Peninsula Autism Services & Support Limited

# Fair View Lodge

## 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 |

## Overall summary

This inspection took place on the 25 November 2015. Notice of the inspection was given to the service the day before we visited. This allowed the service to prepare the people living there and to ensure that the manager who covers two residential care services was available to support the inspection.

Fair View Lodge is a care home without nursing, providing support for up to three people living with an autistic spectrum disorder. Each person had their own flat with private space. There were some shared facilities which people could use if they wish, for example an enclosed garden area.

There was not a registered manager in post. However there was a manager at the service who had made an application to be registered. This had been accepted and was being processed by the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. The manager was already registered to manage a similar service locally and was experienced in supporting people with autism.

Since the last inspection at Fair View Lodge in 2013 there had been a number of changes of management, the most recent being in the summer of 2015. The arrival of a new

# Summary of findings

management team had led to a re-focus of the service, based on principles of positive behaviour support. This meant that the service was basing their care more on person centred values, enhancing people's involvement with the community, increasing personal skills and placing emphasis on respect for the person.

Risks to people were being assessed and actions taken to minimise them where possible, but in ways that meant people still had opportunities to develop and have new experiences. Staff understood what they needed to do to keep people safe or report concerns about potential abuse. There were enough staff on duty to support people and to carry out the activities they wanted to do. Systems were in place to manage complaints and ensure people with communication difficulties were able to raise concerns.

A full recruitment procedure was followed for staff. Not all staff had undertaken all the training they needed due to there having been a significant change in staffing. This was being managed by targeted action plans. Training was available with on line courses as well as specific areas being delivered face to face. Supervision and appraisal systems had been established to ensure staff received the support they needed. Staff felt supported and told us they had access to the training they needed.

Medicines were being managed safely and the service learned from incidents or events.

The principles of the Mental Capacity Act 2005 (MCA) were well understood and put into practice. Applications for the Deprivation of Liberty Safeguards had been made appropriately.

Fair View Lodge comprised three separate flats with some communal areas that people could use if they chose. This meant people had private space, or could choose to spend time with other people. The building had been personalised to meet the needs of the people living there, including adaptations to keep people safe. Maintenance and infection control issues had been identified and were being addressed. For example changes were scheduled to make the laundry area easier to clean and keep free from infection control risks.

We saw examples of positive and supportive care and relationships between staff and people living at the service. People were valued as individuals and there was a focus on maximising their potential. People had individual activity programmes which were followed unless the person chose otherwise. Opportunities were being explored to maximise people's involvement in the local community. People were being supported for example to have increased independence with their meal choices and be involved more in shopping and meal preparation. Staff were enthusiastic and positive about people's progress; they respected people's confidentiality and celebrated successes and special events with people.

Care plans were personalised to each individual and contained sufficient detailed information to assist staff to provide care in a manner that was safe and respected people's wishes.

Although not yet registered the manager had made significant changes to the service since being in post. There were effective systems for governance, quality assurance and ensuring safe care for people. Staff were clear about the ethos of the service and were working well as a team. Resources had been made available to support the development of the service.

The service took account of good practice guidance and people had opportunities to influence the way the home was run.

Records were well maintained, and notifications had been sent to CQC or other agencies as required by law.

We recommend the service explores ways of further supporting people with their finances through the use of advocacy services where appropriate.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The home was safe.

Good

The home was developing practice that supported people to develop new skills and have new experiences through the taking of appropriate risks. Risks to people were being assessed and actions taken to minimise them where possible.

Staff understood what they needed to do to keep people safe or report concerns about potential abuse.

There were enough staff on duty to support people. A full recruitment procedure was followed for staff.

Medicines were being managed safely and the service learned from incidents or events.

**Is the service effective?**
The service was effective.

Good

Not all staff had undertaken the training they needed due to their having been a significant change in staffing. This was being managed by action plans. Staff felt supported and had access to the training they needed.

The principles of the Mental Capacity Act 2005 (MCA) were well understood and put into practice. However we have made a recommendation regarding advocacy and MCA support for one person with their finances. Applications for the Deprivation of Liberty Safeguards had been made appropriately.

The building had been personalised to meet the needs of the people living there, including separation into distinct flats. Maintenance and infection control issues had been identified and were being addressed.

People were supported to have increased independence with their meal choices and be involved more in meal preparation.

**Is the service caring?**
The home was caring.

Good

We saw examples of positive and supportive care and relationships. People were valued as individuals and there was a focus on maximising people's potential.

Staff were enthusiastic and positive about people's progress. Staff respected people's confidentiality and celebrated successes and special events with people.

Information was available in ways people could understand. Individual profiles helped ensure staff understand how people communicated.

**Is the service responsive?**
The home was responsive.

Good

# Summary of findings

Care plans were personalised to each individual. They contained sufficient detailed information to assist staff to provide care in a manner that was safe and respected people's wishes.

People had individual activity programmes which were followed unless the person chose otherwise. Opportunities were being explored to maximise people's involvement in the local community.

Systems were in place to manage complaints and ensure people with communication difficulties were able to raise concerns.

**Is the service well-led?**

Good

The service was well led.

Although not yet registered the manager had made significant changes to the service since being in post. This had ensured there were effective systems for governance, quality assurance and ensuring safe care for people.

Staff were clear about the ethos of the service and were working well as a team. Resources had been made available to support the development of the service.

The service took account of good practice guidance and people had opportunities to influence the way the home was run.

Records were well maintained, and notifications had been sent to CQC or other agencies as required by law.

# Fair View Lodge

**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 was 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 25 November 2015. The service was given short notice due to the needs of the people living there, and the inspection was carried out by one adult social care inspector. We looked at the information we held about the home before the inspection visit, including information that the home had given us in a Provider Information return (PIR). Following the inspection we contacted a relative to discuss the care that their relation received and two professionals who had knowledge of the service.

At the time of the inspection there were two people living at the service. We spent time observing the care and support both people received, including staff supporting people preparing to go out and returning from activities of their choice. We spent time sitting and engaging with people where they were willing to accept this and spoke with four staff about their role and how they helped to meet people's needs.

We looked at the care plans, records and daily notes for the two people living at the service, and looked at other policies and procedures in relation to the operation of the service. We looked at five staff files to check that the home was operating a full recruitment procedure, and also looked at their training and supervision records. We looked at the accommodation provided for people and risk assessments for the premises, as well as for individuals receiving care and staff providing it.

Good

# Is the service safe?

## Our findings

People who we met on the inspection at Fair View Lodge were living with significant autism. There had been a refocus of the service towards positive behavioural support principles with the change of management in 2015. This meant that the service was basing their care more on person centred values, enhancing people's access to the community, increasing personal skills and placing emphasis on respect for the person. This led to challenges for the service in balancing supporting people to lead a full and active life with ensuring the person's safety, for example with impulsive behaviours.

People were taking more of a role in making choices about their life and taking more of an active part in developing new self-care skills such as cooking. One person for example had previously had no involvement in preparing their meals and now they were watching staff do this and participating with small tasks. A staff member told us about how they were moving this forward at the person's own pace but were delighted at the progress they had made. Activities people took part in were risk assessed by the service. Staff were aware of the risk assessments and risk management strategies in place to keep people safe. For example they understood what actions to take when out driving with a person. Sharp items were kept locked away and furnishings of each flat had been assessed for risks for that individual. For example one person had Perspex screening rather than glass in their windows and over the television screen in case of accidents. Specialist furnishings had been purchased to help the person live safely in a more homely environment. Personal evacuation plans were available to help emergency services understand how to support people in the case of a fire.

Staffing levels were assessed individually to help meet people's needs, risk assessments and activity plans. This meant for example that one person was supported by two staff for ten hours a day. This was demonstrated on the rotas and staff ensured that safe staffing levels and observations of people were maintained when they had breaks. The manager and deputy manager were aware of stresses placed on staff and ensured that staff were changed regularly to ensure they were fresh to work with people who presented significant challenge. There had been a very high turnover of staff in the last year. This had coincided with changes made at the service and to the service's management. However the service was now back up to full staff compliment and no longer needed to use agency staff. The home's management were aware of the need to monitor the skills mix of staff supporting people and ensure new staff were working with more experienced staff. A staff member told us they felt changes to the staff and management team had been positive, and that the service now had a good strong team in place. Staff had access to management staff on call at all times and a new deputy manager had been appointed to the service to work part time directly with individuals and part time in the office. Arrangements were in place to provide staff with disciplinary and grievance support.

Systems were in place to identify and report concerns about abuse or poor practice. Staff had received training in how to protect people and in safe physical interventions; but the manager told us that there was 'next to no need' for this at the service as people were supported to be active and express any frustrations in more positive ways. Information was available on how people might express their concern or unhappiness through their behaviours rather than being able to verbalise them.

Policies, procedures and information were available on how to raise concerns, including in an easy read format that people living at the service could understand. Records showed us that staff were asked at each supervision session if there were any concerns they wanted to raise about practice at the service. Staff said they understood what to do to raise a concern and told us they would do so if they were worried. The service had acted promptly to support and protect people where there had been any concerns. The service had whistleblowing policies and procedures in place.

Learning took place from the thorough analysis of incidents, accidents and near misses at the service. Data on any incidents was analysed and seen by senior managers outside of the service for review, and the results of the analysis were used to improve the service. For example action had been taken as a result of two recent medicines errors to ensure that they did not re-occur. Forms included information on antecedents and precursors to the incident, debriefings for staff and reflection on the incident by people involved to see if there were areas that could have gone better. Information on health and safety practices was available and assessments included for fire safety, and regular health and safety audits were carried out. Minor

Good

# Is the service safe?

alterations had taken place internally to further separate one of the flats from the service in the last year. This had been approved by building control and the manager was to refer this to the local fire authority to ensure their plans had been updated. Risk assessments had been undertaken of the environment and were available for safe working practices. Equipment was serviced and maintained in accordance with the manufacturer's instructions and emergency plans were available for staff, for example in the case of fire or facilities failure.

Medicines were being administered safely, with medicines being stored in each person's flat as well as some items centrally. Records were completed for the administration of medicines and there was a medicines management policy and procedure for staff to follow. A staff member told us that they had not yet been trained to deal with people's medicines so did not yet handle these, and would not do so until they had been assessed as being competent and confident to do so. Clear protocols were available to describe when "as required" medicines could or should be used for people. A medicines audit had recently been carried out by the supplying pharmacist and some minor changes made to increase the safety of systems.

People were protected because the service had followed a full recruitment procedure when appointing new staff. Five staff files were seen on the inspection. One staff file was missing a photograph of the staff member but other files showed a full process had been followed when appointing the person. Recruitment to the organisation was via an online system. Staff files showed that references and employment histories had been obtained, and disclosure and barring service (police) checks had been carried out. Past convictions had been risk assessed and the process maximised and respected equality and diversity in the staff group, as well as acknowledging experience in areas not necessarily related to care. Staff were to be asked to update a criminal convictions declaration annually.

Good

# Is the service effective?

## Our findings

The manager had undertaken significant work on developing the training and supervision of staff since their appointment. Since the last inspection there had been a significant turnover of staff which meant that there were several new staff working at the home who were not all experienced in care. These staff had or were completing the service's in house induction programme and were due to commence the Care Certificate, which is a national set of identified standards for health and social care workers in the near future The manager had recently undertaken training to support the staff in doing this.

The manager and deputy manager were developing an action plan and matrix which ensured that staff had received or were to receive the comprehensive training they needed to carry out their role. Individual training profiles were being set up, and skills appraisals and learning action plans were being put into place for all staff. Staff had received supervision and a supervision matrix had been set up to ensure this was scheduled regularly. In addition staff recieved supervision or debriefing following an incident at the service to ensure they were supported.

Specialist support and training had been scheduled for foundation training in autism and in positive behavioural support principles by specialists within the organisation. The organisation also had online training for staff in core areas such as infection control. Appraisals were being undertaken. Staff told us they felt supported and received appropriate training for their work. One told us "We get loads of training here, but there is always someone to ask. I feel I am really well supported", and another told us "The new team leaders are really good now. There is a real sense of authority and that they know what they are doing".

People received the healthcare they needed. The manager and deputy had been involved in organising annual health checks for people living at the service, which had included offering "Well person" clinics. Work had been undertaken to help people understand and become more comfortable with healthcare appointments including for long standing dental issues, and to become more independent in managing their health needs. Podiatry services and other medical services such as opticians appointments were supported. Influenza vaccinations were offered to people. Hospital passports had been prepared for people in case they needed admission to hospital in an emergency. These contained information for the hospital staff on the person's needs related to their autism and specific communication issues.

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.

Where people who lived at the service were not able to make decisions on their own behalf assessments had been made of their capacity to make decisions to ensure this was correct. Then arrangements had been made to ensure that 'best interest' decisions were made on their behalf. For example for one person we saw that best interest decisions had been made in accordance with the MCA for the person's consent to care, medicine administration, use of assistive technology, and management of finances. However we identified during the inspection that one person had managed to amass a significant amount of personal money while living at the service. There were no formal advocacy arrangements in place to independently support this person with the management of this. The service had identified this as an area needing attention during a recent financial audit, but had not yet taken action to address this. **We recommend the service explores ways of further supporting people with their finances through the use of advocacy services where appropriate.**

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 the service was working within the principles of the MCA. We found that applications had been submitted where appropriate under the DoLS and these were awaiting a decision from the local authority. Some staff had received training on the MCA and DoLS but not all and this had been assessed as a priority training need for all staff to complete face to face as well as online. Although not all staff had completed their training in MCA and DoLS

Good

# Is the service effective?

we saw that they had an understanding of the need to gain people's consent to care. We heard staff asking people for their permission before carrying out support tasks with them, and continually kept this under review.

Since the changes in management the way in which people were supported with their meals had changed. Previously there had been a menu set for the service, but now people were providing and being involved in cooking their own individual meal choices. For example we saw one staff member sat with a person and completed a weekly meal plan of their choice. On the day of the inspection this person had chosen to go out with staff for an evening meal of fish and chips. Another person had recently begun shopping in local shops for their own foods which they then cooked with staff, and work was being carried out to support people with healthy eating. There were no concerns identified about people's weight management or ill health related to food. Choking risk assessments had been undertaken as a part of a learning disability review and action was being taken to further assess people as indicated.

Fair View Lodge is a small care home providing accommodation for up to three people. Whilst there is some shared accommodation such as a central lounge area and communal laundry area, people had their own flats with lounge, bathing and sleeping areas. One person had their own accommodation completely self-contained with a separate access to the car parking area. People were being engaged in making choices about how they used and personalised their flats. Staff showed us the processes that had been involved in supporting one person to make choices about displaying pictures of their choice. This had been successful in enabling the person to display pictures for the first time.

Assessments had been undertaken of the property and there were plans for the future development and improvements to the upkeep and maintenance. For example plans were in place to improve the exterior areas and gates to increase safety and access. One flat was being redecorated while it was empty and there were clear procedures for alerting the home's management to maintenance issues that needed attention. The laundry area in use was part of an action plan for future development. The washing machine and tumble dryer was situated in a covered area, but was not enclosed and the areas around it could not be easily cleaned for infection control purposes. Potentially contaminated laundry would be taken to this area in sealed dispersible bags to reduce risks of cross infection.

Good

# Is the service caring?

## Our findings

People who lived at the service were not able to discuss with us if they felt cared for, but we saw evidence of positive and supportive relationships and communication in place. One person spontaneously told us "I am very happy here. I'm much happier here than before". A relative told us they had been very impressed by the caring nature of the home. They said "The warmth and care is there and (person's name) would pick up on that if it wasn't there. (Person's name ) is a very cuddly person". They told us they had been particularly impressed by the support of a specific staff member who had built a close bond with their relation. We saw this person interacting with the staff member, and saw that they had a positive relationship that was supportive and affectionate but maintained within appropriate boundaries.

We saw staff respecting people as individuals, and supporting them to develop new skills and experiences. Staff were keen to tell us about how they were learning from the people they supported what they wanted to do. One staff member told us for example about a new walk they had found a person had enjoyed. We saw that staff had been involved in celebrating significant events with people, such as birthdays, in the way that people wanted and had enjoyed.

People's files contained information about their wishes and preferences in relation to their care. Staff understood and followed these. Staff communicated well with people and we saw people seeking out staff for support and information during the inspection. For example one person checked that a particular member of staff would be available to support them on a trip out as they had chosen to do that activity with them. The person sought re-assurance that the staff member would be on time. Staff provided information in a structured response that the person could understand and be reassured by.

People's needs in particular relating to their autism meant that changes and improvements were having to be paced at an appropriate level so that people did not feel unsettled by too much change at one time. This included where people's independence was increasing as a result of goals they had been involved in setting. Information was available in people's care files about their communication, both verbal and nonverbal and what staff and family members experience had confirmed this meant. One person had a communication board in their flat but were choosing not to use this although they had done in the past.

People were able to have a say in the way the home was being run through regular individual key worker meetings. For example we saw notes from one key worker meeting where the person had identified they did not want curtains in their flat at that time, so they had been taken down. The manager had not yet re-started regular "Your Voice" meetings where people could formally be involved in this process, but intended to do so when people were agreeable.

Staff were positive about the people they were supporting and told us that they enjoyed working with people at the home. One staff member had recently moved into working in the care sector and told us "I really enjoy coming to work now- I even missed it when I was on holiday. I should have done this years ago".

People's privacy was respected. Support was delivered in private areas such as in people's flats and staff asked for the person's permission to enter their flat with them. Staff spoke about people respectfully and in a positive way, recognising their individual strengths. Records were respectfully completed, but reflected the language the person themselves used to describe their care plans. For example one person used the word "treats", which staff knew was not appropriate but was the wording the person themselves understood.

Good

# Is the service responsive?

## Our findings

Each person living at the home had an individual plan of care based on an up to date assessment of their needs. Relatives or other supporters had been involved in drawing up the care plan to support their relation in making their needs known as a part of an extensive admission process. Discussion was held with the manager about a potential new admission to the home. The decision about whether the service would be appropriate to meet the person's needs was only taken following a full assessment. This would include risk management strategies and equipment or environmental adaptation needed. The manager confirmed this would also reflect compatibility with other people already at the service.

Plans for one person had been written in a way that reflected the positive behavioural support philosophy of the service, with goal setting and a clear understanding of how to support people with their behaviours. The other plan was in the process of being updated with the person's input and amended to reflect this format, as it had been significantly out of date. A staff member told us that they had made significant changes to this person's plan as a result of meeting with them monthly and the increase in the number of positive experiences they were having. Daily notes were written by staff about the person's day, mood state and wellbeing. A relative we spoke with told us "I am absolutely delighted with the service – it's working out beautifully for (person's name). They know exactly what they are doing, they are very professional and have really got (person's name) needs at heart. It is the next best thing to what I could be doing myself as a Mum".

Files also contained individual activity plans, which were having a significant impact on expanding people's social horizons. For example one person had expressed as a goal that they wanted to carry out some work in a restaurant, and was now using community facilities such as a hairdressers. People had also used local learning disability services but had now chosen not to attend these. On the day of the inspection visit people were following through activity programmes of their choice, but also had the flexibility due to allocated staff to make changes if they wished. For example one person decided they wanted an additional drive and walk in the afternoon which happened.

Systems were in place to manage concerns and complaints about the service. This included systems for auditing and analysing any concerns to identify and learn lessons from the outcome of investigations. Information was available in ways people could understand to help people raise concerns. Regular keyworker meetings identified that people were asked if they had any concerns.

A relative told us that regular contact was provided with their relation including helping the person to travel to meet with their relatives and contact whenever they wished on the telephone. A staff member told us about how they helped a person maintain contact with their family, including ensuring that the relation could continue to follow their family customs and established pattern of contact.

Good

# Is the service well-led?

## Our findings

The service had a manager in post but they were not yet registered, although an application to do so was being processed by the CQC. They were experienced in managing similar services and were already registered to manage another service locally for people with similar needs. The manager demonstrated a high commitment for the positive development of the service and had ensured the building of a staff support team with a clear understanding of the ethos of the home. They told us they understood that good leadership was paramount in developing the service. They were focussing on leading by example and modelling good care, putting people first, learning from mistakes, supporting staff and putting good systems and procedures in place.

There were clear action plans in relation to the home's development which were being worked through. These had dates set for completion and the manager told us that there had been weekly teleconferences with senior management until recently to ensure progress was maintained. These had now stopped as the organisation was happy that improvements had been made. The manager told us they had received support from senior management within their organisation to make improvements at the home since they took over. Changes in legislation and CQC requirements had been shared amongst the staff team, who were positive about the home and the work they were doing. The manager told us "We have the foundations here, but we have to build on it. We could be safe and comfortable, but we need to start challenging ourselves further and pushing the boundaries".

People benefitted from good standards of care because the service monitored the quality of the care delivered through quality assurance and quality management systems. There had been a series of internal audits carried out, for example for medicines, health and safety, housekeeping and infection control. Where areas had been identified that needed improvement then action plans were under way. Regular compliance visits were undertaken by the regional manager, which were thorough and included areas for development and assessments against legislation. Other internal assessments had been undertaken by the organisation. e included positive behavioural support specialists to help staff develop confidence in working with people in this way.

Staff told us they were encouraged to question practice as a way of learning. One told us "You question everything so you learn" and that they always had access to information they needed in the home's Key Policies folder or through senior staff. Good practice guidance, such as the National Institute for Clinical Excellence guidelines for supporting people with challenging behaviours were available for staff use. Internal organisational audits had been carried out to look at the home's standards in relation to government guidance on care homes. For example the home had audited themselves against inspection standards and good practice guidance, and action plans were in place to address any areas needing development, such as training and supervision.

Questionnaires had been sent to people, stakeholders, staff and relatives about the service in the last year and the results were analysed and any suggestions for improvements were actioned where possible.

Records that we saw were in general well maintained and up to date. The office was organised and computer systems were password protected. There were facilities for the confidential destruction of records which were maintained securely.