Autism Wessex

Autism Wessex - Middle Path

Inspection report

58 Middle Path
Crewkerne
Somerset
TA18 8BG

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

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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

Autism Wessex - Middle Path is a residential care home for up to four people who have an autistic spectrum disorder. The home comprises of the main house, which accommodates three people and an attached one bedroom annexe. At the time of the inspection there were two people living in the main part of the home and one person living in the annexe. The home is set in its own grounds close to the centre of Crewkerne.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post, at the time of the inspection the registered manager had given the service notice to leave. 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. The deputy manager was managing the home in the absence of the registered manager.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were protected from abuse because staff understood how to keep them safe. All staff informed us they were confident concerns would be followed up if they were raised. People appeared happy and relaxed in the company of the staff.

People received their medicines safely. There were enough suitable staff to meet people's needs.

Risk assessments were carried out to enable people to retain their independence, we found a risk assessment wasn't completed following one incident, staff confirmed there was minimal risk to the person and the deputy manager told us they would complete this following our inspection.

Staff received training to ensure they had the skills and knowledge required to effectively support people. People were involved in planning their menus and supported to eat and drink according to their likes and dislikes.

Where people lacked capacity to make specific decisions and staff had best interest decisions on their behalf, in one instance the least restrictive option had not been considered. This was going to be reviewed by the deputy manager.

We observed that staff were kind and knew people well. People were involved in decisions about the care and support they received. People received care and support which ensured they were able to make choices about their day to day lives.

People were supported to engage in activity programmes. People told us they would talk to staff if they were unhappy and there were a range of opportunities for them to raise concerns with the staff.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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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 12 February 2018 and was unannounced. This was a comprehensive inspection.

Autism Wessex-Middle Path is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with the deputy manager and three care staff. We also spoke with one relative following our inspection.

We looked at two people's care records. We also looked at records that related to how the service was managed, such as staff rotas, staff training records, three staff personnel files and quality assurance audits.

Good

Is the service safe?

Our findings

People, who were able to tell us, said they felt safe living at the home and with the staff supporting them. One person when we asked them if they felt safe said, "Yes I do." Some of the people living at the home were unable to fully share their views with us but appeared very comfortable with staff. People were asked if they felt safe during the weekly house meetings and the records we viewed in January and February 2018 confirmed people felt safe. A relative told us they thought their family member was, "Definitely safe."

Risks of abuse to people were minimised because all staff received training in how to recognise and report abuse. Staff we spoke with had a good understanding of abuse and all said they would report anything they were concerned about. All were confident that action would be taken to make sure people were safe. One member of staff said, "I haven't witnessed anything like that here. I would report anything to the management and go higher if I needed to and I know I can contact the safeguarding team or the Care Quality Commission (CQC)."

The provider had systems and processes in place which minimised the risks of abuse and helped to keep people safe. These included a recruitment system which made sure all new staff were checked to make sure they were suitable to work with vulnerable people. Staff confirmed checks were completed before they were able to start working in the home.

There were enough staff available to maintain people's safety and to meet their needs. All staff we spoke with thought staffing levels were adequate. We saw staff responded to requests for help promptly and had time to socialise with people. One person confirmed staff came to assist them when they requested this.

Risks to people were mostly minimised because assessments of risk were carried out and control measures implemented. Areas that had been risk assessed included; accessing the community, accessing a vehicle, specific chosen activities and cooking. We found however, following one incident an assessment of risk had not been completed. We discussed this with staff who were aware of the incident and were confident, although an incident had occurred, there was minimal risk to the person and the person had not come to any harm. The deputy manager told us they would complete a risk assessment to evidence this.

All accidents and incident which occurred in the home were recorded. Staff told us how they had worked with the provider's internal health professionals to put strategies in place to support people with their anxieties and reduce incidents. They told us this had recently been particularly successful for one person. Staff told us there was a culture of learning from incidents. One staff member said, "We are quite good at learning from incidents, as a team we analyse things a lot and see if we could do anything better."

People's medicines were managed safely and stored securely. Staff had their competency to administer medicines assessed to make sure their practice remained safe. Medicine Administration Records (MARs) detailed the medicines people took and these had been consistently signed when people took their medicines. Where people took 'as required medicines', such as pain relief, there were clear guidelines in place to instruct staff of when they should be given. Regular audits were carried out on medicines and staff

checked the stock twice daily to ensure this remained accurate.

There were systems in place to ensure people were protected from the risk of the spread of infection. People were supported by staff to maintain a clean home. Staff had access to personal protective equipment such as disposable gloves and aprons which also helped to minimise risks to people. Regular infection control audits were carried out by a nominated staff member.

There were a range of checks in place to ensure the environment and equipment in the home was safe. These included a fire risk assessment, testing of the fire alarm system, personal emergency evacuation plans and water temperature checks. We noticed there were uncovered radiators in the home that were switched on. The deputy manager confirmed people were not at risk of burning themselves on the radiators and this was confirmed by our observations, because people were mobile and not at risk of falls. The deputy manager told us they would complete a risk assessment for the radiators being uncovered to demonstrate the low level of risk to people.

Good

Is the service effective?

Our findings

People received effective care because staff had the skills and knowledge required to support people and meet their individual needs. Throughout the day we saw staff were observant and interacted with people in a way that respected them as individuals and showed an understanding of their particular needs. This created a calm and happy atmosphere.

People were supported by staff who had good access to support and training which made sure they had the up to date knowledge and skills to care for people effectively. Staff were positive about the training they received. Comments included; "The training here is really good, there is additional training you can do in Autism which is really good and helpful" and "The training is thorough and they keep on top of it." We reviewed the staff training matrix and identified some staff required refresher training in some subjects. The deputy manager demonstrated they had dates arranged for this. Staff also told us they received regular one to one supervisions with their line manager and they found this supportive.

People chose what they wanted to eat and staff encouraged people to maintain a healthy and balanced diet. One person told us their favourite meal was roast chicken and they confirmed it was on the menu. People planned their own weekly menus and staff supported them to record their choices and complete their weekly shopping. Staff described how they supported one person with healthy eating and the person's records demonstrated this was important to them. People had access to food and drinks in the home.

People's needs were assessed and care plans contained individual information about people which included personal histories, needs and lifestyle choices. This made sure staff had the information they required to support people. Staff we spoke with had a good knowledge of each person. Staff understood the importance of knowing about what was important to each person to ensure they remained happy and secure. For example, one staff member described how it was important for one person to know who was supporting them and for them to have this information. We saw that was available in a picture format.

People were able to move around the home freely and request staff support as and when they needed it. The environment was homely and there was an additional small lounge people could use if they wanted to have some quiet time without going to their bedroom.

People were able to make day to day decisions as long as they were given the right information, in the right way and time to decide. A range of communication tools were used to help people understand decisions, such as pictures and social stories. These are tools for helping people with communication difficulties to communicate.

There were some decisions people were not able to make for themselves and we looked at how the Mental Capacity Act 2005 (MCA) was being applied. The 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.

Staff told us one person had restricted access to certain snacks and we saw a mental capacity assessment and best interest decision had been made around the person having a well-balanced diet. However, the best interest decision did not contain details about the restriction of the snacks and whether this was the least restrictive option. We saw in meeting minutes in January 2018 that the person had requested the snack cupboard was open. We discussed this with the deputy manager who told us they would review this with the person and look at less restrictive options. They also demonstrated in response to the person requesting this they had requested professional input to support any further best interest decisions made.

Records demonstrated where people lacked the capacity to make other decisions the correct procedures were followed and the relevant people were involved in line with the MCA. Decisions included; staff managing medicines and having a care plan in place to support people if they became anxious.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made referrals for people to be deprived of their liberty where they needed this level of protection to keep them safe and lacked the mental capacity to fully agree to aspects of their care. We saw a DoLS application had been agreed for one person living at the home and the other two were pending assessment from the local authority.

The staff worked with professionals to make sure people's needs were met. People's care records showed referrals had been made to appropriate health professionals when required. These included the Drs, opticians, chiropodist and dentist.

The provider also had a range of internal health professionals that were available to support people if required. These included a Speech and Language Therapist and Behaviour Support Practitioners. We saw these professionals were currently involved in one person's support, where they had put guidance in place for staff to follow the staff were positive about the impact this had on the person.

Good

Is the service caring?

Our findings

People told us they were happy with and liked the staff supporting them. When asked this question one person said, "Yes", another commented, "Like staff" and a third said, "The staff are nice, yes they are, especially [name of staff]." A relative told us they were, "Very happy" with the staff and confirmed their family member was happy living at Middle Path.

Throughout our inspection we observed staff interacted with people who lived at the home in a kind and caring way. There was a good rapport between people and staff. Staff took time to explain to people who we were and why we were visiting. We observed positive interactions and saw that these supported people's wellbeing. For example, staff told one person they looked nice and the person was clearly pleased with the comment.

People were involved in day to day decisions about their support. For example, during the inspection one person chose not to go shopping in the afternoon as they wanted some, "Peace and quiet." Staff respected the person's wish and they remained in the home whilst the other two people went shopping.

Staff described how they used people's individual communication methods to give people choice and control over their lives. For example, pictures were used for one person to enable them to choose where they wanted to go.

People's care plans contained details about how each person communicated. For example, one person's plan explained how they would communicate if they were in pain and if they were making specific gestures, what this might mean and how staff should respond. Staff described how one person needed time to process information before being able to respond to any requests.

Care plans also included information relating to peoples likes, dislikes, preferences, personal history and cultural needs. Staff had a good knowledge of this information. A relative told us they thought the staff knew their family member well. Staff spoke positively and compassionately about the people they supported and described how they had built trusting relationships with them. Staff recognised the importance of getting to know people well.

People's privacy was respected and people were able to spend time alone in their rooms whenever they wanted. People had personalised their rooms with their belongings and communal areas with pictures which made it their home. Staff knew, understood and responded to each person's diverse needs. Staff understood the importance of people having personal time. The person who lived in the annex had a bell they used to call staff when they wanted support, we observed when staff went to see the person they knocked on the door before entering.

Staff also told us how they ensured doors and curtains were closed whilst they were supporting people with personal care and they described how they ensured people were covered to protect their dignity. Staff recognised the importance of promoting people's independence and they described how they supported

people to be as independent as they could be.

People were supported to keep in touch with those who were important to them. One person told us how staff supported them to email their family member each week, and staff confirmed they supported people to maintain telephone contact between people and their relatives. We saw feedback from one visitor who commented on the "Warm welcome" they had received when they visited the home.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and wishes. Each person had a care and support plan. The care plans we read were personal to the individual and gave clear information to staff about people's needs, important routines, what they were able to do for themselves and the support required from staff. Relatives were involved in people's care and where end of life decisions were recorded in care plans we saw there was input from people's relatives. The care plans had been regularly reviewed and updated to ensure they remained up to date and accurate.

Where people had specific needs, the service involved professionals to seek guidance and we saw staff were working with the professionals to achieve positive outcomes for people. For example, staff told us how they had developed a structured routine for one person with input from professionals and how this was working well for the person.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

People were supported to identify and achieve their goals and aspirations. These included developing skills towards independence, attending specific chosen activities and keeping healthy. We saw one person had set a goal to go sky diving. Staff told us how they were supporting the person to take steps towards achieving this, which included an activity holiday, and we saw pictures of them appearing to enjoy this.

People were supported to follow their interests and attend a range of chosen activities. On the day of the inspection people were supported to go swimming and we could see they enjoyed this activity. In the afternoon people had the opportunity to go grocery shopping. Records showed people also attended horse riding, walking, a local farm, the local conservative club and local cafes. One person had requested to attend a local Asperger's club and the deputy manager told us staffing had been arranged to support this. Each Friday people took turns in deciding where they would like to go in the vehicle, such as local sea side towns, chosen restaurants and bowling.

There was information around the home in picture format informing people of the complaints policy and who they should talk to if they had any concerns. People told us they would talk to staff or their key worker if they were unhappy. Each week people were involved in a 'House meeting' where they were individually asked if they were sad about anything, if they felt safe, if they were happy with the menu and happy with activities. They were also asked if there was anything they were worried about and anything they would like to talk about. We saw where people made suggestions about specific meals, these were added to the menu. Where one person had raised queries the deputy manager had responded to these in writing detailing their response and any action taken.

Not everyone would raise concerns directly with staff and they relied on staff to support them with this. Staff

described how one person was showing signs of not being happy around a specific activity, and appearing to become anxious. In response to this staff had spoken to the person and reassured them they could choose not to go, which they had and staff said the person was appearing happier as a result. A relative told us if they had any concerns they would talk to the staff, however they said they had never had the need to raise a complaint. They told us, "If I had a concern I would, talk to the staff, I've no complaints though." There had been no formal complaints made towards the home since our last inspection.

Good

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager had given the service notice to leave and was not available during the inspection; they were supported by a deputy manager who was present during the inspection. 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.

The deputy manager was responsible for managing the home in the registered manager's absence. The deputy manager told us they were well supported by other local managers and there was senior manager support available if they needed it. Staff also felt well supported in their roles and said there was good communication and teamwork. One member of staff said, "[Name of deputy manager] is great, they listen and are easy to go to with any concerns." Another commented, "[Name of registered manager] is fair, I've never had any issues with them." A relative also told us they were happy with the management of the home commenting, "You can ring [name of registered manager] at any time, she is lovely and I have faith in her."

Staff talked positively about working for the service and the team culture. Comments included; "Every one of the staff are caring here, we try and encourage the guys to do as much as they can for themselves and to develop new skills, it's absolutely person centred" and "We are a good team and work well together."

The aims of the service were outlined in the home's Statement of Purpose. One of the key aims of the service was, "Promoting independence." Staff described the aims of the service as; "We want to give people meaningful and fulfilled lives and support their independence" and "We want to support people's human right and support them to have a voice, it's about making their lives as happy as possible and enabling them to do as much as they can for themselves." This meant staff were aware of and shared the aims of the service.

Staff meetings were held which were used to address any issues and communicate messages to staff. One staff member told us, "You can raise any concerns; we all give our views and opinions and are listened to." Another commented, "We discuss things as a team and all give our input." Records demonstrated items discussed during the meetings included; the people living at the home, staffing and relevant updates to the service.

There were systems in place for auditing and monitoring the service. For example the deputy manager and staff carried out audits on the service which included; medicines, infection control and people's finances. The provider also visited the service to carry out a range of checks. The last provider check on the service was in June 2017. The deputy manager confirmed these visits were usually scheduled for every three months, they confirmed a date for the next visit had been arranged for February 2018.

People were supported to have links with their local community. People accessed local community facilities such as local shops, pubs, local towns and swimming facilities.