

Autism Initiatives (UK)

Salisbury Terrace

Inspection report

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Ratings

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Salisbury Terrace is a residential care home, providing accommodation and personal care to 3 people with different health and care needs at the time of the inspection. The service specialises in the care for people with autism and/or learning disabilities, as well as people with mental health conditions.

People's experience of using this service

Right Support

People's individual risk assessments were reflective of the support they were receiving and took Included measures to keep people safe and avoiding putting people at risk of harm. Audits and checks identified when some improvements were needed to records or processes. People received safe care and they were supported by staff who knew how to protect them from harm. Staff supported people to take their prescribed medicines and to access healthcare services when needed. Recruitment of staff was safe and robust. People could choose how they wanted to spend their time, whether they wanted to be in their own rooms or in communal areas with other people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People had dedicated 1-1 time to ensure opportunities for social engagement took place. There was a relaxed atmosphere in the home. Staff spoke and engaged with people respectfully. Personal care was delivered in people's own rooms, to ensure privacy and dignity. People were involved in choices around their care and support.

Right Culture

Staff advocated for people to ensure they had equal access to services, such as healthcare. Staff told us they liked working at the home and enjoyed supporting people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 29 November 2017).

Why we inspected

This inspection was prompted by a review of information about the service. This inspection was a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Salisbury Terrace on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Salisbury Terrace

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Service and service type

Salisbury Terrace is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Salisbury Terrace is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We looked at the care plans and associated documentation for the 3 people who lived at the home. We checked audits and quality assurance reports, incident, and accident records, as well as 3 recruitment

records for staff. We walked around the service and observed care people received at various times. We spoke with 1 person who used the service. One person showed us their room. We spoke to 4 staff, including the area manager and senior carer.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff knew the correct course of action to take if they felt someone was being harmed or abused. This included contacting the local authority or the police.
- There was a safeguarding policy in place which was presented in different formats to support people's understanding.

Assessing risk, safety monitoring and management

- The registered manager assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- There were risk assessments in place which were reviewed every month or when people's needs changed.
- Staff had undergone additional training where needed to enable them to support people safely, and in a person centred way.
- We spoke to 1 person who told us they 'liked' the home, and we observed people in the communal areas of the home, they looked relaxed and happy.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Staff were only offered employment once all recruitment checks had been undertaken.
- Rotas showed there were enough staff on shift to support people safely.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff underwent training and had their competencies assessed before they administered medicines.
- People had plans in place for medication required as and when needed, often referred to as PRN, which instructed staff when to give the medication and what it was used for.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and tidy, and staff supported people to help with the cleaning if they chose to.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There had been no incidents at the home for a long time, however we did see the registered manager and staff team contacting professionals and reaching out for additional support when they felt people's outcomes were not being met.

Is consent to care and treatment always sought in line with legislation and guidance?

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- The provider had a tracking system in place which reviewed DoLS and would alert the manager if they needed reviewing.

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-centered care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centered care.

Promoting a positive culture that is person-centered, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The provider had systems to provide person-centered care that achieved good outcomes for people.
- The people who lived at the home had lived together for a long time and were involved in important decisions about the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements ;How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider understood their responsibilities under the duty of candour.
- The provider had been open and honest with people and their families and advocates when things went wrong.
- There was a robust quality assurance framework in place completed routinely by the area manager.
- Staff understood what was expected of them. All of the staff had been in post a long time, and worked well with the registered manager.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Team meetings took place where staff were encouraged to discuss their views about the home. People were involved in discussions about the home and how they wanted to live their lives while living at Salisbury Terrace.
- Staff told us they tried to encourage people to do things for themselves or to be involved as much as possible in their daily care and the running of the home.

Continuous learning and improving care; Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received.
- The provider worked in partnership with others such as the GP and internal specialist team and had

reached out to other professionals when needed.