National Autistic Society (The)

Lakeside House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Lakeside House provides accommodation for five people with autism and complex needs who require personal care. Four people live in the main part of the home; one person lives in a self-contained flat.

This inspection took place on 2 and 6 September 2016 and was unannounced.

There was currently no registered manager responsible for the home. The last registered manager deregistered with us on 3 May 2016. 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. A new manager had been recruited and was present at this inspection. They will start the registration process with us shortly.

People had communication difficulties associated with their autism. We met four people who lived at the home. We had very limited communication with two people. We also used our discussions with people's relatives and staff to help form our judgements.

The home was a safe place for people. Staff understood people's needs and provided the care and support they needed. One relative said "We know [name] is happy and safe."

People appeared happy with the care they received and interacted well with staff. Experienced staff had built good relationships with people. Staff supported people's independence and involvement in the community. A lack of transport sometimes limited people's ability to access the community.

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on. One relative said, "We have agreed with and are happy with the care plan."

People received good support from health and social care professionals. Staff were skilled at communicating with people, especially if people were unable to communicate verbally.

People's legal rights in relation to decision making were not always upheld. People were not provided with a consistently homely and well maintained environment.

Staff were well trained, but had not been well supported through a time of significant change. Staff morale had been adversely affected. One staff member said, "There just hasn't been the support for us, even though we have been through a very difficult time." Staff support and morale had improved throughout this year.

There had been a number of changes in the management team since our last inspection. This had led to a period of instability and inconsistency. A new management team were now in place and improvements in the service were being made. One relative said, "They don't keep managers long enough. This has an effect on the quality of care and things don't get followed up."

The quality assurance processes in place to monitor care and safety and plan ongoing improvements were not fully effective. There were systems in place to share information and seek people's views about the home.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's legal rights in relation to decision making were not always upheld, people were not provided with a consistently homely and well maintained environment, staff had not been supervised regularly and the quality assurance processes in place to monitor care and safety and plan ongoing improvements were not fully effective. You can see what action we told the provider to take at the back of the full version of the report.

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 were protected from abuse and avoidable harm.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was well managed.

Some improvements were needed in the way risks were identified and managed.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Requires Improvement

The service was not fully effective.

People's legal rights in relation to decision making were not always upheld.

People were well supported by health and social care professionals. People had a choice of nutritious meals and drinks.

Staff were trained but did not receive on-going support to make sure they provided effective care to people.

People were not provided with a well maintained home.

Is the service caring?

Good

The service was caring.

Staff were kind and patient, treated people with dignity and respected their privacy.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive.

People chose a lifestyle which suited them. They were supported to follow their personal interests.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to develop or improve their service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were ineffective quality assurance systems in place to make sure any areas for improvement were identified and addressed.

There had been a lack of consistency within the management team, which had led to instability and a lack of consistency. The service was improving.

Staff worked in partnership with other professionals to make sure people received the care and support which met their needs.

Lakeside House

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 2 and 6 September 2016 and was unannounced. It was carried out by two adult social care inspectors.

People had communication difficulties associated with their autism. We met four people who lived at the home (one other person was on holiday with their relatives). We observed staff interacting and supporting people in communal areas of the home and in the grounds. We had very limited communication with two people. We also used our discussions with people's relatives and staff to help form our judgements.

We spoke with five relatives, six care staff, one deputy manager, the new manager and the provider's area manager. We looked at four people's care records. We also looked at records that related to how the home was managed, such as staff rotas, staff training records, quality assurance audits and survey results.

We reviewed all of the information we held about the home before our inspection. We looked at notifications we had received. A notification is information about important events which the home is required to send us by law. We reviewed previous inspection reports. The service was last inspected on 5 August 2014 and met all the standards inspected.

We did not request a Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The manager therefore provided us with a range of documents, such as copies of audits, action plans and surveys, which gave us key information about the service and any planned improvements.

Good

Is the service safe?

Our findings

The service was safe. People were protected against the risks of potential abuse. People had communication difficulties associated with their autism so they were not able to talk with us about their safety. People looked relaxed and comfortable with their peers and with the staff who supported them. Relatives we spoke felt it was a safe place. Comments included, "I think [name] is happy and safe. He stays with us sometimes but always happy to go back to Lakeside", "Yes, I believe they keep [name] safe enough" and "We know [name] is happy and safe."

Staff spoken with said the home was a safe place for people. All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. The home had a policy, which staff had read, and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member said, "Yes, it's a safe place here. Staff are very conscientious; they would never mistreat people. I would report any concerns if I had any." Another commented, "I am absolutely confident [name of manager] would manage any safeguarding".

No safeguarding concerns were raised with us during our inspection. Prior to our inspection, the provider notified us they had discovered people's money had been misused by staff. When people went out for a meal, they paid for not only their own meal but also paid for the staff member's meal as well. This misuse of people's money was contrary to the provider's policy and would therefore be considered financial abuse. The provider had investigated this issue, taken appropriate action with staff and reimbursed each person. There had been no recurrence of this issue.

People were happy and relaxed during both days of our visits. Occasionally, people could become upset, anxious or emotional. There were guidelines in place for staff to follow which explained the best way to support people at these times. Staff spoken with knew how to offer appropriate support and we able to describe the techniques they used. A relative said "Staff give [name] time and space to calm down. He goes for walks and that helps him." One staff member told us "We know people well, what makes them anxious and how to de-escalate things".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Some of these needed to be improved. For example, one person's assessment for a health condition contained another person's name. When we compared the two people's assessments they were identical, only the person's name had been changed in some places so it was not clear what the risks to each person were. Another person had a risk assessment completed for a physical intervention (a physical technique staff may use to support people who were upset or anxious) but this technique was not part of this person's planned care. This was therefore not a risk for this person. This was discussed with the manager who confirmed that each person's risk assessments would be reviewed and amended if necessary.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. The deputy manager told us how one person had regular incidents which could put them at risk. They explained how the staff team had reviewed the incidents to look at why they were occurring and identified the person was attempting to meet their sensory needs. In response to this, staff had adapted the person's environment to meet this need safely and the incidents had significantly reduced. Records seen confirmed this.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had their own plan if they needed an emergency admission to hospital or if they needed to evacuate the home in the event of a fire. The home had plans in place for emergencies, such as a failure of utilities. We saw there was a 'disaster box' in the office; this contained information and equipment which staff may need if there were an emergency.

Staff told us there were enough staff to meet people's needs. They told us any vacant shifts were covered with permanent staff working additional hours or with regular agency and relief staff. One staff member said "We have a few new staff, but we are a consistent team and if we have any shifts that need covering we use regular agency staff who know the guys". Another commented, "Staffing has improved massively." The deputy manager told us staff support was provided when people required it. For example, they described how one person took time to "Get going" in the morning. They had changed the person's two to one staff support to start later in the morning to meet the person's needs and enable them to access the community.

The service followed safe recruitment practices. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen also confirmed that staff members were entitled to work in the UK.

There were safe medicine administration systems in place and people received their medicines when required. People had prescribed medicines to meet their health needs. These were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely, including those which required additional security. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them. Staff mixed one person's medicines with a drink before offering them to the person. The person's GP and a pharmacist had agreed this practice was safe and effective.

Staff helped people with their medicines; no one self medicated. One staff member administered the medicines and another checked the right medicines were being given to the right person, at the right time. Staff received appropriate training and a competency check before they were able to give medicines. Staff training records confirmed this.

Medicines were dispensed in one room at the home. We saw people usually came to this room to take their medicines. Staff took the medicines from this room to the person who lived in the flat; a secure container for these medicines was used to ensure their safety whilst being carried by staff. Staff only helped one person at a time, which reduced the risk of an error occurring. Medicine administration records were accurate and up to date. Medicines were stored at a safe temperature and those which required dating when first used had

been dated. This ensured they were safe to use. Staff returned unused medicines to the local pharmacy for safe disposal when no longer needed.

Requires Improvement

Is the service effective?

Our findings

The service was not fully effective. People's rights were not fully protected because the correct procedures were not always followed when people lacked capacity to make decisions for themselves. No one living at Lakeside House was able to make complex decisions independently.

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. Any restrictions placed on people should be regularly reviewed.

Staff had received training on the MCA, but we found their knowledge on the subject varied. We heard staff asking for people's consent before they assisted them on both days of our inspection. For example, when supporting with medicines and supporting people to change items of clothing. When complex decisions had been made, such as medical intervention, we found staff had a good understanding of the process. When people had lacked capacity to make a decision for themselves, a best interest decision had been made on their behalf. For example, best interest decisions involving family members and professionals had been made for people's medicines, their finances and invasive health care procedures such as dental treatment.

However, staff had not considered people's capacity to consent to other areas of their day to day lives. For example, one person smoked and another person had restricted access to their clothing. Staff told us both people would lack capacity to agree to these things but had not considered the best interest process for either person. We found there was a lack of documentation in place to show staff followed the principles of the MCA. MCA assessments in people's care plans were out of date. For example, one person had an MCA assessment in place dated 2012. The assessment was completed when the person first moved to the home. The deputy manager told us some of the restrictions were no longer in place so were no longer in the person's best interests. However, the assessment had not been reviewed or amended. Staff had therefore not followed the principles of the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had not always felt supported working at the home. There had been lots of changes in the staff team, including the manager, deputy manager and senior staff. There had been vacancies within the staff team; agency staff were often used to cover shifts. Staff felt this had led to a lack of support and consistency. One staff member said, "There just hasn't been the support for us, even though we have been through a very difficult time."

People were not supported by staff who had supervisions (one to one meeting) with their line manager. Staff

told us supervision was very important to them as they enabled them to discuss any training needs or concerns they had. Each staff member spoken with said supervision was irregular, often with months between meetings. One member of staff told us "Supervision? It's very hit and miss. No one here to do them because of the constant staff changes." Another said, "Often there just haven't been the staff to do them. It wouldn't be unusual to have a five or six month gap between supervisions." The records we looked confirmed the views of staff. Although supervision had improved in the last two months, staff had not been supervised regularly prior to this. For example, one staff member was last supervised in October 2015; another member of staff was last supervised in November 2015.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some parts of the home required maintenance and updating. For example, some areas in the kitchen were damaged, a cupboard door missing and the work surface being broken in places. The home had a shower room with the walls and flooring tiled. We saw the grouting was black in between the tiles and the pull cords for the light and shower both looked black from mould. The radiator cover was showing signs of rust. Staff told us how they deep cleaned the shower room regularly; however, they said it was difficult for them to make it look or keep it clean. There were two additional bathrooms in the home; both bathrooms floors were stained and the toilet roll covers were missing. People were using these rooms every day; they were not being provided with a consistently clean, homely or well maintained environment.

The areas of the home that required improvement had been identified during team meetings and we saw an action plan was in place prioritising the work required. The staff told us there were plans to replace and update the kitchen within the month following the inspection. The provider's area manager confirmed they had received quotes to update the bathrooms and shower room. They told us they were waiting for one more quote; work was planned to start in the near future.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 checked whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had submitted Deprivation of Liberty Safeguards (DoLS) applications for all the people living at the home because people would not be safe if they did not have certain restrictions in place. Where people's authorisations had conditions on them, these were complied with. Two of the DoLS authorisations had expired; applications to have these renewed had been completed and forwarded to the appropriate agency. This meant people's legal rights regarding their liberty had been protected.

People used various methods to communicate their wishes and choices. These included speech, pictures, signing, vocalisations and body language. Experienced staff knew people well and were able to interpret non-verbal communication. We saw staff used sign language and clear and simple sentences to help them interact with people. People's care plans contained details about how each person communicated. For example, one person's plan explained how they would communicate they were happy or unhappy and how

they communicated what they wanted by leading the staff to the item.

People's changing needs were monitored to make sure their health needs were responded to promptly. Relatives told us staff understood their family member's health care needs and provided the support they needed. They said staff were good at picking up signs that people were unwell or in pain as often they would not be able to say. One relative said, "[Name] had really bad problems with his teeth which staff picked up on. He was in a lot of pain, but that's all done now. Apart from that he's been in good health."

People were well supported by health and social care professionals. They saw their GP, dentist and optician when they needed to. The service also accessed specialist support for people, such as from a dietician, psychiatrist, chiropodist, epilepsy nurse and psychologist. Care plans were in place to meet people's needs in these areas and were reviewed regularly.

Staff were aware of people's dietary needs and preferences. People were not able to tell us their thoughts about the food provided in the home. We saw people had a varied and healthy diet. Staff monitored people's food where required to ensure they received enough nutrients every day. Meals were based on people's preferences. Staff told us people who lived in the main house met weekly to choose their main meals for the week. Staff said if people changed their minds about what they wanted there were always other options available for them to choose. People had access to food when they wanted it and they could go and choose food items from the provider's on site canteen if they wished. We observed staff offering one person a choice of having lunch at home or at the canteen; the person chose to go to the canteen.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. New staff completed an induction when they started work. This provided them with the basic skills and training needed to support the people who lived in the home. We saw the induction programme was also linked to the Care Certificate. (The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.) Staff told us the induction included a period of 'shadowing' experienced staff and looking through records. They said this could be extended if they needed more time to feel confident. One staff member said, "The induction was good. It included shadowing staff and I met with [name of deputy manager] to discuss if I felt confident and any concerns. They definitely would have extended it if needed."

Staff told us they had ongoing training they needed to ensure they were able to meet people's needs. Comments included, "There is always training available" and "The training is good." We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, equality and diversity, epilepsy, health and safety, first aid, person centred care and autism.

Good

Is the service caring?

Our findings

The service was caring. People were treated with kindness and compassion. Two people were able to confirm they were happy living at the home. Relatives told us "The staff seem to care, they have a good attitude" and "[Name] is happy and settled, that is a good sign they are being cared for." Throughout our inspection staff interacted with people who lived at the home in a kind and caring way. There was a good rapport between people and staff.

People required ongoing care and support from staff; longer standing staff clearly knew people well. They were able to explain what was important to each person such as their family members, their personal space and favoured activities. One relative said, "I am happy the staff understand [name] and have a good relationship with them." However, there had been many changes in the staff team, which relatives commented on. One relative said, "One thing I don't like is the turnover of staff. The ones I know I trust, but I don't know some of them. [Name] doesn't like change; he likes the staff he knows well."

Care plans contained information about the characteristics of staff who would be most suited to support a particular person. This helped to ensure people, especially those who were unable to express themselves verbally, were supported by staff who were suitable to work with them. For example, one person preferred 'active staff'. One staff member told us how this had been considered when developing the person's core team of staff.

Staff were aware of and supported people's diverse needs. One person's care plan stated they liked 'water play' as part of their sensory needs and how having access to this was an important part of their daily life. Staff were aware of this and they described how the person could access this at any time of the day. Records confirmed the staff were supporting the person to engage in this activity regularly throughout the day.

People were encouraged to be as independent as possible. One relative said, "[Name] makes his own drinks, does the recycling, goes out for walks on his own and visits other houses (on the Somerset Court site) for a cup of tea. He rings other houses before going over." Staff described how they assisted people to maintain their independence and they were aware of the importance of this. We observed staff prompting and encouraging people to do things for themselves rather than doing things for people. People were encouraged to take things at their own pace and were not hurried or rushed. One staff member told us "We are here to empower people."

Staff talked positively about recent changes at the home, such as being more consistent in how they supported people and improvements in how staff were supported. They felt these had benefitted both people who lived at and worked at Lakeside House. Comments included, "It has changed a lot. The guys here are amazing", "I really like the house and the people living here" and "I love working here now."

People and their relatives were involved in planning care. People made choices about their day to day lives.

One relative said, "They don't make [name] do anything he doesn't want to do." People chose when they got up and went to bed, meals and what personal care they wanted. People were supported to express their views about their care and support even where they were unable to express their views verbally. Each person had a key worker (a named member of staff responsible for ensuring care needs were met) who met with them each month to go through their plan of care and to look at what was working well and what was not. The person's key worker wrote a newsletter, which was then sent to the person's friends and relations to keep them up to date.

Staff spoken with were aware of the need to maintain confidentiality. Personal records were stored securely. People's individual care records were stored in lockable cabinets in the office to make sure they were accessible to staff. Staff were able to tell us how they respected people's privacy for example by knocking on people's doors and asking if they could go in. They also told us how they recognised the importance of people having their own private time and personal space.

Relatives told us that they were able to visit their family members at any time. They were always made to feel welcome and there was always a nice atmosphere. One relative said, "We often visit unannounced and there have never been any concerns." People were also supported to call, write to and visit relatives. One relative told us, "I don't visit [name] that often now due to my health. He comes to stay with me four or five times a year. He stays for a week or two each time."

Good

Is the service responsive?

Our findings

The service was responsive. People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. Two people were able to confirm they were happy with the activities they took part in. Most relatives said their family members chose to do things they enjoyed and felt people were well supported in choosing activities and outings. One relative told us "[Name] loves wood work; he has made me some lovely things out of wood. He likes gardening, he likes to walk a lot and he goes out to the pub." Another said, "[Name] gets out and about enough, they are always busy. The staff have supported them to go swimming more and supported them to buy a new bike." One relative told us they thought their family member had a lack of structured activities and felt they were "Bored."

Each person had good levels of staff support; they had one to one or two to one staffing at times. People were able to plan their day with staff. Some activities were pre planned whilst others were more 'ad hoc'. On both days of our inspection people went out to day services on the Somerset Court site (such as woodwork, craft and forestry) and into the community. People also spent time at home. Records showed people went to day services, shopping, swimming, the gym and went on holidays.

There was one vehicle available for all the people living at Lakeside House to use. Staff told us how each person had priority over the vehicle one day a week on their 'in house' day. When people had their weekly home day, staff made sure the vehicle was available to them. Staff had also written detailed guidelines which clarified which people could use the vehicle at the same time to help with this situation. Comments from staff included "[Name] cannot go out with the others, it is difficult and not great", "People do get out as much as possible, they do things on the site" and "If [name] had their own vehicle it would make a world of difference." Staff borrowed another vehicle when they could to enable people to go out. One staff member said, "We can use the day centre bus at evenings and weekends."

People were encouraged and supported to develop and maintain relationships with people that mattered to them. Relatives visited people at the home; people also visited or stayed with their relatives. One person was on holiday with their relatives during our inspection. Relatives said communication with them was good. One relative said, "I talk to [name] on the phone. He tells me what he has been doing. I get newsletters about him, which is nice, and staff call me every week." Another told us "We receive monthly newsletters and can call anytime; the communication is good."

People participated in the assessment and planning of their care as much as they were able to, although this was limited by their communication difficulties. Others close to them, such as their relatives or other professionals involved in their care, were therefore consulted. One relative told us "We have agreed with and are happy with the care plan." Another said, "We attend reviews where goals are set and review how things are for [name] and us." One relative added, "I used to go to all the reviews, but not anymore due to my health. Now, the social worker calls me and my daughter the day before the review so we can still be

involved."

Staff provided support and encouragement to people to help them try new things. One relative said "I went to the PCP (person centred planning) meeting. That went fine. They are very good at asking [name] about new things he wants to try. This time he chose to try fishing." People had personal goals, which were regularly reviewed . Records showed people's goals, the support they required and the progress made towards them. For example, one person was developing their communication and independence skills. Another person had chosen to walk to the pub in the evenings.

We looked at three people's care records. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans included people's life history, their interests, likes and dislikes, communication and support needs. Some plans were very detailed; where people had particular routines they liked to follow, these were recorded. Care plans were generally accurate and up to date, although we did find some areas for improvement. For example, people's care plans and risk assessments contained conflicting information.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff recorded information about people at the end of each shift. These records included the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care. We found staff had not fully completed one person's records. The deputy manager told us they thought this would have been when an agency staff member was working with the person; they were confident it would not have been a permanent member of staff. One staff member confirmed they been working on improving documentation in the home; this was confirmed in the quality monitoring audits.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Not all the people at Lakeside were able to raise concerns or complaints and needed to rely on staff to raise these on their behalf. There were pictorial complaints procedures displayed within the home stating who people should talk to if they had a concern. We discussed with staff how they supported people to raise concerns. One staff member described how they knew one person was not happy through their body language and reluctance to attend activities. They explained how they communicated with the person to identify the problem. The staff member said "We knew something wasn't right so used a communication board to find out". They told us the outcome was the person explained they were in pain and the staff member described how they responded by arranging an emergency medical appointment for the person.

Relatives told us they knew how to complain or raise concerns more informally. One relative told us how they had raised "Many complaints" in the past and did not feel these had always been resolved to their satisfaction. They told us how they felt they had to "Fight" their family member's corner. Another told us how they would feel comfortable raising concerns with staff or the management; however, they had never had to. One relative said "I did put in a complaint a few years ago. The staff member involved was sent for retraining. If I have any concerns at all now I would call and speak about it."

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well led. The provider did not have effective systems in place to monitor the quality of care and support that people received. The provider's area manager completed a service audit on 2 October 2015. This had not been effective in always identifying the improvements needed or ensuring they were made. For example, this audit had identified improvements were needed in risk assessments for physical intervention. We found these still required improvement at this inspection. This audit also confirmed the principles of the MCA were followed. We found they were not.

A quality monitoring visit was carried out on 24 March 2016 by one of the provider's managers from another area. This identified there were issues with risk assessments and staff supervision, but these had not been resolved. This audit again confirmed the principles of the MCA had been followed. It also concluded the home was in a good state of repair and décor was good. This is not what we found during our inspection.

Relatives raised concerns about the number of managers that had been in post. One relative told us "They don't keep managers long enough. This has an effect on the quality of care and things don't get followed up." There have been numerous changes in management in this service since the last inspection. The last registered manager deregistered with us on 3 May 2016. A new manager recruited to replace them had been working at the home since January 2016. They had subsequently decided not to apply for registration with us and had 'stepped down' to one of the home's deputy manager posts. A new manager had therefore been recruited and had started work in August 2016. They were present at this inspection and confirmed they would start the registration process with us shortly. Two deputy managers and two senior staff supported the manager.

Staff told us constant changes in the management of the home had led to uncertainty and a lack of consistency. During this time staff felt there had been a lack of support from the provider's senior managers. One staff member said "We have had something like eight or nine managers in three years; sometimes we were between managers. It felt like senior managers left us to it. They didn't come in to see us and we didn't hear from them. At times, we have really needed help or advice and not had it." Another staff member told us "There's been no consistency for people. A new manager comes in with their own ideas, then they leave. Another one comes in and changes it all again. You don't know if you're coming or going. You just do your best. I don't think senior managers have supported us even though we have had a very difficult time." There were several other similar comments from staff.

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

Staff said the service had steadily improved since a new manager started working at the home in January 2016. Comments included "[Name of previous manager] was a really positive step for the house. They are an enabler, they see what you do well and are encouraging", "[Name of previous manager] came here and

changed the place targeting what needed to be addressed, they are absolutely brilliant", "[Name of previous manager] has given us stability, we have had various managers but they have never stayed" and "If you had come a year ago it was a real mess. Overall, Lakeside is really improving but there is still loads to do."

Staffing records and discussions with staff showed a consistent team was being developed. Experienced staff understood people's needs or had built good relationships with them; newer staff were still developing those relationships. Care staff were honest and open; they were now being encouraged to put forward ideas and suggestions for improvements. One staff member told us "It's nice to be part of a valued team". Another commented, "Since [name of previous manager] has been here team spirit has improved".

Staff told us they felt able to voice their opinions during staff meetings. Comments included "We discuss policies and procedures and the people we support. The team have a voice and feel listened to, [name of previous manager] gets everyone's opinions" and "We have regular team meetings, we share ideas and look at the positive things we do as a team".

Relatives said the service continued to improve, particularly this year. One relative said "[Name] has lived there for about 30 years; he loves it. I'm quite happy with how he's looked after but there have been so many changes so I think things got missed sometimes. It has got better in the past year. It has been very worrying at times though." Another told us "[Name of previous manager] is making changes." Relatives confirmed they received annual surveys to enable them to share their views on the service. We looked at the outcome of the last survey. Three relatives completed the survey. Their responses to the questions asked rated the service either 'good' or 'excellent'. There were no 'less than satisfactory' or 'poor' responses.

The key aims of the service were described in the home's statement of purpose, although this document was out of date as it contained details of a manager who had left the home. The service aimed to provide a personalised service to people incorporating education and therapeutic support designed for people with autism. Staff comments regarding the aims of the service included, "To give people a better standard of life, encouraging community access, activities and involvement" and "We are here to empower people."

The service worked in partnership with external health and social professionals to ensure people were well cared for. Records were kept when people saw professionals. We saw their advice or guidance was acted upon. The provider also had their own 'in house' teams, such as those who oversaw people's behavioural and communication support.

Staff worked hard to ensure people maintained links with the local community. During our inspection people went out with staff to local shops and on planned activities such as playing golf and swimming. There was an issue with transport, which at times, affected people's ability to leave the site. One staff member said, "It is difficult. We do the best we can. If we had one more vehicle it would make such a difference to people."

Significant incidents were recorded and where appropriate were reported to the relevant statutory authorities. All incidents were entered onto a computer system and the deputy manager explained that these were reviewed regularly so that any patterns or concerns could be identified. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

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 11 HSCA RA Regulations 2014 Need for consent People's legal rights in relation to decision making were not always upheld. People's capacity to consent to certain aspects of their care had not been considered. The provider had failed to follow the principles of the The Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were not provided with a consistently homely and well maintained environment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There had been a number of changes in the management team since our last inspection. This had led to a period of instability and inconsistency. There had been a lack of support from the provider's senior managers. The quality assurance processes in place to monitor care and safety and plan ongoing improvements were not fully effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not been well supported through a

time of significant change. Staff did not have regular supervisions (one to one meeting) with their line manager.