

Autism Wessex

Autism Wessex - Barnes Lane

Inspection report

13-15 Barnes Lane
Beaminster
Dorset
DT8 3LS

Tel: 01308862534

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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

About the service:

Autism Wessex - Barnes Lane provides personal care and accommodation for up to six people who have an autistic spectrum disorder. The home comprises three inter-linked terraced houses each accommodating two people. It is situated on the outskirts of Beaminster.

The people we met had Autism including communication difficulties, therefore some were not able to tell us about their experiences of life at the service. We therefore used our observations of care and our discussions with relatives and staff to help form our judgements.

Rating at last inspection:
Good (published 17 August 2016.)

Why we inspected:

This was a scheduled inspection based on previous rating.

People's experience of using this service:

People told us they were happy and felt safe at the service. At the time of our inspection there were five people using the service.

People had good community networks which were personal to them. This included, links with local church's and supporting people to use technology to connect with family and friends. People had been supported to develop and maintain positive relationships. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People were supported by staff who were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Staff encouraged positive risk taking so people could experience new things and develop wider opportunities. This had led to people feeling fulfilled and living an active life.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

There were a range of checks in place to ensure the safety of the homes. Some repairs were required in some of the houses in regard to flooring and damage to a ceiling following a water leak. Plans were in place to address these issues. There were systems in place to manage infection control, and staff were aware of their responsibility in regard to keeping the homes clean and infection free.

Comprehensive individual service plans [care plans] were in place which included information such as likes dislikes and people who they wished to be involved in their care. This was described as people's circle of support. The service plans addressed what each person liked to do, people who are important to them and who would be able to advocate on their behalf.

People were supported to make choices and staff supported people in the least restrictive way as possible. This was kept under review. Staff were aware of the legislation to protect people's rights in making decisions.

Accidents and incidents were monitored to identify and address any patterns or themes. Learning from incidents was shared with the staff team. Records demonstrated that when an incident or accident occurred staff reported these to their management team to monitor.

There were sufficient staff available to support people. Relatives commented that the staff team were consistent and knew people well. Staff said they felt well supported by the management team and senior staff overseeing the service. Relatives and staff us there were sufficient staff to keep people safe.

Staff received supervision in line with the provider's policy, staff felt supported and able to request a supervision if they needed one. Staff told us they were able to speak to their management team as they operated an open door approach.

People had good health care support from professionals. When people were unwell, staff had raised a concern and taken action with health professionals to address people's health care needs. Staff followed guidance provided to support people with their care.

A full description of our findings can be found in the sections below.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Autism Wessex - Barnes Lane

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge about Autism.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Our inspection was unannounced. The inspection site visit activity was carried out and completed on 8 March 2019. We requested additional evidence to be sent to us after our inspection. This was received and

the information was used as part of our inspection.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with four people who used the service We received feedback from two relatives and one health care professional via telephone.

We spoke with the registered manager, area manager and deputy manager. We met with two senior staff and four care assistants. We reviewed four people's care files, two Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We observed care practice and interactions between staff and people.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Risks to people were minimised because staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. Staff were able to demonstrate the action they would take if they had any concerns.
- The service had a copy of the local authority safeguarding policies and procedures. This meant staff had access to the local safeguarding team for advice and to report any incidents to. The registered manager was able to demonstrate when safeguarding had been shared. A relative told us, "I feel my [title] is very safe, the team manage risks very well indeed." A health professional told us, "We don't have any concerns in regards safety at the service."

Assessing risk, safety monitoring and management:

- Risks associated with people's care needs had been assessed by senior care workers or management and informed plans of care to ensure their safety. Staff discussed people's risks and the action taken to ensure people remained safe. One member of staff informed us how they supported one person when they became anxious. We observed this approach was recorded on the risk assessment action plan as the correct way to manage the risk of anxiety for this person.
- Staff supported people to remain safe and as independent as possible. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. One relative told us, "The staff have managed risk so well when trying to support [title] to develop skills to go into the community. They have increased the staffing to two to one to ensure they are safe."
- Positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. People were supported to take positive risks to aid their independence. For one person this had included developing skills and confidence to access their local community.
- Emergency plans were in place to ensure people were supported in the event of a fire. Fire tests were completed weekly, staff informed us what they would do in the event of a fire.

Staffing and recruitment

- There were enough staff to provide people with safe care and support. Relatives commented that there was a consistent staff team, who knew people well. Where people had been funded for two to one support to keep them safe this was provided.
- Staff were safely recruited and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups, such as vulnerable adults, would be identified.

Using medicines safely

- People had their medicines stored safely and administered by staff who had received the relevant training to support people with their medicines. Daily checks were completed on all medicines within the homes. When errors had occurred incident, forms were completed and additional support received.
- The service had safe arrangements for the ordering, disposal of medicines. The registered manager informed us they were planning on changing the process in regards medicines and plans were in place to train all staff in the new system.
- Medicines were stored securely. Medicine Administration Records (MAR) were completed and audited appropriately

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection control and keeping people safe. People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
 - A cleaning rota was in place to ensure all areas of the home were cleaned on a regular basis. Some areas in two of the homes needed new flooring. The registered manager informed us this was a concern they had already identified and were addressing the concerns with the housing provider.
 - There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- Staff were able discuss with us their responsibilities in relation to infection control and hygiene.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the registered manager. Learning from incidents and investigations took place and this information was used to update people's care and risk assessments where needed. This information was shared with the staff team.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services. This included the person being able to have visits and sleep overs to the service. People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes.
- There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "We receive good training and are always doing refresher training."
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A staff member told us, "This is my first job in care, my induction was good. I shadowed different staff, they made sure I was confident before I was allowed to work alone or administer any medicines."
- Staff told us that they felt supported and had regular supervisions, but also felt that they could approach senior staff with any concerns outside the supervision process. A relative told us "Staff are excellent, well trained in understanding Autism. Their approach is sensitive and intelligent." A person told us, "Staff know me well". The registered manager told us staff received annual appraisals, and regular monitoring and support.

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

- People told us they enjoyed the food and sometime liked preparing meals and baking. One person told us, "I am having healthy food as I am trying to lose weight." They were proud to show us a certificate for weight loss. Staff told us the person could have what they wished they just ensured there were more healthy options available for them.
- People were supported with shopping, cooking and preparation of meals in their home.
- Staff understood people's dietary needs and ensured that these were met. Staff told us although the menu was rolling over four weeks, people could choose different things to eat at any time. One member of staff

told us, "If we are concerned are choosing the same food we bring in picture references of food to widen their choices."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included visits from chiropodists. A health professional said, "Staff know people well and are able to update us with any changes. We don't have any concerns in regard to our instructions being followed".
- People told us they were supported by staff to visit health professionals. One person said, "I go to the dentist. Staff support me".
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for some areas such as medicines and finance. Some people had the support of advocates. The registered manager informed us if there were any changes to the service or changes in support, they ensured people had access to their circle of support including any advocates.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Staff told us how they supported people to make decisions about their care and support. They gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff told us people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

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

- The homes had been adapted to ensure people could access different areas of their home safely and as independently as possible. People had access into a garden area, some areas were closed to offer privacy, others were open. People were involved in planting vegetables in their garden, and had access to a summer house where they could play games, listen to music or enjoy a barbeque.
- The environment had been personalised. People's art work and photos of them enjoying activities were

displayed on walls around the homes.

- People told us they liked their homes. People were being involved in choosing new wallpaper and bedding for their bedrooms. Bedrooms were personalised and reflected individual likes. The communal lounges were shared and individual needs were being met in regard to communication boards and books.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good; People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, professionals and relatives told us staff were kind and caring. Comments included; "They know [name] so well, lots of care and stimulation and encouragement is given by the staff." "Staff team seem very caring all needs seem to be met." "It good here." "I like living here."
 - People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
 - People told us they attended churches of their choice in their local community.
- Training records showed that all staff had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- Where people were unable to verbally express their needs and choices, staff understood their way of communicating. Staff observed body language and eye contact to interpret what people needed. A staff member told us, "[Name] has a sensory bag". We observed the bag had many sensory objects which encouraged, touch, sight, smells. One relative told us, "The staff make sure we stay in contact, they promote independence. Recently [name] had their bedroom decorated they used gestures and sign to make sure they were happy with the colours and choices."
- Staff had the right skills to make sure that people received compassionate care and had enough time to make informed choices, one member of staff told us, "We use different prompts and gestures with different people. We meet individual needs well. We all know the guys and their routines, so we can all work with different people at any time."

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness, dignity and respect. Interactions were positive and person centred. Where needed the home sought external professional help to support decision making for people such as advocacy.
- Staff had developed positive relationships with people. People were relaxed in the company of staff. We observed positive interactions between people and staff.
- People were treated with respect. Promoting independence was important to staff and supported people to live fulfilled lives. The registered manager told us, "We promote everyone's independence. We link with social workers to ensure all options are offered." They shared examples of helping one person to find a new home as they had requested to move to live more independently. At the time of the inspection the person was being supported to look at new homes. The deputy manager reminded them of their choices and

possible outcomes of the visit. The person confirmed staff were respecting their decision to move.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good; People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Throughout the inspection we observed a positive and inclusive culture at the service. People received individualised person centred care. Involving people and using creative approaches were embedded and normal practice for staff.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Goals set for people had been achieved and led to positive outcomes. One health professional told us, staff had showed good initiative, and patience encouraging one person to achieve their goal of going out into the local community. With a review of support hours, staff support and positive approaches the person was living a happier more fulfilling life within their local community.
- Care plans were clear and tailored to individual needs and staff approach was consistent. The registered manager informed us care plans were being reviewed and updated. They told us, "We want to reduce some of the information held in the care plans to ensure staff have a wide knowledge of the individual and not have to spend time with repetitive information." Weekly timetables of activities were in place for people who wished to be reminded of their activities.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Records evidenced that identified information and communication needs were met for people. For example, staff were able to discuss the importance of ensuring each person's communication needs were met. Comments included, "We have house meeting and try to encourage choice". "Communication varies we use objects of reference, take our time listening and making sure we understand."
- People were supported to access the community and participate in activities which matched their hobbies and interests. A keyworker system was in place and staff were able to inform us how they supported people to have maximum choice on their keyworker days. One person told us, "I like my keyworker day."
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- During the inspection we noted that people were supported to go shopping, go on holiday, use public transport, visit family, swim, and eat away from the home. A person told us, "I go on the bus to Bridport." Another person said, "I went to the theatre recently, I enjoyed it. I like going swimming, playing volley ball and football. Been out today, down town, lunch out and caught the bus."

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure for managing complaints about the service. This

included agreed timescales for responding to people's concerns. At the time of the inspection the registered manager told us they had not received any recent complaints. When they did receive complaints, they had not recorded them as they had been small issues which had been dealt with immediately. The registered manager told us they would record all future complaints and compliments as part of their auditing processes.

- People told us they knew how to raise concerns and make complaints. An easy read pictorial version of the local complaints procedure was available. One person said, "I would tell staff if I wasn't happy".

End of life care and support

- People's end of life wishes had been explored by the service and information in regards people wishes were held in care plans. Information included what to do in the event of a sudden death, who to contact, choice of burial or cremation and funeral arrangements. Preferences included information in regard the final wishes such as music and flowers.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good; The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Autism Wessex Barnes Lane promoted a person centred approach. The registered manager told us their vision was "To ensure we provide high quality individualised care to be a specialist service. We want to be able to show case what we do, by getting the right team in place and to embrace changes to the service, and promote independence." The area manager informed us there were changes planned for the service and they would ensure the correct consultation and best interest meetings were in place to support people to make informed choices about the service. A development plan was being put in place in regards planned changes.

Staff, people, relatives and professionals were positive about the management of the service. Staff comments included, "Very open, it a good management team very approachable." "The manager is new but has settled in really well, he is more of a leader than a manager. We all feel valued." "The management team are great."

- We observed staff promoting independence throughout the inspection. A senior support worker told us, "Promoting person centred care is important. It is all about maximising opportunities for people whilst putting them in the centre of the service they receive".

- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The registered manager said, "We have built up good links with other health professionals, and share information as required". A social care professional said, "I believe the service is good at keeping us informed of any changes in care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and of high quality. Regular checks were completed by the staff, the registered manager and deputy manager to make sure people were safe and that they were happy with the service they received. The registered manager received regular support by the area manager, and other managers in their local area.

- Managers and staff were clear about their roles and responsibilities. Staff told us they felt supported, valued and listened to by the management team. They informed us they had regular meetings where they were able to share information or suggest improvements to the service.

- The registered manager had ensured they had communicated all relevant incidents or concerns both

internally to the provider and externally to the local authority or CQC as required by law.

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

- The registered manager informed us in their PIR, 'Staff have quality and human rights training. This helps ensure that the basic principles of fairness, respect, dignity and autonomy are applied throughout all that we do. Our care plans promote choice, control and respect and residents are empowered to be active participants in how the service is led. As a service we ensure that we listen to the residents and deliver a service that is responsive to their needs.'
- Staff, people and their representatives told us they felt listened to. The registered manager told us their team were all experienced and highly motivated. They informed us they gathered the views of staff through supervision, team meetings and annual surveys.
- The management team had an open door policy, we observed staff coming to see the registered manager and deputy manager throughout our inspection. Relatives told us they were able to speak with the management team at any time, and were encouraged to give feedback. One relative told us, "We are kept informed and encouraged to say what we think. It is an incredible service, they hold reviews and really work with people to motivate them".

Continuous learning and improving care; working in partnership with others

- There were systems in place to monitor care provided and drive improvement. This included the use of observations, regular staff meetings, supervisions and appraisals. The registered manager completed an action plan as part of the overall governance of the service. The outcomes of the action plan were shared with staff, to ensure any learning or improvements were completed by the management team and staff team.
- There was a focus from the provider on improving the care and support the people living at the service received. A copy of the service statement of purpose was available along with guidance on the action to take if people wished to make a complaint.
- The service worked in partnership with other agencies to provide good care and treatment to people.
- Professionals fed back positively about partnership working with the service. One professional said, "We have positive communication and responses are received in a timely way". Staff interacted appropriately with people throughout our inspection visit. The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care
- Autism Wessex Barnes Lane was planning to move to more independent living in the form of supported living support. The area manager told us this would involve working in partnership with a range of internal and external professionals such as, local authorities, a range of health professionals, advocates and social workers.