them choice and control.
- A positive culture was embedded at the home. One staff member said, "The support and culture here is incredible. Team work is great." Another told us, "Managers are really approachable, they listen, and I feel my contributions are valued."
- We saw good team work and communication between the staff and management team during our visit. For example, we saw the deputy manager offered support and advice to a staff member which reduced one person's level of anxiety.
- The management team had a 'hands on approach' and worked alongside staff on a daily basis. This approach along with the daily 'walk arounds' ensured managers had an overview of how staff were providing care and support to people.

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

- People and their families were fully involved in their care and support. Their views were continually gathered in a number of different ways including telephone discussions and meetings.
- There were numerous examples of where feedback gathered had been acted upon to improve people's lives. For example, people had opportunities to experience new social activities.
- Staff attended regular team meetings and monthly newsletters were sent to staff from the senior leadership team. The newsletters were used to celebrate people and share news stories across the organisation. For example, the June 2019 newsletter shared stories from colleagues who had volunteered for charities and good causes.
- The management team had arranged a wellbeing day for staff in June 2019 to thank them for their continued hard work and commitment. Staff had been provided with lunch and were offered 'pampering treatments' such as massages, facials and aromatherapy sessions. One staff member commented, "It was great."

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

- Leadership of the service had improved since our last inspection. Actions taken had improved the quality and safety of the service and outcomes for people had improved greatly.

- The provider's management team consisted of a registered manager, a deputy manager and the positive behavioural support practitioner. The registered manager had worked at the home since January 2018 and registered with us in July 2018. Support was provided to the management team from the provider's quality improvement lead.

- Quality assurance processes had been fully embedded in the running of the home over the last 12 months. Completed audits and checks demonstrated good governance and effective risk management. Audit findings and completed actions were shared with the provider who checked required actions had been taken.

- There were a well-defined set of values at the service. The registered manager used the provider's 'manager guide' to help them carry out their role effectively. Staff understood the values and purpose of the organisation and knew what was expected of them. One said, "We know our job is to make a difference to people's lives."

- The registered manager demonstrated a good understanding of their regulatory requirements and kept their knowledge of legislation and best practice up to date.

Continuous learning and improving care; Working in partnership with others

- The whole staff team demonstrated a commitment to achieving a future overall rating of 'Outstanding' for the service. For example, the registered manager and quality improvement lead were due to attend a 'delivering outstanding care' seminar in October 2019.

- The registered manager was part of a local registered manager network. They told us being part of the network helped them to learn and share best practice. They explained how they cascaded their learning to the staff team to drive continual improvement.

- Staff worked in partnership with health and social care professionals such as social workers and GPs to ensure people received good holistic care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibility to be open and honest when things went wrong. Lessons had been learnt and had been shared with staff, to prevent reoccurrence.