

Autism Unlimited limited

Autism Wessex - Middle Path

Inspection report

58 Middle Path
Crewkerne
Somerset
TA18 8BG

Tel: 0146072707
Website: www.autismwessex.org.uk

Date of inspection visit:
05 June 2023

Date of publication:
07 July 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Autism Wessex - Middle Path is a residential care home for up to 4 people who are autistic or who have other complex needs linked to brain injury. The home comprises of the main house, which accommodates 3 people and an attached 1 bedroom annexe. At the time of the inspection there were 3 people living in the main part of the home and 1 person living in the annexe.

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

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.

Right Support:

Risks to people were assessed and regularly reviewed. People told us they felt safe. Relatives and a health professional agreed. A familiar and consistent group of care staff meant staff knew people well and understood their individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

Right Care:

Staff understood how to protect people from poor care and abuse. People received their medicines on time and had annual reviews to ensure they were not over medicated. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

Inconsistent management of the service since the last inspection in 2018 had impacted the culture, team cohesion and had made staff feel unsettled. Staff told us they did not always feel supported by the management. A manager had started at the home 2 months prior to the inspection, recognised the issues we found and was working with the provider and staff on a service improvement plan to address the issues and provide stability.

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 15 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Autism Wessex – Middle Path on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Autism Wessex - Middle Path

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 Health and Social Care Act 2008.

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

The inspection was carried out by 1 inspector.

Service and service type

Autism Wessex – Middle Path is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Autism Wessex – Middle Path is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post

for 2 months and had submitted an application to register. We are currently assessing this application. The manager is registered manager for one of the provider's other locations.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 5 June 2023 and ended on 12 June 2023. We visited the service on 5 June 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with all 4 people who lived at the service and 2 relatives about their experience of the care provided. We spoke with and received written feedback from 4 members of staff including the manager, support workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from 1 health professional.

We reviewed a range of records. These included all 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We spoke with all 4 people living at Middle Path. All 4 people smiled, initiated conversation, and appeared content in the company of staff. All 4 people were able to verbalise they felt safe. For example, 1 person said, "I feel safe and happy as my friends are here." Relatives' comments included: "In terms of [name] being safe we wouldn't have any concerns" and "[Name] is kept very safe. I don't have to worry about [name]."
- The service had up to date safeguarding policies and procedures for safeguarding people from abuse and harm. Safeguarding information was available for people in an easy read format.
- Staff demonstrated a good understanding of the signs and symptoms that could indicate people were experiencing abuse or harm. Staff knew how to raise concerns internally, and to external agencies such as the local authority and CQC.

Assessing risk, safety monitoring and management

- People's risks were assessed, monitored, and regularly reviewed. These covered aspects of people's lives including swimming, choking, asthma, being in vehicles and use of hot water. A health professional who had worked alongside the service in supporting 1 of the people said, "The care provided appeared safe, from my perspective they seemed to be managing [name of person]'s risks well."
- 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 follow up action to minimise risk.
- The service had a business continuity plan. This meant people and staff were at reduced risk in the event of an emergency such as flooding or utility failure.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

- People had access to an easy read format explaining DoLS.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. People were supported by a consistent group of staff some of whom had been at the home for a considerable time. This meant staff knew people well.
- The home had safe recruitment practices including checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines safely and in a way that met their medicines support needs.
- Staff who administered medicines were trained and competent to administer medicines safely.
- Staff recorded on medicines administration records when medicines were given to people. These were complete and accurate.
- Medicines were stored safely. Each person had a locked cabinet in their room.
- For each person prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- Visits to the home were conducted in line with the latest government guidance.

Learning lessons when things go wrong

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

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 our last inspection we rated this key question good. At this inspection the rating has 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management within the service had gone through a period of change - 4 registered managers since the last inspection in 2018. Another manager had started at the home approximately 2 months prior to the inspection. The manager was applying to be the registered manager. They were already the registered manager of another of the provider's services.
- The lack of consistent management since the last inspection had been unsettling for staff. It had impacted on team cohesion, their sense of being valued and their job security. A staff member said, "With no leadership people bicker and take sides. I think it's getting better slowly, and I think [name of manager] is firm and strong enough to take that on." Another member of staff member expressed, "I don't feel the staff [here] work as a team. I think some do and some don't, and it shows. I do believe there is hope on getting us all to work as a team again but for this to happen [name of manager] needs to prove to staff [they] will support [name of deputy manager] to support us so that the strong team we once had will be back."
- Relatives were mixed in their views of whether the service was well led. Their comments included: "In terms of being well led I would have reservations now. I feel it has deteriorated in the past 3-4 years. A steady decline. They had a stable management set up when [name] first arrived" and "I feel the service ticks over quite well."
- The manager had a good understanding of CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The manager felt supported by the deputy manager and nominated individual. The manager commented, "I'm really privileged to have [name of deputy manager] on the team, has been invaluable." Regarding the nominated individual the manager said, "[They] come to do support visits. We feel very seen, heard and supported by [them]. [They] encourage me to do courses to understand the team and people we support."

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 registered manager had a good understanding of the duty of candour. They said, "It is about being open, honest and transparent when things going wrong. Making sure we make safeguarding alerts. Updating people and their representatives. Giving information in a manner someone understands."

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

- People and their relatives had been given the opportunity to provide feedback on the service via surveys. People's surveys were in easy read format. People had fed back, "Support worker does a good job, staff are polite and friendly, happy with the service." A relative said, "I did a survey not long ago and gave positive feedback. I feel listened to. They take onboard what I say." One relative felt there could have been better communication about the manager starting at the home.
- The manager and deputy manager were seen as approachable and made time to listen to staff. Staff felt time was needed though to develop confidence in the manager given the short time they had been at the service.

Continuous learning and improving care

- Various audits were carried out to monitor and improve the quality and safety of the service people received. These were all completed regularly apart from 1 health and safety audit for the home which was outside its scheduled 3 monthly interval. We raised this with the management who rectified this during the inspection. This had had no impact on people.
- The manager told us the nominated individual had "been really supportive to bring about different ways of reflective supervision, this has filtered in to all services to make sure all are working consistently. It's about growing and learning. It is a supportive tool for staff."

Working in partnership with others

- The home had established and maintained good working relationships with other organisations such as GP surgeries, social workers, and dieticians.
- The manager had linked with a local college to support the learning and development of the health and social care students with mini lectures in autism acceptance, sensory stressors, and a day in the life of a support worker.