

# Education and Services for People with Autism Limited

## Montpelier Terrace

### 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 ●

# Summary of findings

## Overall summary

This inspection took place on 20 January 2016. The last inspection of this care home took place on 1 October 2013 and the service met the regulations we inspected against at that time.

Montpelier Terrace is registered to provide care and support for up to six people with autism spectrum condition and associated complex needs. There were four people living at the home during this inspection. The house is divided into three flats. This home does not provide nursing care.

Montpelier had a registered manager in place. 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.

People told us they felt "safe" at the home and enjoyed living at the house. The people who lived here were able to comment on the service they received and said they would feel able to raise any issues with the registered manager or with their own relatives. Other people we spoke with had no concerns about the safety of the service. A relative commented, "I feel very reassured that my family member is safe."

Staff told us they were confident that any concerns would be listened to and investigated to make sure people were protected. There were enough staff to meet people's needs. The provider made sure only suitable staff were employed. Staff helped people manage their medicines in a safe way.

People were supported to increase their daily living skills and were fully involved in shopping, choosing and preparing meals. Staff felt well trained and supported by Education and Services for People with Autism (ESPA) to carry out their role. People were assisted to contact health services, such as GPs and opticians, whenever needed.

People were supported to take acceptable risks so they had as independent a lifestyle as possible. Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and Deprivation of Liberty Safeguards to make sure they were not restricted unnecessarily.

People told us they liked the staff and the service and felt well supported. One person commented, "I like the staff. I like being at Monty [Montpelier]." Other people told us they felt the registered manager and staff were "nice" and "very good". There were good relationships between people and staff. People were supported in a way that respected their abilities, preferences and diversity.

A relative told us, "[My family member] has an excellent quality of life and we as a family are most appreciative of the valuable work done at Montpelier and ESPA." A care professional told us that the service was caring "without question" and that they had witnessed this first hand when visiting the home.

Care records were written in a positive, personalised way that valued the individuality of each person. People had a range of social and vocational activities they could take part in. People were also involved in domestic tasks such as cleaning, cooking and laundry which were an essential part of their goals towards greater independent living skills.

Relatives said they were invited to comment on the service at reviews and through surveys and felt there was good communication with staff at the home. People knew how to raise concerns or complaints and were confident these would be looked into and resolved

People, relatives and staff felt the organisation was well run and the home was well managed. There was an open, approachable and positive culture within the home and in the organisation. People were asked for their views of the service and were kept informed about the running of the home.

The provider had a quality assurance system that included checks by the registered manager and staff of the safety of the service.

## 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. People felt safe and comfortable at the home.

There were enough staff to support the people who lived there. The provider made sure only suitable staff were recruited.

People were supported with their medicines in the right way.

### Is the service effective?

Good ●

The service was effective. People, relatives and care professionals told us the service met each person's individual needs.

Staff were well trained and experienced in supporting people with their autism needs. Staff had regular supervision and appraisals to help them with their professional development.

Staff worked closely with health and social care professionals to make sure people's well-being and health was maintained.

### Is the service caring?

Good ●

The service was caring. People said they liked the staff. A relative said staff were friendly and helpful.

Staff talked about people in a valuing way that respected their individuality and abilities.

Staff supported people in an enabling way that promoted their independence. People were encouraged to make their own choices and decisions about their lifestyles.

### Is the service responsive?

Good ●

The service was responsive. People were supported in a personalised way and were involved in setting their own goals for the future.

People were offered daily activities to promote their leisure and independent living skills.

People had information about how to make a complaint in easy-read and picture format. They said they knew how to raise any concerns and were confident these would be dealt with.

**Is the service well-led?**

**Good** ●

The service was well led. There was a registered manager in place who was experienced in providing care services for people with autism.

People, relatives and staff felt they had opportunities to give their views about the service. They felt the registered manager was open and approachable.

The provider had a system for checking the safety and quality of the service.

# Montpelier Terrace

## **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 20 January 2016. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

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. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted the commissioners of the relevant local authorities as well as health and social care professionals to gain their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with three of the people who lived there and, with their permission, asked relatives for their views of the service. We spoke with the registered manager and two support workers. With people's permission we looked at some bedrooms and communal areas of the premises. We viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of two newer staff members, training records and quality monitoring reports.

# Is the service safe?

## Our findings

People told us they felt "safe" at the home and enjoyed living at the house. The people who lived here were able to comment on the service they received and said they would feel able to raise any issues with the registered manager or with their own relatives.

Other people we spoke with had no concerns about the safety of the service. A relative commented that they had good contact with the home and said, "I feel very reassured that my family member is safe." A social care professional told us, "I feel that the manager and her team have taken all the precautions that they can to make the placement safe for my service user."

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was regularly updated. Staff told us they had no concerns about the service but would know how to report these and would do so immediately. One staff member commented, "It's very safe. There are no issues but I would feel confident to report any concerns and we've had good training in safeguarding." The provider had clear policies on safeguarding vulnerable adults and whistleblowing (for staff to report any poor practices). Staff had access to these procedures, which were kept in the office.

Some senior managers within the organisation were designated safeguarding leads who had an on-call system. There was a poster in the office with the telephone details of the safeguarding lead for each day so that staff could contact them with any queries or concerns at any time of the day or night. There had been no significant safeguarding incidents at the home since the last inspection. The home had reported two minor medicines issues over the past year to the safeguarding adult's team of the local authority which was satisfied with the actions the home had taken.

Risks to people's safety and health were appropriately assessed, managed and reviewed. There were risk management plans in place for each person that described how they could participate in activities that might involve acceptable risk-taking. For example, making meals, using household cleaners and some leisure activities such as swimming. It was clear people had been fully involved in the assessment and had signed their agreement of the risks and how they would be supported to manage these. This meant people's safety was upheld without compromising their rights to independence.

The accommodation for people was warm, modern and comfortable. The house had three flats and people said they enjoyed having their own space and using their own bedrooms for privacy. There were no hazards within the home's premises that would present a risk to the people who lived, visited or worked there. The organisation's health and safety team visited the home regularly to check that the premises were well maintained, and all required servicing certificates were up to date. These included, for example, electrical, gas, legionella and portable appliances tests. The staff carried out regular health and safety risk assessments and told us there were no premises issues that would make the home unsafe. There were personal emergency evacuation plans for each person. The minutes of house meetings showed that people understood how to respond to the fire alarm and would follow staff instruction to vacate the building in the event of an emergency.

Staffing levels were based on the individually assessed needs and funding arrangements with each person's relevant local authority. At this time there were four people living at the service, and four staff on duty. This was the typical daytime staffing level. People and staff told us the current staffing levels meant everyone had enough support to go out to their vocational activities, and support to work towards improved independent living skills. This meant people could spend time on a one-to-one basis with a support worker to increase their skills. In the evening there were two staff on duty and one sleep-in staff overnight.

We looked at recruitment records for the two most recent staff appointments. The recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff who were employed were suitable to work with vulnerable people.

There were suitable arrangements for helping people to manage their medicines. Staff ordered people's medicines from their respective GP and then faxed the prescriptions to a local pharmacist. The pharmacist delivered the medicines in clear plastic packets that included the name and a description of each tablet, and the dosage time, day and date it should be taken. This meant that there were safe procedures in place to ensure the safe ordering and receipt of medication.

At this time all of the people who lived here needed some support with medicines but were encouraged to be as involved as possible. Some were going to work towards managing their own medicines for short periods. For example, all four people had signed their own medicines risk assessment which they had been involved in. One person signed a record alongside staff to show they had received their medicines.

Staff who were responsible for supporting people with medicines were trained in safe handling of medicines. When medicines were given this was recorded on medicines administration records (MARs). All the records about people's medicines were up to date and complete. This meant people were assisted with their medicines in a safe way.



## Is the service effective?

### Our findings

The people we spoke with felt that the service met their needs and they described the independent living skills they had achieved since moving here. A relative told us, "The progress that my [family member] has made in recent years is down to the dedication, autism awareness, confidence building and the care shown by the staff at Montpelier and ESPA." A care professional told us, "My service user's needs are met and they do have a good quality of life."

Staff felt they were well trained and supported to carry out their roles. Staff described the specialist Autism for Professionals training they had attended which they felt gave them a good knowledge base to support people whilst recognising their individual and specific needs. One staff commented, "The training is really good. We have training in everything to do with autism including sensory training and using visual tools for communication."

Training records showed that staff also had regular training in health and safety subjects such as safe moving and assisting, emergency first aid fire safety and food safety. There were individual training records for each staff member which showed when any refresher training was due. New staff received a three week induction training package before they started to work with people who used the service, which included all necessary training. All the staff, except two new staff, had achieved a care qualification such as NVQ or diploma in social care. New staff were automatically enrolled on this as soon as their induction training was completed.

Staff told us, and records confirmed, that they received regular supervision and appraisal from a supervisor. One staff member commented, "The manager and both seniors do supervisions, although we can discuss any issues or ideas at any time." This meant that staff had the opportunity to discuss their role and responsibilities at dedicated intervals as well as the ability to raise concerns or issues they may have as and when they arose.

Staff had training in the Mental Capacity Act 2005 (MCA) which 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider had made applications to the local authority about some of the people who lived at Montpelier Terrace and only if this was necessary because they needed some support outside of the home.

Some people were able to go out for short distances without supervision and some people managed their own money because they had been assessed as having the capacity and skills to do this. Where people

required some supervision with these area, independent advocates had been involved to support them (an independent advocate is someone who can support an individual to voice their views, opinions or decisions on matters concerning their care and welfare). The person had been fully involved and informed about the reason for these decisions. In this way the provider was complying with the requirements of the Mental Capacity Act without compromising the rights to independence of the people who lived there.

Staff had training in 'positive behaviour support', which is an accredited way of supporting people in the least restrictive way that promotes positive behaviour. None of the current people living at the home had behaviours that required any restriction.

The care records about each person included a nutritional assessment about their eating and drinking. None of the people had been assessed as being at nutritional risk and they all enjoyed a variety of meals. People described how they were fully involved in planning their menus and doing their grocery shopping. They were also fully involved in preparing their own meals with guidance from staff where necessary. People also told us they enjoyed going out for some meals and having occasional takeaways of their choice. This meant that people were supported to maintain a balanced and healthy diet.

Each person was supported to access community health services whenever this was required. They had access to community health care services such as GPs, dentists and podiatry, as well as specialist services when required, for example an epilepsy nurse. The provider also employed a range of health care professionals including psychologists, occupational therapists and an autism assessment manager. Each person had a 'hospital passport' which included clear and detailed information about their health, communication, abilities and needs in case they were ever needed by other care professionals.

A monthly review of people's well-being, called a 'clinical review submission' was sent to ESPA with a general overview of the person's well-being and details of any referrals for specialist input or other health referrals being made. This meant the provider was kept up to date about the physical and psychological health of each person and any additional support they required.

## Is the service caring?

### Our findings

People told us they liked the staff and the service and felt well supported. One person commented, "I like the staff. I like being at Monty (Montpelier)." Other people told us they felt the registered manager and staff were "nice" and "very good".

A relative told us, "[My family member] has an excellent quality of life and we as a family are most appreciative of the valuable work done at Montpelier and ESPA." A care professional told us that the service was caring "without question" and that they had witnessed this first hand when visiting the home.

It was clear from discussions and observations that people enjoyed the company of staff and had a good relationship with them. There were friendly chats and good humour in these interactions. People were treated with respect but were also supported to understand the professional boundaries of staff so they could enjoy appropriate relationships with them.

Staff told us they felt their colleagues were caring and supportive of the people who used the service. One staff member commented, "Staff are very caring towards people and to each other. There's a good atmosphere in the house. The service is all about encouraging independence and I've seen real improvements in people's self-care and daily living skills like cooking."

For some people the service aimed to provide a transitional service that supported people to gain independent living skills with a view to possible semi-supported living in the future. People described how they were encouraged to do as much as they could independently and to learn new skills. One person told us, "I do a lot of things myself and I make meals. I also like to go to restaurants. If I buy anything extra I pay for it myself."

People's individuality was valued. Care records were written in a supportive and sensitive way. Throughout the inspection the registered manager and staff spoke about people in a way that celebrated their achievements whilst recognising their individual needs.

People were kept fully informed about any aspect of the service that might impact on them. For example, one person told us about the landlord coming to fix door closures in their flat and what day they were expected. Another person described how they met with potential new staff before they were interviewed. People felt included and involved in discussions about their service.

People showed us there were information boards on each floor with details of which staff were on duty that day so they were kept informed about who would be supporting them. People told us about their 'key workers' (staff members who worked more closely with them to achieve their goals) and how these were being changed around. People told us they were fully involved in the discussions and decisions about this.

People commented that they made their own decisions, especially about preferred social activities or outings. For example, one person commented, "I like to go out to different places and I decide where I want

to go."

Where people had required support with major decisions the service had arranged independent advocates so their best interests were upheld. Relatives felt there was good communication from the service so they were kept up to date about their family member.

## Is the service responsive?

### Our findings

People felt they received an individualised service and described being fully involved in how their support was carried out. For example, they were included in decisions about who their keyworker would be and in how they spent their time.

A relative confirmed that the service was personalised and specifically supported the diverse, individual needs of the people who lived there. They told us, "By responding to individualised care [my family member] has gained insight and more understanding of their [autism condition]." The care professionals we contacted told us the service provided personalised care that met the individual, complex needs of each person.

The two people's care records that we looked at were personalised and very detailed. Each person's care records had specific information about them, for example 'things I like, things I don't like, how my autism affects me, what works well at Montpelier, my living skills and self-care'. The care records were written from the point of view of the individual person and reflected their abilities as well as goals. For example, one person's care records stated, 'I use my front door code and have a key for my bedroom. I will lock it and take it with me when out of the building.'

Since the last inspection people's care records had been redesigned to include person-centred support plans based on people's own future goals and the support they would need to achieve greater independence. For example, one person's goals were: to access the local shop independently; to cook my own lunch using the grill; to look at new opportunities to attend social events; and to complete the driving theory test.

People had been fully involved in setting their own goals. There was also a section of their care records called 'service user participation' which described all the ways in which the person was involved and informed about the service. These included, for example, having information and a licence agreement in an easy read format, involvement in meeting potential new staff, attending house meetings and reviews and annual surveys from the provider.

Staff felt the service supported people during transitions and changes in their needs in an individualised way. One staff member commented, "The service is very good at responding to changes in people's needs and looking at every aspect of supporting people during those periods."

Staff also described how one person had moved from the home to another nearby service recently which was more suited to meet their needs. They told us how specific staff members, who were familiar with the person and worked well with them, had transferred to the new service with them to continue their care provision. Staff described the service for each person as 'bespoke' and always designed to meet their individual needs.

A relative described how they had good communication with the service to support their family member

during any unsettling periods of change. They told us, "The staff and I have regular contact so that we can compare experiences and follow up good ideas to help my family member over tricky and difficult times."

People had been fully involved in choosing their range of daytime occupations and evening activities. Each person had a printed weekly planner that set out what they were doing each week. For example, some people attended vocational or creative classes at a nearby day centre operated by ESPA such as pottery and art. One person had a placement at a workshop. Some people also used a local sports centre for badminton and swimming.

Each person had a range of individual interests and these were also set out in their activity planner. For example some people liked to go on trips to local places of interest or to shopping centres and one person was an accomplished piano player so had set time aside for piano practice. Everyone also had some time for domestic and household tasks such as cleaning, cooking and laundry which were an essential part of their goals towards developing greater independent living skills.

People and relatives knew how to make a complaint and were confident these would be dealt with. The three people we spoke with were clear that they would tell the registered manager if they were dissatisfied with any aspect of the service. For example, one person told us, "If I wasn't happy I would talk it through with Sue [registered manager] or with staff." People told us they felt their complaints would be listened to if they had voiced them.

There was clear information about how to make a complaint which was in pictures and easy read format and this was in the office where people could see it. The complaints information included the telephone contact details of senior manager so people could contact them if they did not want to discuss their complaint with the staff in the home. There had been no complaints about this service in the past two years.

# Is the service well-led?

## Our findings

The home had a registered manager who had been in this role for several years. The people, relatives and care professionals we spoke with felt the service was well run by the registered manager and the provider. The people who lived there said they had confidence in the registered manager and said she was approachable. One person commented, "I can go and talk with her at any time." A care professional told us, "Very well-led. I have a lot of respect for [registered manager] and the team."

Staff also felt that the registered manager and organisation operated the service in a transparent and inclusive way. One staff member commented, "It's run really well. It's an open culture and we are asked at every supervision if we have any worries or concerns." Another staff member told us, "I would have no problem in talking with the manager or ESPA and am very confident they would listen and act on any issues. I really can't think of anything that would improve the service for people."

People told us they held their own 'house meetings' and we saw the minutes from the most recent meetings in November 2015 and January 2016. It was clear from the minutes that each person was fully involved in group decision-making such as group trips, as well as being kept up to date with any changes within the home or the organisation. Any actions from the last meeting were recorded and acted upon.

People and their relatives were invited to complete an annual survey by the organisation and the results were collated. The most recent survey carried out in 2015 showed that the four people liked living at the home, felt safe, enjoyed the food, felt listened to and felt staff understood what was important to them.

The survey responses from two relatives were also extremely complimentary and positive about the respect, care and support provided to their family members. Their comments included, "Care and welfare – absolutely" and "emails, reviews and review minutes are always well done and extremely helpful".

Staff had monthly staff meetings where they could receive consistent direction, discuss expected practices and make suggestions. The registered manager had regular meetings with the managers of other services operated by the same provider. The registered manager also met with a smaller 'hub' of managers to discuss best practice and to explore innovation within the services. These discussions were shared with the managers' meetings. In this way the registered manager and provider were committed to continuous improvement of the service at Montpelier Terrace and its other services.

The provider, ESPA, was a registered charity that has been providing services to people with autism for 24 years. Staff were aware of the provider's vision and values about supporting people with autism to lead fulfilling lives and these were set out on its website. One staff member commented, "I feel very supported by ESPA and by my own colleagues."

Staff had additional responsibilities and designated roles to check the quality and safety of the service. These included monthly checks of fire safety, medicines management, lighting, electrical safety, infection control, vehicle safety and staff training.

The provider's quality assurance system also included 'peer review' visits by the managers of other services operated by ESPA. These unannounced visits monitored areas such as involvement and information for people, care and welfare, safeguarding and safety, equipment, staff and quality of life. We saw the detailed report of the last peer review visit that had taken place in October 2015. Any areas for improvement or suggestions were recorded and discussed with the registered manager. The general manager for ESPA had also identified a number of future quality monitoring visits to Montpelier Terrace. These checks would include medicines management, staffing, premises and customer focus.

The provider had a range of senior managers who supported the organisation and were responsible for checking the quality and safety of the service. Any incidents or accidents were reported to senior managers and monitored for any trends. Monthly health and safety audits carried out at the home were forwarded to the provider's health and safety manager. This meant the provider monitored incidents and risks to make sure the care provided was safe and effective.