

Autism Unlimited limited

Autism Wessex - Barnes Lane

Inspection report

13-15 Barnes Lane
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Barnes Lane is a residential service that provides 24-hour care and support to autistic people living in three interconnected terrace houses. Only two of the houses were being lived in by people when we inspected. Each of the houses accommodates two people. At the time of our inspection there were four people using the service. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises as it is owned by a housing association; this inspection looked at people's personal care and support.

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture

Right Support

- The provider had not ensured that medicines records were accurate. This was a breach in the management of the service. The service had identified some improvements were required in the safe management of medicines and some action had been taken to address this. However, documents sent to us during the inspection showed that improvements were still required.
- People had not always had a consistent team of staff working with them due to staff turnover and shortages of permanent staff. Recruitment efforts were ongoing.
- COVID-19 practice was not always consistent which had the potential to increase risks of infection for people and staff.
- People had a choice about their living environment and were able to personalise their rooms. One person proudly showed us their room which they had decorated to their taste.
- Staff enabled people to access specialist health and social care support in the community.

Right Care

- Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff, people and those important to them worked together to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.
- People could take part in activities and pursue interests that were tailored to them. This had included visits to a farm, car racing event, swimming pool and growing vegetables.
- People received support from staff who were appropriately skilled and well trained.

- People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. One person said, "They help me well. With everything."

Right culture

- Staff turnover had been high in the last year, which affected the consistency of care people received.
- People and staff had experienced significant managerial change. Reflective team meetings had taken place to support better communication between management and care staff.
- People and those important to them were involved in planning and reviewing their care.
- Records and our observations confirmed staff placed people's wishes, needs and rights at the heart of everything they did.
- Staff evaluated the quality of support provided to people, involving the person, their families and relevant professionals as appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 27 March 2019).

Why we inspected

We received concerns in relation to staffing levels and consistency, missed medical appointments, lack of food, inadequate checks of agency workers and lack of management support. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement.

Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to Good Governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Autism Wessex - Barnes Lane

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.

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

Inspection team

Two inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Barnes Lane is a 'care home'. People in care homes usually receive accommodation and nursing or personal care as a single package under one contractual agreement. In the case of Barnes Lane, people's care and housing are provided under separate contractual agreements as the accommodation is owned by a housing association. For the reason, this inspection only looked at people's care and support.

The service did not have a manager registered with the Care Quality Commission. A registered 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

This inspection was unannounced.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from a local authority who commissions care from the service. We used all of this information to plan our inspection.

During the inspection

We communicated with three people who used the service and four relatives about their experience of the care provided.

We are improving how we hear people's experience and views on services, when they have limited verbal communication or don't use words. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience.

We spoke with nine members of staff including the manager, deputy manager, director of adult services, care staff, an agency worker, human resources officer and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spent time observing the mood and engagement of people at Barnes Lane and the quality of staff interactions. These observations were carried out over multiple days and a range of times.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at surveys and agency worker profiles. We spoke with a health professional who visits people at the service.

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 good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider was not always preventing visitors from catching and spreading infections. On one of our three visits to Barnes Lane an inspector was permitted entry without being asked for their lateral flow test result and COVID-19 pass. We raised this with the manager who immediately put in measures to ensure it did not happen again.
- We were not always assured the provider was using PPE effectively and safely. On one of our visits two agency workers were seen with their masks worn below their nose. The manager raised this with them to remind them how this can put people at risk and affect confidence that the service is adhering to government guidelines. They had not been providing direct care at the time and were at least two metres socially distanced from the people living at Barnes Lane.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting arrangements were in line with current government guidance. The provider understood the benefits of visits to people's health and wellbeing.

Staffing and recruitment

- Although the provider confirmed staffing levels were above people's assessed needs, people had not always had a consistent team of staff working with them due to shortages of permanent staff. Records detailed one person was, "Struggling with the increased agency staff usage. Comes into the other house to try and find regular staff."
- Staff turnover and recruitment had been challenging. Three longstanding staff had left in summer 2021 and, despite ongoing attempts by the provider, recruitment into the posts had been unsuccessful. The provider recognised the impact noting in team meeting minutes, "We are trying to block-book agency staff so we can get the same staff working in the service to promote continuity of care and hopefully have a more settled atmosphere."
- Staff comments included, "If we could get regular agency doing regular shifts on a weekly basis things would be a lot better for everyone." They added, "We have asked to have regular agency which the staff and

residents know and trust, but this doesn't always happen" and "We do now have some fantastic agency staff." During the inspection a new rota system was introduced to reduce the need for agency workers and improve consistency.

- Other initiatives included enhancing staff benefits, employee mental wellbeing support and additional hours to ensure care quality and maintenance of people's one to one time with staff.
- Every person's care plan had a one-page profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them.
- Pre-employment checks were carried out before staff and agency workers had contact with people who lived there. These included criminal record checks with the Disclosure and Barring Service, full employment history, verified references and checks on entitlement to work in the UK. The service held profiles for each agency worker which included details of training courses they had completed.

Using medicines safely

- People were supported to take their medicines safely and in a way that met their medicines support needs. Staff recorded on medicines administration records (MAR) when medicines were given to people. However, these were not always accurate. For example, handwritten MAR did not contain enough information including directions, route, additional information and not all 'when required' medicines appeared on MAR.
- The service had identified some improvements were required in the safe management of medicines and some action had been taken to address this. However, documents sent to us during the inspection showed that improvements were still required.
- Staff who administered medicines were trained and competent to administer medicines safely. A staff member told us, "Our senior staff do regular checks to ensure that we are all medicines compliant."
- People's medicines support needs were assessed and recorded in their care plans, so staff could support them in a way that met their needs and promoted independence. All three people we communicated with were happy with the support they had with their medicines.
- Areas where medicines were stored were risk assessed to make sure they were safe and met the person's needs.
- People's medicines had been reviewed in the past 12 months. None of the people at Barnes Lane were prescribed medicines to control their behaviour or to restrain them. A health professional commented, "They are keen to work with us to ensure people are not overmedicated."

Systems and processes to safeguard people from the risk of abuse

- We spoke and/or communicated with three of the four people living at Barnes Lane. We observed the fourth person on the first day of the inspection. They smiled and appeared content in the company of staff and doing their preferred activity. One person was able to verbalise they felt safe.
- For two people who were unable to communicate verbally, we used an alternative communication tool to ask their views. They provided mixed feedback. One person was very happy and smiled when we talked about their life at Barnes Lane. Another person used the tool to tell us they were happy with "other residents" but were not happy about "staff". We observed their interactions with staff and agency workers. They appeared settled and calm in their company. The manager agreed to explore this person's feedback with input from a speech and language therapist.
- The service had up to date safeguarding policies and procedures for safeguarding people from abuse and harm. A staff member expressed, "I am comfortable reporting any concerns to my line managers and, if necessary, Dorset Safeguarding, CQC or the police."
- A staff member said, "I feel that the residents are supported well with their day to day living and that they are safe." Another told us, "We do provide a good service to the people we support, and we make them feel safe." A health professional who had visited the service in summer 2021 said, "I felt it was a safe and trusting

environment."

- One relative had raised a concern and the provider confirmed this was being investigated.

Assessing risk, safety monitoring and management

- People's risks were assessed, monitored and regularly reviewed. This included risks associated with skin integrity, COVID-19, finances, water temperature, cooking, going out and emotional distress. One person was able to tell us they felt safe at Barnes Lane. For two people who were unable to communicate verbally we used an alternative communication tool to seek their views.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. Where people had been known to express emotional distress, they had personalised support guidelines to help staff identify the triggers and support them to mitigate risks.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. These checks included: window restrictors, tap temperature controls, exterior lighting and home security. We noticed a utility room door was propped open. We raised this with the manager who advised they would speak with staff to ensure it did not happen again. There was evidence the provider linked with the property owner around maintenance issues and fire safety.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. This helped keep people safe. The manager audited these records monthly and shared learning with staff and people in a way they could understand.

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 people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- People's care plans were personalised and included their communication support and sensory needs, their strengths, likes/dislikes, skill development goals and activities they found fulfilling. Trips had included visits to farms, swimming pools, church and grand prix races. People and those important to them had been included in creating and reviewing the plans.
- Most people expressed happiness with their life at Barnes Lane. One person told us "They help me well. With everything." We asked two people who were non-verbal about their "room", "bathroom", "other residents", "food", "Barnes Lane", "staff", "lounge" and "garden." One was unanimously positive and smiled throughout our questions. The other person was more considered; expressing happiness about the people they lived with by smiling and becoming excited but appeared less happy about "staff" and "activities". The manager provided context around this feedback and agreed to explore it more with the person and input from a speech and language therapist.
- Staff liaised with people's respective funding authorities to ensure they had sufficient care and support hours to meet their needs.
- Staff and an agency worker spoke positively about the detail available to them in people's care plans. A staff member commented, "The care plans do support us, and they are available for us to review as and when required."

Staff support: induction, training, skills and experience

- Staff received an induction before supporting people. One staff member explained, "My induction included about eight shifts of shadowing other team members, a training manual which took about two months to complete, online training and inhouse training."
- Staff received a variety of training to help them meet people's needs. Compliance was 93% in October 2021. Training covered topics such as safeguarding, mental capacity, epilepsy and communication. Staff comments included, "I feel that the level of training is good, and it covers every aspect of my role", "The training is good" and "I enjoy working at Barnes Lane, I have learnt a lot about autism, and enjoy the challenges that working with autistic adults brings."

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

- People had enough food. They were supported by staff to put together a weekly shopping list and choose their meals. In the event stocks ran low, or people wanted an alternative option, staff helped them get items from local shops. Two of the three people we communicated with were happy with the food. The manager

agreed to explore with one person how they could make things better for them in this area.

- People were supported to have a healthy diet and choose food and drink that they preferred. We observed people eating and drinking in line with choices documented in their care plans. A relative told us, "[Name] likes fruit tea and they let [name] have recipes for me to try at home with [name]."
- People's dietary intake was closely monitored. Where concerns arose with people's dietary intake advice was sought from the relevant health professionals.

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

- Barnes Lane was homely and comfortably warm. People had been involved with the interior decoration to celebrate Christmas. There were pictures on the walls documenting activities they had done. People were observed moving around freely and spending time as they pleased in a stimulating environment. A health professional told us, "A lovely environment when I visited there this summer [2021]. It was a home away from home. It was a safe and clean environment."
- People's bedrooms reflected their lifestyle choices, interests and hobbies. One person chose to show us their bedroom and confirmed it was decorated in line with their hobbies and interests.
- We observed people were able to independently access the secure, level outside space. This included a summer house, potting shed and raised beds for growing vegetables.

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

- Records showed people were supported to access health and social care appointments when required including GPs, community pharmacist, continence nurse, social workers, opticians, chiropodist and a dietician. This included mandatory annual health checks.
- The service promoted the consideration of reasonable adjustments to help maintain people's health if anxiety made them reluctant to access health services. For example, a person with a fear of needles had been helped to have a flu nasal spray instead. Staff had modelled what would happen to make the person comfortable with the process.
- Situations that could affect people's health and wellbeing were well known and staff supported them to avoid these occasions or provide reassurance. For example, one person was known to become distressed when hearing the fire alarm, so staff undertook these checks when the person was out of the building.
- People had detailed and up to date communication passports which supported them when they moved between services, for example, when needing specialist dental treatment or a stay in hospital. This meant people could receive a consistent level of support regardless of the setting.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means. This was well documented and supported. Our observations confirmed this.
- For people the service assessed as lacking mental capacity for specific decisions, staff clearly recorded assessments and any best interest decisions. These covered a variety of decisions including COVID-19 vaccinations, vitamin supplements, care and treatment and continence support. Records and feedback confirmed relevant parties were appropriately consulted.
- Where people had a Power of Attorney this was recorded. The manager understood the legal scope this gave representatives.
- DoLS had been requested for each person appropriately. There were no authorised DoLS with conditions in place at the time of our inspection.

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 good. At this inspection this key question has now changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The regular auditing of medicines administration records (MAR) had identified handwritten MAR did not meet the requirements of the service's medicines policy or best practice guidance. This was an area identified by the service shortly before the inspection. Some action had been taken to address this, but improvements were still required. When we raised this with the manager and provider they said, "If it is handwritten it needs to be accurate and specific."

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection the provider is moving from handwritten MAR to an electronic version. They had booked their senior staff onto medicines recording training modules for early 2022. They also told us they would include their medicines policy in a review of all their policies and procedures.

- The manager had a good understanding of their role. They told us it included: "Ensuring compliance with key lines of enquiry and legislation. Ensuring safety of people we support and the staff team. Evidencing we are providing the assessed hours, auditing records such as MAR, [and] checking incident forms are completed in a timely way."
- Aside from medicines, management audits also included health and safety, care plans, activities and dietary intake. A review of people's menus had led to the promotion of a more varied range of food and drink.
- The service had notified CQC of significant events and incidents, which is a legal requirement.

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

- Staff supported people at Barnes Lane to manage any distress, anxiety, feelings and emotional reactions in a personalised way. The nominated individual described the culture as, "Aspirational, with staff in the background rather than making all the decisions. Staff as Autism sherpas - carrying the bags but not out in front. We are supporting staff to take this confident approach. To stand back and understand rather than trying to fix everything. Staff now support people to make messier decisions rather than the easy ones - this empowers people." The manager said, "Hands on the staff are phenomenal with the people we support."

- A staff member said, "I believe that we have a good team at Barnes Lane albeit somewhat smaller now." Three staff had left the service in July 2021 and these permanent positions had not been successfully recruited to." Management assured us that recruitment efforts were ongoing in what is a currently challenging recruitment environment nationally.
- Staff felt a lack of management visibility and understanding of what happens at Barnes Lane. Staff commented, "The staff do not see management for days, sometimes they cannot be contacted by phone either" and "The management do not attend the location regularly to offer support and advice, we don't always know that they have arrived or left. We don't know for sure when they are due on site." After a reflective team meeting the provider put a managers rota in place so all were aware when management were in and available.
- The service had experienced a number of changes to management. A new manager, deputy manager and director of adult services started in 2021. The previous manager had been at the service for over 20 years and oversaw Barnes Lane exclusively as the Deputy Manager. The manager and deputy manager both split their time equally between Barnes Lane and another provider location in the county. The manager said, "[It has] taken a lot for staff to get used to."
- A staff member expressed, "I feel that it's still good working at Barnes Lane, but we could do with more support and understanding from the management." Another commented, "I feel highly supported by my colleagues. I do not feel supported at all by my line managers."

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 manager demonstrated a good understanding of the duty of candour telling us, "This refers to where we have been involved with acts of omission. I would raise this with the local safeguarding team and CQC. I would speak with the person's next of kin, social workers and commissioners. I would detail how we can reduce the risk of the incident happening again."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ; Working in partnership with others

- Staff views were sought in August 2021. The highest response was for, "My colleagues are committed" (96%) with the lowest response concerning, "I am comfortable sharing my views and opinions at work" (64%). The provider subsequently met with staff and developed an action plan incorporating all required areas. This was shared with staff in late 2021. It included steps to improve staffing levels and, "resolve the 'them and us' feeling." One staff member confirmed to us, "We have had some problems with communication between management and staff and we are working together to try to improve this."
- Relatives had been supported to comment on the service although, due to management changes, this had not been done since July 2020. Feedback covered topics such as compatibility, maintenance, support with health appointments, meals and staff knowledge of people's needs. Feedback was largely positive. Comments included, "If there was a column for staff doing the caring with the heading 'excellent', I would tick that", "During the pandemic staff have, under the difficult circumstances, been excellent in helping [name] to understand the situation" and "Kept informed about relative's needs but some management issues have been left unexplained."
- Team meetings took place and included updates about the people living at Barnes Lane, training, MCA/DOLS, restrictive practice, medication and recruitment. Meeting minutes evidenced the close contact the service had with people's relatives.
- The service had developed links with agencies in the health and social care sector. The manager was involved with group supervisions with a local safeguarding team to learn how to better help people living at Barnes Lane. The provider was also considering a link up with a local college to identify candidates keen to work with autistic people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that medicines records were accurate.