

Autism Initiatives (UK)

Lilford Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out our inspection on 27th February 2018 and the visit was unannounced.

During the previous inspection of the service in 2016 we found breaches of the regulations Regulation 15 and 17 HSCA RA Regulations 2014 in relation to risks associated with the premises and equipment because of inadequate maintenance and the lack of good governance. Recommendations were also made to update training records and care plans. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key question in safe, effective, responsive and well led to at least good.

During this visit we found that the service had fully complied with the action plan and were no longer in breach of any regulations.

Lilford Court offers accommodation and personal care for up to eight adults who have an autistic spectrum disorder and / or a learning disability. The registered provider is Autism Initiatives UK. At the time of our inspection the service was accommodating six people.

People living at the service are supported by staff on a 24-hour basis. The accommodation comprises of a pair of four bedroomed semi-detached houses. Each person has their own bedroom in one of the properties with a communal bathroom being provided in both houses. Each property has a kitchen, lounge and dining room located on the ground floor. There are gardens at the front and back of the houses and parking outside.

At the time of the inspection there was a registered manager at Lilford Court. 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.

We found there was a warm atmosphere and people appeared content, relaxed and happy in their home environment. People using the service were seen to follow their preferred routines and lifestyle and interactions between staff and people were positive, responsive to need and caring.

The premises were clean and well-maintained.

Without exception all the relatives we spoke with expressed their delight at the way the service was provided. They said the staff and services provided were "second to none".

The care provided at Lilford Court was personalised and enabled people to live as independently as possible. We saw that people's care plans were person-centred. This meant they contained information

about people's individual needs, their support requirements and their preferences with regards to how their support was provided. It was clear that people using the service and their representatives had been actively involved in discussing and planning their own support package.

Staff knew how to protect people from abuse and to keep them safe. The registered provider had policies in place to safeguard people from abuse and staff had completed training in this key area. Staff training records clearly identified that they had received all mandatory training and additional training of their choice.

Medicines were ordered, stored, administered and disposed of safely. People had contact with their GP and health professionals as required.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at Lilford Court once the provider had received satisfactory pre-employment checks. We saw there were enough staff on duty to support people as needed in the home. However we saw that the service utilised a lot of agency staff because they were not able to fully recruit permanent staff and this was a potential risk to continuity of care.

People who lived at Lilford Court were supported to plan their meals and make their own drinks and snacks, with staff support. Staff had good knowledge of people's likes, dislikes and routines in respect of food, drinks and meal times.

People using the service took part in a variety of activities. Some people attended a day centre and others enjoyed activities both in the home and in their local community. Individual weekly timetables were completed as a way of helping people to understand what they were doing at different times of the day.

A complaints procedure had been developed by the provider and systems were in place to respond to complaints. We found that any complaints had been managed in accordance with the home's complaints procedure.

Systems were in place to check the quality and safety of the service. The registered manager also sought feedback from people informally on a regular basis and on a formal basis annually. All the feedback we viewed was positive. Spot checks and observations were carried out with staff to ensure that the standards of care were maintained.

People told us that the service was well-managed. Records showed that effective systems were in place to ensure good governance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medication records were clear and medication well managed.

Staff were aware of their responsibilities to protect people from the risk of abuse.

Recruitment records demonstrated there were systems in place to help ensure staff employed at service were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People told us that they felt well cared for and they had no concerns about staff knowledge and skills.

Records showed that staff had received induction when they began working for the service and they were able to access support and training to build upon their knowledge and skills.

Daily records monitored any changes to people's health and wellbeing.

Is the service caring?

Good ●

The service was caring.

The people that were using the service and their relatives told us that the staff were kind and caring.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and provided detailed guidance for staff on how people wanted to be supported to meet their

individual needs.

People were supported to access activities and their support would often be tailored around such activities.

The provider had a complaints policy and processes were in place to record any complaints received and everyone we spoke to knew how to complain.

Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to check the quality of the care provided.

Feedback was regularly sought from the people receiving a service and all the comments we viewed were positive about the service.

Regular team meetings were held and staff were updated of changes and updates.

Lilford Court

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 checked 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.

The inspection took place on 27 February 2018 and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to our visit we looked at any information we had received about the service and any information sent to us by the provider since the home's last inspection in 2016. We also contacted the Local Authority for their feedback on the service. They told us that they had no concerns.

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Lilford Court. This included general conversation and observational practices. This was because the people who lived at Lilford Court communicated in different ways and we were not always able to directly ask them their views about their experiences.

We spoke with two people who lived at Lilford Court, four relatives, the registered manager, a service manager, a senior care worker and three care workers.

The registered manager was available throughout the inspection to provide documentation and feedback.

We looked at a range of records including three care records, medication records, three staff personnel files, staff training records and records relating to the management of the service.

Is the service safe?

Our findings

People who were living at Lilford Court were unable to fully respond to specific questions. Therefore, as well as speaking with people we observed interactions during our site visit and found people were safe and secure as they appeared comfortable and relaxed in their own home.

We also spoke with (relatives) of the people who lived at Lilford Court and they made very positive comments about the service. Comments included, "We are delighted at how well [relative] has settled. The staff are well-trained and the people they look after are kept safe and protected from abuse", "The staff are wonderful and there are always enough staff to look after each person's individual needs but some staff need to work extra hours to make sure this happens We know that it is difficult to recruit staff, especially in this area but it would be nice to see more permanent staff on duty", "The staff ensure the home is safe and well-maintained and that there are always lots of staff around to provide safe care" and "I never worry about [relative] I know [relative] is safe and staff are always on hand to make sure."

At our previous inspection we found the provider was in breach of Regulation 15. It was recorded that people were not adequately protected by the prevention and control of infection as parts of the property were not clean. This had been addressed by the service and we saw effective infection prevention and control measures were in place to minimise the risk of the spread of infections. Systems were in place for managing cleaning materials and laundry. We saw staff using disposable aprons and gloves as appropriate. We noted that the home environment was clean and hygienic with no unpleasant odours apparent.

There were up-to-date safeguarding adult's policies and procedures in place to protect people from possible harm. Staff received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they should take if they had any concerns. There was a whistleblowing procedure in place and staff understood the term whistleblowing and told us how they would use it if they needed to raise any concerns.

Incidents and accidents involving the safety of people using the service were recorded and acted upon appropriately. We saw evidence to show that staff had correctly identified concerns and had taken appropriate actions to address concerns therefore minimising further risk of potential harm. Where appropriate accidents and incidents were referred to local authorities and the Care Quality Commission and advice was sought from health care professionals when required.

Risks were clearly documented such as in challenging behaviour, financial abuse, falls, nutrition and medication.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work so that people were cared for by people who were suitable for their role. Staff told us that pre-employment checks were carried out before they started work and records looked at confirmed this.

During our inspection we observed that there were sufficient numbers of staff on duty to ensure people were

kept safe and their needs were met in a timely manner. Relatives of people who lived in the home told us that staff were always visible and all care was carried out in a safe and efficient way. One staff member said, "We have a very low amount of permanent staff but we do use agency staff to assist. We are a good small team and we work well together." Another staff member said, "This is a good place to work in, we all support each other."

Staffing rota's showed that staffing levels were suitable to ensure people's needs were met and staff were able to supervise and support people when going out and when participating in activities. The registered manager told us that staffing levels were managed according to people's needs and when people needed extra support for arranged home visits or events, additional staff cover was sought. We noted that a person who lived in the home had been assessed as needing support by two people when taking part in community activities. Records showed this need was being met.

Relatives of people who used the service told us that all the staff were great but they said that agency staff were utilised as there were not enough permanent staff to fully cover all shifts. They said that this could impact on the people who lived at Lilford Court as they liked consistency. However they said that the agency staff were usually the same people who had got to know the people living at Lilford Court and understood their needs.

We saw that the service had advertised for additional permanent staff but had not to date been successful in their recruitment.

Medicines were stored and handled safely. MAR (medicine administration record) folders contained signatures of the staff to show they had read and observed the homes policy for safe handling and administration of medicines. There was a summary handover medication checking sheet which was signed by the officer in charge at the end of each round. We checked three people's MAR sheets. They contained the person's name, photograph, and date of birth and if they preferred to administer their own medicines. Records were accurate and up to date. "As required" medicines were recorded with the time, the staff signature and the reason for giving. There were separate charts for prescribed creams and ointments. Information was included about allergies and how to recognise if people were in pain. Suitable arrangements were in place for storing medicines, including those that needed to be kept below room temperature. Staff understood the process used if medicines were to be refrigerated and checked and recorded the refrigerator temperature and the surrounding temperature where the medicines were kept. This made sure medicines were kept according to the manufacturer's instructions. Medicines were locked in a secure cupboard when not in use.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place, which detailed the support they required to evacuate the home in the event of fire. Staff we spoke with knew what to do in the event of a fire and who to contact. Records we looked at showed that staff had received up to date fire training.

The home had nominated an identified Health and Safety Coordinator who had ensured there were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained. Regular routine maintenance and safety checks were carried out on fire safety equipment, gas and electrical appliances and water legionella tests were also undertaken.

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and knowledge to meet their needs. The improvements we have seen have been excellent. They have enhanced [relative's] life and ours as well."

A new member of staff told us that they had an induction into the home which covered all areas of mandatory training including medicines management. We saw records to show that newly appointed staff completed a probationary period which required completion of the Care Certificate which is a training and development course designed to provide staff with information necessary to care for people well. During the induction process staff were allocated a staff mentor to promote good practice in delivering effective care. Induction training included safeguarding, manual handling, behavioural support plans and physical intervention training. We saw that staff were assessed as competent before lone working with people who used the service.

During our previous inspection it was noted that staff training records had not been kept up-to-date. At this visit we saw up-to-date training records which showed staff received appropriate training that enabled them to fulfil their roles effectively and meet people's needs. Staff told us that apart from the provider's mandatory training, specialist training was also provided such as epilepsy, food allergies and people focused care. Staff generally demonstrated good knowledge on topics such as the mental capacity act and deprivation of liberty safeguards, manual handling, first aid, safeguarding and fire safety. Staff told us that once they had successfully completed their six month probation period they were supported to undertake recognised accreditations such as National Vocational Qualifications (NVQ) in health and social care.

Staff were supported through regular supervision and annual appraisals of their performance. Records showed that staff had received supervision on a regular basis. Staff told us that they felt well-supported through supervision and daily discussions and felt able to discuss anything whatsoever with the registered manager or her deputy. One staff member told us, "The atmosphere here is great. I know I can speak freely and know I will be listened to and, if necessary, supported."

We saw records that showed that regular team meetings took place and the service used learning logs for staff which held details of reflective practice and how staff could improve on their knowledge and skills in the best interests of the people they supported.

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. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The people who lived in the home required some support to make decisions and they all had been referred

to the local authority to be assessed as to their capacity to consent to their care and support. To date six people had authorised DoLS in place which the service was effecting managing. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation.

The registered manager was aware that when people needed support to make specific decisions, and we saw 'best interest' meeting were being held which involved all the relevant people and representatives in the person's life.

People were supported to eat and drink suitable healthy foods and in sufficient amounts to meet their needs and ensure wellbeing. People's relatives told us that the food provision was varied and gave people choices. Comments included, "We know the food is what [relative] wants, [relative] is able to choose [relative's] meals", "The care plan details what meals [relative] likes and staff make sure all the meals are what [relative] wants. No problem with the food at all" and "The staff have referred [relative] to a dietitian and they have prepared a diet which is good for [relative] and also assists with [relative's] weight".

People had health care plans in place which monitored and reviewed any risk relating to people's physical health. Health care plans contained guidance for staff on people's diet and nutrition which included weight charts and any dietary requirements such as sugar free foods and special diets for people who were lactose intolerant or diabetic. People's care plans and records demonstrated the home worked closely with dietitians and speech and language therapists to ensure people received the appropriate care and support. People were supported to maintain their physical and mental health and had access to health and social care professionals when required. Records showed the support people required to meet their physical and mental health needs. Where concerns were noted we saw people were referred to appropriate health professionals as required. Records of health care appointments and visits were documented within people's care plans so staff were aware of any treatment required or advice given.

The property had been adapted to suit the needs of the people currently living there Bedrooms were personalised and baths and showers had been adapted for ease of access.

Is the service caring?

Our findings

Relatives of people who used the service told us that the staff were very kind and caring. Comments included, "The staff are really kind and caring. I have nothing but praise for them", "We are more than happy with the care provided", "The staff encourage us to visit, always make us feel welcome no matter when we call", "The staff are absolutely brilliant they have made [relative] feel settled and [relative] now refers to it as home" and "Not only do they look after [relative] well they also provide [relative] with emotional warmth."

During the previous inspection it was noted that the environment was not being maintained to a satisfactory standard to safeguard people's privacy and dignity. Throughout our visit we saw that staff delivered support and communicated with people who used the service in a gentle manner that promoted their dignity. We also saw that the environment was well-maintained and provided areas to afford privacy for all the people who lived there. A relative of one person told us that people who used the service were, "Treated with dignity at all times and had plenty of their own space if required."

Records showed that staff attended dignity and values training which was delivered by the provider. Staff told us that this training made them reflect on their practice and how they should treat each person as an individual. Staff told us that they strived for each person to feel like the home really belonged to them, not just somewhere they lived. They said they supported people to take part in household tasks such as food shopping, dusting and vacuuming and to be as independent as possible. They told us that this shifted the emphasis from living in a home to living in their own home.

Interactions we observed between staff and people who used the service were positive and indicated that staff had developed good relationships with people. During our inspection we saw staff treated people in a respectful and dignified manner. The atmosphere in the home was calm and friendly and staff took their time to sit with people and support them with their personal care and general daily living tasks. Staff understood and respected people's choice for privacy to spend time in their rooms.

We observed staff sitting with people engaged in meaningful verbal and non-verbal conversations and planning what people were going to do for the day. We saw that people were treated with kindness. Staff explained what they were doing, and why, for instance when they were about to support a person on an outing they fully explained where they were going and why. Staff also asked them if it was their choice to go out or if they wished to stay inside the home. One person presented as being unsettled. We saw staff speaking with the person providing information and reassurance and noted that the person responded in a positive way. Staff called people by their preferred names and had time for a chat or a joke with them whilst providing them with support. Staff made eye contact with people by getting down to the person's level if they were sitting. They spoke clearly and at a volume which could be heard but was not too loud. They used encouraging gestures and facial expressions and remained calm in all situations. We saw that people were able to do things at their own pace.

Staff told us that care plans held guidance about how best to communicate with people including how people preferred to be addressed. We observed that staff were familiar with people who used the service

and knew how best to support them. We saw that staff promoted people's privacy and dignity. We saw that they knocked on people's doors before entering and enabled people to have privacy by closing their bedroom doors. We saw that the service used a key worker system which ensured that people who lived in the home were supported by named staff who were able to build effective long term and trusting relationships in a nurturing and caring environment. Personal information about people living in Lilford Court was securely stored within the manager's office to ensure confidentiality was maintained and we saw that electronic systems were password protected and secure.

Relatives of people living at the service told us that staff maximised people's independence wherever possible by enabling them to fulfil their wishes to do things for themselves and enjoy the wider community.

Is the service responsive?

Our findings

Relatives of people who used the service told us that people received care and treatment in accordance with their identified needs and wishes. Comments included, "I have seen such a difference since [relative] has been here. They have enhanced [relative's] life" and "Staff understand [relative's] needs and hobbies and interests and make sure [relative] is stimulated and happy".

The registered manager told us that all care plans were person-centred. She said that information was gathered before admission to the home from the person, their family and any other professionals who were involved with the person's care and this information was recorded in the care plan. She said that this information was added to following admission to include likes and dislikes, hobbies, interests and their wishes for their future care. She told us that detailed assessments of people's needs ensured that the staff and service provided could meet their needs safely and appropriately.

We looked at people's care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed the care plans were updated so that staff would have information about the most up-to-date care needed.

Care plans covered areas such as the person's general health, medicines and medical care, mobility and mental health. These were reviewed every month. There was also an audit which reviewed areas such as people's weight, people admitted to hospital, incidents, accidents and complaints. Care plans were reviewed with the person and the person's family and other health and care professionals who may be involved with their care as and when required.

We saw that care plans were written to guide staff to listen and respond to people's views and behaviour patterns in a structured manner. We noted that one person who lived in the home was agitated on arrival back from an external activity and appeared unsure about what activity they wished to undertake on their return. We observed staff supporting them to make a decision by use of effective communication and making suggestions about options available.

Daily records were written by the staff about people's day-to-day wellbeing and activities they participated in to ensure that their planned care met their needs.

People were supported to engage in a range of activities that met their needs and reflected their interests. The home had access to transport which enabled people to venture out into the community. People had individual activity programmes which detailed weekly activities.

We observed staff sitting with people engaged in meaningful verbal and non-verbal conversations and planning what people were going to do for the day. We saw that one person was being taken out for a visit; another person was being escorted to a day centre. Staff told us that they were flexible to respond to daily

choices and daily routines were prompted by the choice of the people who lived in the home. We saw records that showed that the people who lived in the home enjoyed daily activities such as going out for meals, going to the park or the cinema. Staff told us that the people who lived at Lilford Court were at the heart of the service and they were living a life they had chosen. People using the service took part in a variety of activities. Some people attended a day centre and others enjoyed activities both in the home and in their local community. Individual weekly timetables were completed as a way of helping people to understand what they were doing at different times of the day.

Relatives of the people who used the service told us they knew who to speak with if they had any concerns. They told us that the staff were very approachable and they spoke with them when they visited. They said this enabled them to discuss any issues or areas of concern 'anytime'. There was a complaints policy in place which was on display in the home and people told us they had been provided with a copy at the commencement of the placement. The complaints policy was clear and detailed the process involved if any person wished to complain. Records showed that no complaints had been made about the service in the past year.

We saw that people's care records and other information were kept in a locked cabinet within the registered manager's office.

People were supported to maintain relationships with relatives and friends. Relatives told us that they were encouraged and supported to visit the home whenever they wished. Care plans documented where appropriate that relatives were kept informed of all need to know information and involved in making decisions about any changing needs. People were also notified about any significant events or visits from health and social care professionals.

People who used the service and their families were provided with appropriate information in various formats such as pictorial and large print about what they could expect from the service. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Is the service well-led?

Our findings

At our last inspection we identified a breach Regulation 17 HSCA RA Regulations 2014 Good Governance. Effective systems and processes had not been established and operated to enable the registered person to ensure good governance. We saw that the provider had ensured that relatives had been consulted about their opinions of the service and internal monitoring records had been improved upon. The service was no longer in breach of this regulation.

Feedback from discussions with the relatives of people who lived at Lilford Court was positive about the culture and transparency of the service. Comments included, "We are consulted about our views constantly and we have questionnaires to fill in and meetings arranged for us to speak our mind."

The provider took account of the views of people who used the service and their relatives and other people who may be involved with their care. All feedback provided was positive about the staff and the services provided.

There was a range of quality assurance and governance systems in place to monitor the quality of the service provided. We saw there was a clear management structure at Lilford Court and staff were aware of their line management structure and of their own roles and responsibilities.

During discussions the registered manager demonstrated that she was knowledgeable about the requirements of being a registered manager and her responsibilities with regard to the Health and Social Care Act 2014. She told us that the provider held regular working groups for managers to discuss current trends and share good practice.

We saw that the registered manager used a compliance tool to audit the service provided. She had audit checks in place for medication, care plans, essential services such as gas, electricity, incidents and accidents, activities and menus. We looked at a sample of the audits and saw that where any improvements were required, actions had been taken to improve and minimise the risk of reoccurrence. This coupled with visits from the area manager and quality manager's monthly visits to the home ensured that quality audits were regularly undertaken. We saw records that showed that the findings of these visits were fed back to the provider's service development group who took appropriate action to ensure the services provided were fully compliant. We saw that the area manager circulated a monthly briefing and any actions were cascaded to staff via their monthly staff meetings. The registered manager told us that this ensured that all staff were aware of both positive and negative comments and of how the service would address any shortfalls.

On speaking with staff they confirmed that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting and could see that a variety of topics, including safeguarding, health and safety, care issues and training expectations had been discussed.

We saw that the staff received a staff bulletin and newsletter and they had access to an internal website.

Staff told us that this further enhanced the transparency of the service.

The service had policies and procedures in place to receive and respond to complaints should any arise.

We saw the ratings from the previous Care Quality Commission inspection were on display in the hall way of the property.