

# Autism Together

# Kenneth House

## Inspection report

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Date of inspection visit:  
10 January 2018

Date of publication:  
07 February 2018

## 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

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

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.

Kenneth House is registered to provide accommodation for up to four people who require accommodation and support with their personal care. The home is located in a residential area of Eastham. At the time of our inspection four people lived at the home.

At the last inspection the service was rated good. At this inspection we found the service remained good.

We spoke with one person who lived in the home and two relatives. They all gave positive feedback about the home and the staff who worked in it. It was clear from what people and the relatives we spoke with said that the service met their needs and that people who lived at the home were happy with the support they received. Everyone we spoke with told us the manager and all of the staff were kind, caring and compassionate.

People's care records contained clear and easy to understand information about people's needs and risks and how to support them effectively. Care plans were person centred and gave staff clear information about the person's preferences and what was important to them. For those people who were unable to express their needs and wishes verbally, staff had detailed information about the behaviours, gestures and body language people would display to communicate their needs or emotions. This was good practice and enabled staff to connect with the people they were supporting.

Staff spoken with had a good knowledge of people's needs and spoke with genuine affection about the people they supported. The atmosphere at the home was homely, relaxed and nurturing. It was clear that people felt relaxed and comfortable in the company of staff.

No new staff had been recruited since our last inspection so we did not look at recruitment records. The staff who worked at the home had done so for some time. This meant people received support from the staff who knew them well and with whom positive relationships had been built.

Staff received appropriate support and training to do their job role and staff spoken with told us the manager was supportive and managed the service well. People and the relatives we spoke with agreed with this.

Medication was managed safely and people received the medicines they needed to keep them well. People had access to a range of health and social care professionals and people had health passports in place which gave staff clear information about their physical and emotional needs and the support they required.

A person we spoke with who lived at the home told us they got enough to eat and drink and that they had a choice. People who lived at the home helped plan the weekly menu and the staff we spoke with were knowledgeable about what food and drink people liked to eat and drink.

People had access to a diverse range of person centred activities which were provided as part of the provider's day services. Activities were social and educational in nature enabling people to develop or maintain life skills at the same time as having good fun. The person we spoke with told us that they enjoyed attending the day service. Relatives we spoke with told us they felt people enjoyed the activities on offer and that they played an important part in people's lives.

There were a range of effective mechanisms in place to monitor the quality and safety of the service and the views of people and staff were regularly sought by the manager. This was good practice.

During our visit, we had no concerns about people's care or the service itself. We found the home to be well-run with a passionate and caring staff team.

## 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** ●

# Kenneth House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 January 2017 and the provider was given 24 hours of the inspection. Kenneth House is a small care home for younger adults who are often out during the day, we had to telephone the home to advise them we would be visiting so that we could be sure someone would be in and that we would be able to meet the people who lived at the home and staff. 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 home and any information sent to us by the provider since the home's last inspection in 2015. We also contacted the Local Authority for their feedback on the home. They told us that they had no concerns about the service.

During the inspection we were only able to talk with one person who lived in the home, but we observed other people who lived at the home interacting with staff and each other. We spoke with two relatives, the registered manager, the house manager and a support worker.

We looked at the communal areas that people shared in the home and visited a sample of their individual bedrooms. We looked at a range of records including two care records, medication records, staff training records, health and safety records and records relating to the management of the service.



## Our findings

The person we spoke with told us they felt safe at the home. Relatives we spoke with said that they felt people who lived at the home were safe and well cared for.

The manager and staff were able to tell us about people's individual needs and the support they required to keep them safe. People had individual risk assessments in place to ensure their safety. These risk assessments covered all areas of people's health, safety and welfare needs including how to keep people safe outside of the home whilst not limiting their independence. People's risks had been regularly reviewed to ensure the risk management advice staff were following remained effective in reducing risk.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they had concerns about a person's well-being.

People were supported by a consistent staff team, the majority of whom had worked at the home for some time. This promoted people's well-being and made them feel safe and well cared for. Staffing levels were sufficient to enable staff to meet people's needs in a person centred way.

No new members of staff had been recruited since our last inspection which meant there were no new recruitment records to check as part of our inspection.

Medicines were stored and managed safely. We checked a sample of people's medicines and found the amount of medication left in the medication cupboard matched what had been administered. We saw that where people had 'as and when' required (PRN) medication, a running count of the medication administered was maintained. This helped staff to keep track of what medication had been administered and when.

There had been no accident or incidents recorded since our last inspections

The home was safe and well maintained with all relevant safety checks on the electrics, fire safety arrangements and the stair lift undertaken. We saw that the provider had just received a copy of the results of a recent external fire risk assessment on the property. The risk assessment had identified that a number of improvements needed to be made to the property to enable it to meet current fire regulations. For example, the number of smoke detectors in the home was insufficient and some of the doors in the home

were not fire doors. We spoke with the manager about the improvements required and they provided assurances these would be acted upon in a timely manner. We will follow this up in due course with the provider to ensure that all actions are completed.



## Our findings

Both the relatives we spoke with told us that people's health needs were responded to quickly. One relative told us they were "Very good" when one person needed help with a healthcare issue and "Took them to the doctor" straightaway". They also told us that people attended routine healthcare appointments to maintain their well-being such as the dentist and chiropody.

We saw that people's care records contained clear information about people's health needs. Each person had a health passport that identified what medical needs people had and how to support them. We saw from people's records that people had regular access to health care and that people's health and well-being was closely monitored. This enabled staff to pick up any changes in people's health and to act on them quickly.

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 receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that an application to deprive a person of their liberty had been made to the Local Authority in accordance with the Mental Capacity Act 2005. People who were deprived of their liberty had access to a picture format guide on what this meant and how it would affect their life. People's capacity was assessed with regards to other decisions about their care for example, whether they were able to manage their own finances.

Records showed that staff had regularly attended and were up to date with the provider's mandatory courses, such as fire safety, moving and handling, safe administration of medication, safeguarding, infection control, food hygiene and first aid. We also saw that staff received regular one-to-one support through supervision and appraisal meetings. This demonstrated that staff received the support they needed to do their job effectively.

Staff we spoke with were knowledgeable about people's needs and knew how to care for them effectively. We saw that staff interacted with people in a positive way. People were relaxed and comfortable in their company and it was obvious that staff knew people well.

The person we spoke with told us that they got enough to eat and drink and that they were able to choose what they had for their meals. The manager told us that people were involved in choosing the menu for the week and we saw records to confirm this. On the day we visited people were having lasagne and garlic bread, one person was helping the staff to set the table for dinner. There was a light hearted family atmosphere and we saw that people were able to choose where they ate their meals.

## Our findings

The person we spoke with told us staff were kind and caring. Relatives we spoke confirmed this and told us their loved ones were happy with life at the home. Both relatives told us that when the person had first come to live at the home they were pleased with how quickly the person had settled and adjusted. One relative told us that the person had "Settled a lot better than we thought they would" and the other relative said the person had "Generally settled well". Both relatives told us they thought the person was safe and well at the home and cared for by staff that were kind and caring.

Some of the people who lived at the home had difficulties communicating their wishes, feelings or needs verbally. We saw that staff had detailed information on the gestures or behaviours people would display when they were hungry, sad, happy or anxious. This was good practice and enabled staff to anticipate people's needs so that person centred care could be provided. We saw that where people became distressed staff had clear guidance on how to respect the person's wishes while at the same time ensuring their safety. A relative we spoke with told us that staff were good at understanding the person's wishes and were "Fully up to date with what they (the person) wanted".

The manager explained how staff tried different approaches and observed people's behaviour and body language in order to establish what people liked and disliked if the person was unable to communicate with them. The manager gave us a specific example of this in relation to one person's care and the reasons why different methods of communication were discounted. It was clear that the staff team were committed to trying alternative methods of connecting with people. This showed they cared that the people they supported felt included and valued.

Most people had lived at the home for a number of years and staff knew them well. Staff we spoke to demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed staff interacting with people in a natural and spontaneous manner and saw that staff gave people their full attention during conversations and spoke with them in a kind and respectful way.

People's care plans contained details of important relationships and how these relationships were to be supported. We saw from people's records that staff supported people to maintain the relationships that were important to them. People's relatives were able to visit at any time and they told us they were always made to feel welcome.

We visited a sample of people's bedrooms and saw that they were personalised and homely. People's

preferences in décor and decoration were evident and the things that they liked or treasured were visible. This showed that the service cared that people felt at home and in control of their environment.

The home held regular meetings for people who lived at the home to check that they were happy with the support they received. We looked at the minutes of the meetings held in August and October 2017 and saw that staff checked people were happy with the meals provided, the support provided, the activities and whether they would like anything with regards to their support to change. This showed that the service cared that people were happy and satisfied with the support provided.



## Our findings

Relatives we spoke with told us that staff responded to people's needs well and that people attended the provider's day services which they felt were an important part of people's lives. The provider's day services helped people to develop a range of life skills, participate in work experience and enjoy a selection of creative and outdoor activities of their choice. For example, there were opportunities for people to work on a farm and participate in horticulture, performing arts, gym and exercise classes, pottery and other arts and crafts, information technology, woodwork and landscaping.

Records showed that the activities planned for people were based on their preferences and what they had selected to participate in. People had a weekly timetable prepared for them in pictorial format which showed them what activities they had selected to participate in each day. A relative told us that the person was "Hard to keep amused" but that they enjoyed participating in the day services and would be "Lost without that routine". The other relative told us they were confident that the person enjoyed the activities provided by the day service and the person told us they did.

We reviewed three people's care files and found that people's support plans were person centred and held information about people's likes and dislikes, history and how to support them in the way they preferred. People's support plans covered all aspects of their physical and emotional health and were written in a way that was easy to understand and reflected people's personalities. When reading them it was easy to gain an understanding of the person to be supported. It was clear that people's wishes and aspirations had been considered and support plans were positive and focused on people's abilities and the best way to promote them in the day to day support provided.

There was a complaints procedure in place which was displayed on the noticeboard for people to refer to. The procedure was a combination of written and pictorial format to help people who may struggle to read or understand how they could raise any concerns they may have. The procedure did not include contact details for the local authority or the local government ombudsman to whom people could make a complaint.

The person we spoke with had no concerns about the service and neither did the relatives we spoke with. Both relatives told us that when they had raised minor issues with the manager or staff they had been responded to straightaway to their satisfaction. The manager told us there had been no formal complaints since the last inspection.



## Our findings

There were quality assurance checks in place to monitor the quality and safety of the service. These checks included audits of people's care records, people's finances and expenditure, medicine administration, the environment and premises in which people lived, health and safety and staff records. Any actions required were documented and monitored to make sure improvements were made. These checks helped the provider and the manager mitigate risks to people's health, safety and welfare.

During our visit, there was a positive, person centred culture within the service. Relatives and staff told us the manager was approachable and managed the service well. Regular meetings were in place for both people who lived at the home and their relatives. This enabled them to feedback their views on the service.

Surveys were sent out to people who used the service and their relatives to complete each year to gain an overall view of all of the provider's services and to assess whether people and their relatives were satisfied with the way the provider managed and provided their services. There were also regular provider-wide forums organised by the provider. These forums invited people and their relatives across all of the provider's services to come together to discuss the service and the overall approach and management of the provider.

Staff meetings took place to discuss the running of the service and people's care. We saw from the minutes of these meetings that staff were able to express their views openly. There was clear communication between the staff team and the manager and a staff member we spoke with told us that the team worked closely together and supported each other to ensure the service provided was good.

During our visit we had no concerns about the service or people's care. The service was safe, effective, caring, responsive and well-led.