

Autism Initiatives (UK) Talbot Street

Inspection report

72 Talbot Street
Southport PR8 1LX
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Date of inspection visit: 10,11&12 March 2015
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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 

Overall summary

The inspection took place on 10, 11 and 12 March 2015 and was announced.

72 Talbot Street provides accommodation and support for up to three adults who have autism. The service is provided by Autism Initiatives UK. The house is a large detached property situated near the centre of Southport, with access to local shops, transport links and other services.

There is a registered manager for the service. They were on long term absence from work. Autism Initiatives had appointed a temporary manager who had applied to be registered with the Commission. 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.

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Talbot Street. This was because the people who lived at Talbot Street communicated in different ways and we were not always able to directly ask them their views about their experiences. Our observations showed people appeared relaxed and at ease with the staff. People were kept safe because there

Summary of findings

were arrangements in place to protect them from the risk of abuse. Staff understood what abuse was and the action to take should they report concerns or actual abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager informed us people who lived at Talbot Street were supported to make key decisions regarding their care. We found the area manager, the home manager and staff knowledgeable regarding acting in people's best interests. We saw this followed good practice in line with the Mental Capacity Act (MCA) (2005) Code of Practice. Applications had been made for standard DoLS authorisations for the three people who lived in the home.

Each person who lived at the home had a plan of care. The care plans we looked at contained relevant and detailed information. This helped to ensure staff had the information they needed to support people in the correct way and respect their wishes, likes and dislikes. A range of risk assessments had been undertaken depending on people's individual needs to reduce the risk of harm. Risk assessments and behavioural management plans were in place for people who presented with behaviour that challenges. These gave staff guidance to keep themselves and people who lived in the home safe in the home and when out in the community.

Medication was stored safely and securely. Staff had completed training in medication administration. The manager told us they carried out practical competency assessments with staff to ensure they were administering medication safely. The systems we saw ensured people received their medications safely.

We looked around the building. We found it was clean and well maintained. Staff had a rota in place to ensure cleaning was completed daily. We found audits/checks were made regularly to monitor the quality of care provided and ensure it was safe and standards of cleanliness and décor were maintained.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at the home when the provider had received satisfactory pre-employment checks.

We saw there were enough staff on duty to support people as needed in the home. This included support with personal care, to attend employment and take part in regular activities when they wished to. We saw the staff rotas which confirmed this.

Staff received an induction and regular mandatory (required) training to update their practice and knowledge. Records showed us that staff were up-to-date with the training. This helped to ensure that they had the skills and knowledge to meet people's needs. Staff told us they felt supported in their roles and responsibilities.

People who lived in the home were supported to make their own drinks and snacks, with staff support. As well as indicating they wanted a drink or snack we saw staff asking them throughout the day. Staff had good knowledge of people's likes and dislikes in respect of food and drinks and people's routines in respect of meal times. We saw that people who lived in the home had plenty to eat and drink during our inspection.

People who lived in the home took part in a variety of activities both in the home and in the community. Some people attended a day centre, a work placement; others enjoyed activities both in the home and in their local community. They completed daily activity planners using pictures as a way of knowing and understanding what they were doing at different times of the day.

During our visit we observed staff supported people in a caring manner and treated people with dignity and respect. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

A procedure was in place for managing complaints and family members we spoke with were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with the home's complaints procedure.

The temporary manager was applying for registration with the Commission. We found they provided an effective lead in the home and was supported by a clear management structure.

Systems were in place to check on the quality of the service and ensure improvements were made. This included carrying out regular audits on areas of practice.

Summary of findings

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way and respect their wishes, likes and dislikes. A range of risk assessments had been undertaken depending on people's individual needs to reduce the risk of harm. Risk assessments and behavioural management plans were in place for people who presented with behaviour that challenges. These gave staff guidance to keep themselves and people who lived in the home safe in the home and when out in the community.

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During our visit we observed staff supported people in a caring manner and treated people with dignity and respect. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood how to recognise abuse and how to report concerns or allegations.

People who displayed behaviour that challenges had a plan of care and risk assessments in place to protect them and other people from the risk of harm.

There were enough staff on duty at all times to ensure people were supported safely.

Recruitment checks had been carried out for staff to ensure they were suitable to work with vulnerable adults.

Medication was stored securely and administered safely by trained staff.

Good



Is the service effective?

The service was effective.

Staff followed the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions. We saw they had worked alongside family members when making 'best interest' decisions.

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Good



Is the service caring?

The service was caring.

We observed positive interactions between people living at the home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

We saw that people had choices with regard to daily living activities.

Families told us the manager and staff communicated with them effectively about changes to their relative's needs.

Good



Is the service responsive?

The service was responsive.

We saw that people's person centred plans and risk assessments were regularly reviewed to reflect their current needs.

Staff understood what people's care needs were. Support was provided in line with their individual plans of care.

Good



Summary of findings

A process for managing complaints was in place and families we spoke with knew how to make a complaint.

Is the service well-led?

The service was well led.

The home manager provided an effective lead in the home and was supported by a clear management structure.

The service had effective systems in place to demonstrate it was well led. Systems for routinely monitoring the quality of care, support and treatment provided were effective.

Staff described an open and person-centred culture within the organisation. Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Good



Talbot Street

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.

The inspection took place on 10, 11 and 12 March 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

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

Before our inspection we reviewed the information we held about the home. We usually request a Provider Information Return (PIR) but had not done so prior to this inspection. A PIR 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 looked at the notifications and other information the Care Quality Commission had received about the service.

During the inspection we spent time with two people who lived at the home and spoke with two family members by telephone. We also spoke with the home manager, an area manager and three care staff.

We looked at the care records for the three people who lived in the home, two staff recruitment files and records relevant to the quality monitoring of the service. We looked round all areas of the home, including people's bedrooms, bathrooms, kitchen area and lounge areas.

Is the service safe?

Our findings

We asked two family members about their views on the safety of their relatives who were cared for by the staff at Talbot Street. They told us they felt that support was being provided in a safe, secure environment. One relative told us that they had full confidence in the staff's ability to keep people safe both in the home and when they went out into the community.

An adult safeguarding policy and procedure was in place. The policy was in line with local authority safeguarding policies and procedures. We observed the safeguarding policy was accessible to staff as it was displayed on the notice board in the night staff 'sleep-in room'. The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Staff we spoke with and the training records we viewed confirmed adult safeguarding training had been undertaken within the provider's recommended guidelines of every three years. All of the staff we spoke with were clear about the need to report through any concerns they had. One staff member told us, "I wouldn't hesitate to report anything or anyone to the manager."

We found risk assessments and behavioural management plans had been completed. Having these records in place helps staff to support the person in a consistent way and to ensure their safety and the safety of others in the home.

The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These included taking medication, physical and mental health needs and accessing the community. Each person also had a 'hospital passport' which contained current information about their health needs, support needs and their communication. This helped ensure people received the required support if they required a hospital stay.

Medication was managed appropriately and safely. Medication was only administered by staff who were trained to administer medicines. Staff confirmed that medication training was provided for the staff who administered medication. The manager told us they carried out practical competency assessments with staff to ensure they were administering medication safely. New staff were

observed and assessed by the manager on two occasions before they were 'signed off' as competent to safely administer medication. This check provided assurance that staff were able to administer medicines safely to people.

Medicines were stored safely and securely in a locked wall cupboard. The majority of medicines were supplied in a pre-packed monitored dosage system. We checked a sample of medicines in stock against the medication administration records. Our findings indicated that people had been administered their medicines as prescribed. The registered manager told us that medication practices were audited on a monthly basis and we saw confirmation of this.

We looked around the home, including people's bedrooms and bathrooms. We found the home was clean and tidy. Cleaning rotas showed daily tasks which the staff knew were to be completed each day to maintain a clean and safe environment.

Arrangements were in place for checking the environment to ensure it was safe. We saw paperwork which showed that a monthly health and safety audit was undertaken to ensure the building and its contents were safe and in working order. In addition this audit which was completed by another home manager checked people's support plans and risk assessments were up to date and carried out medication audits. Specific weekly checks took place which included checks of the water temperatures, fire fighting equipment, the fire alarm and medication stock checks. We noted that personal emergency evacuation plans (PEEP) had been completed for each person to enable safe evacuation in the case of a fire.

We looked at how staff were recruited to ensure staff were suitable to work with vulnerable people. We looked at three staff personnel files. We saw that appropriate checks had been undertaken before staff began working at the home. Application forms had been completed and applicants had been required to provide confirmation of their identity; references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer

Is the service safe?

decisions about the recruitment of staff. The provider had a policy of renewing DBS checks for all of its support staff every three years to ensure they were still safe to work with vulnerable people.

The home employed a full complement of staff. Staff from the current staff team covered staff sickness and annual leave. The manager told us that to cover any emergencies 'additional support workers' (ASW's) who the company had specifically recruited to work at the home were used. This helped the manager to ensure people who lived at the home received support from a consistent and familiar staff team. One of the staff told us they used two ASW's regularly to cover shifts when the regular staff team were attending staff training or were taking annual leave. They confirmed that the ASW's knew the three people who lived in the home well now and were familiar with their routines.

Staff worked a three week rolling rota to provide the support. We looked at the staff rotas for the current three week period which confirmed the staff numbers. Staff we spoke with told us they felt there were enough staff working throughout the day to support people and to access activities both at the care home and in the community. We found there were mainly two staff working at all times to support three people who lived in the home. There were specific times during the week when three staff were working. This additional staff support was provided to enable people who lived in the home to go out into the community and be supported safely.

Is the service effective?

Our findings

We spoke with two family members after the inspection on the telephone. Family members we spoke with confirmed that staff contacted them to keep them informed about their relative's welfare. One person told us, "The staff are great; we're in constant contact."

Information was recorded in people's care files regarding health appointments and daily notes were written to record what people had done each day. Clear record keeping helped staff to inform/ update family members. The manager told us it was the role of people's key workers to keep people's support plans and care records up to date. Key workers also coordinated and supported people with health appointments. We saw from the care records that great importance was given to good and clear recording of people's health needs and appointments. Staff completed medical appointment forms which showed preparation for the appointment and the outcome of the appointment was clearly recorded to inform all staff. This ensured all staff were kept updated on people's health needs and any changes that may have taken place.

Each person who lived in the home also had a health action plan which contained current information about their health needs and how they required support to maintain a healthy lifestyle.

The staff took a personalised approach to meal provision. A menu was in place as a guide. Care records contained people's likes and dislikes and indicated any dietary needs. Staff knowledge of people's preferences led them to offer a choice of favourite meals and snacks. On the day of our inspection we saw people had their choice for snacks and lunchtime meal.

People who lived in the home were supported to make their own drinks and snacks, with staff support. As well as indicating they wanted a drink or snack we saw staff asking people throughout the day. Staff had good knowledge of people's likes and dislikes in respect of food and drinks and people's routines in respect of meal times. We saw that people who lived in the home had plenty to eat and drink during our inspection. This helped ensure that people did not become dehydrated or hungry.

Staff told us they felt supported in their roles and responsibilities. Staff received an induction and regular mandatory (required) training in many topics such as fire

safety, food hygiene, moving and handling, infection control, safeguarding adults, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). In addition staff had undertaken training with respect to the care needs of the people living at the home. For example the induction training included Autism Initiatives five point 'star' framework to help understand people with autism. Also strategies had been taught on how to remain, and keep people safe whilst in the community. Records we saw confirmed this. This helped to ensure staff had the skills and knowledge to meet people's needs. We asked staff about their training and they all confirmed that they received regular training and that their training was up to date.

Staff we spoke with confirmed they received induction, supervision and support. The manager informed us they held staff supervisions. Staff had received supervision from the new manager in August 2014 and December 2014. We saw supervision records were kept for all the staff team. . The manager told us supervision meetings were planned for January 2015. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs.

Staff team meetings took place each month to ensure staff were kept informed of any changes in the organisation or at Talbot Street, and to discuss the care and welfare of the three people who lived in the home. We saw minutes were taken of these meetings and staff signed to say they had received a copy of them. This practice helped the manager to ensure that all staff were kept up to date.

The manager and support staff we spoke with were able to describe how they supported people. They described how they enabled people to make choices about their lifestyle and day to day routines. We observed staff supporting people safely in the home and using strategies to reduce their anxiety and promote wellbeing.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They were able to tell us what action they would take if they felt a decision needed to be made in a person's best interests. At the time of our inspection three people living at the home were subject to an urgent DoLS authorisation and applications for a standard authorisation had been made to the local

Is the service effective?

authority. This was in respect of the locked front door. We found the decision has been discussed with relatives and the meeting documented in people's care records. This was in line with best practice. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (2005) that aims to ensure people in care home and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We looked around the home. We found the building at Talbot Street was in good working order. There were good sized gardens to the front and rear of the house, with seating areas for people to use. These were kept by one of

the staff who was a keen gardener. We saw that the flower beds were full and the gardens were well maintained. We asked one person who lived in the home if they sat out in the garden and they told us they did. A barbeque was in the garden which staff told us was used in the summer 'when the weather permitted'.

We saw that one of the bathrooms had been converted to a 'wet room', to enable one of the people who lived in the home to bathe more easily. The house had two lounges and a large kitchen area. This meant that there was enough space for people to enjoy their own space or to entertain visitors.

Is the service caring?

Our findings

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Talbot Street. This was because the people who lived at Talbot Street communicated in different ways and we were not always able to directly ask them their views about their experiences. We observed the care provided by the staff in order to help us understand people's experiences of care and to help us make judgements about this aspect of the service. Our observations showed people appeared relaxed and at ease with the staff. Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing. We spoke with two relatives. One told us "The staff are absolutely fantastic; you couldn't get a better place for my relative to live. They are a great staff team."

The staff we spoke with had a good understanding of people's needs and how they communicated. Two staff members told us they had worked with the people who lived in the home for several years. Another had worked there for almost two years. This consistency of staff ensured people's complex health needs were understood and support was provided as required.

We observed staff taking their time when supporting people to ensure they understood what people needed. We saw their relationships with people who lived in the home were positive, warm, and respectful and there was plenty of interaction and laughter.

Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people's permission and by explaining the care they were providing.

People who lived in the home were supported according to their wishes and preferences. The care records (person centred plans) we looked at recorded their likes, dislikes and how they wanted to be supported.

Staff knew the needs of the people who lived at the home well. During discussions with staff they were able to describe people's individual needs, wishes and choices and how they accommodated these in how they supported people. This information was clearly and comprehensively recorded in people's person centred plans. Information also included people's likes and dislikes and their daily routines. Staff we spoke with confirmed that when they had started working at Talbot Street they used the information recorded in the person centred plans to get to know people and learn about their support needs.

People's care records contained personal development and support plans. These documents described activities for independent living and the progress people were making towards completing the task. People who lived in the home were encouraged and supported by staff to be as independent as they could. We saw documents which showed the activities people had achieved and some that were still to be achieved. This showed that staff were supporting people to develop new skills to promote their independence in day to day living.

We saw that people who lived at the home were involved in meetings when decisions were made about what to do and what to eat. Staff used pictures to help people decide on many decisions, including holiday destinations, new hair styles and activities to take part in. People followed their preferred routines in relation to day time routines, activities and particular foods they liked to have. Activity boards were used to help people decide what to do and when to do it. Once the activity was completed the staff supported people to choose the next one. This helped to inform people what they were doing at that time of day and therefore reduce any anxiety.

People had family members who visited them and were in contact regularly with the staff. This helped family members to keep informed about their relative's welfare. There had not been any requirement to use the local advocacy service. Family members were involved in decision making when this was necessary or requested by the person concerned.

Is the service responsive?

Our findings

The people who lived at the home were unable to tell us if they were involved in planning their lives. However, we saw that people made day to day choices about activities they wished to take part in or places in the community they wished to visit. All three people who lived in the home had a full activity programme each week. This involved community activities, shopping, work placements, attending day centres and meeting up with friends who lived in other houses run by Autism Initiatives. We saw daily records which had been completed by the staff which confirmed that people had carried out activities or been to places of their choice.

We spoke with two family members. They told us they were happy with the activities their relatives took part in. The people who lived in the home were involved in going shopping to buy the food and other household items required for the house. They were encouraged to complete daily living tasks, such as their laundry and cleaning their bedrooms.

We saw that pictures were used as prompts for some people to enable them to make hot drinks or carry out their personal care with minimal staff support. We saw these pictures in the kitchen area and in the bathroom. They showed the person what to do in sequence, in order to complete the task successfully. This assisted people to be independent.

During our inspection people attended their day centre and work placement, as well as going 'food shopping' for the house. Someone was supported to do some personal shopping in the town. Given Talbot Street's central location in Southport people were able to walk to many of their activities or the local amenities. Alternatively people used public transport with staff support.

We looked at the care record files for the three people who lived at the home. We found the provider completed 'person centred plans' with the people who lived in the

home. These were care records that contained relevant and individualised information such as people's preferred routines, like and dislikes and their wishes. They also showed the food and activities people enjoyed. Support plans had been completed which showed how people wanted to and needed to be supported. We observed support being provided and people received their preferences of food and choice of activities, in line with their individual plans of care. We found the plans were regularly reviewed and updated when necessary to reflect changes in people's support or health needs. We saw information had been updated in all areas of the care records in 2015. This helped to ensure the information recorded was accurate and up to date for people to receive the support they needed.

We saw that staff supported people who lived in the home to 'set goals' to achieve. Examples of goals set included achieving independence with personal care routines and buying items independently. We saw that staff reviewed the goals each month. Goals which had been achieved were recorded and new goals set. We saw that this practice was in line with Autism Initiatives organisation's mission statement that 'people with autism can learn and develop'.

One person who lived in the home gave us permission to see their bedroom. We found the room was clean and tidy and decorated to the person's personal choice. The room was homely, personalised and comfortable.

The service had a complaints policy in place and processes were in place to record and investigate any complaints received. This helped to ensure any complaints were addressed within the timescales given in the policy. The home manager explained there were no on-going complaints. They told us they had good relationships with family members who visited regularly, so any issues would be discussed informally with staff and sorted out straightaway. They said however, they could not recall there being any issues. We spoke with relatives who told us they had no complaints but would tell staff or the manager if they did.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager was on long term absence from the home at the time of our inspection. The provider had appointed a temporary manager to cover and they were applying for registration with the Commission. We found they provided an effective lead in the home and was supported by a clear management structure.

Autism Initiatives organisational mission statement reads “Our expectation is that people with autism can learn and develop and we support this process every single day. We will create unique services for people to enable them to have ownership of their own lives and future.” We found that staff supported the people who lived in Talbot Street to try to achieve this. This was evident in the setting of goals for people to achieve independence and enjoy fulfilled lives.

From our observations during the inspection and from speaking with staff we found a person centred culture operated within the home. This meant that people’s individual needs and choices were promoted and staffing was provided to support this. People’s personal routines were followed and staff supported people to take part in the activities they wanted to. We found staff to be enthusiastic in this way of working. Staff were positive in their approach to people’s achievements. This supported the organisation’s vision statement which refers to an expectation that people with autism can learn and develop, and that staff support then in this process each day. We found staff’s approach to the mission statement and vision statement was evident during our inspection and the evidence we saw enforced this. Relatives we spoke with commented on the great atmosphere in the home. One person told us, “Talbot Street is our relatives home; the other residents and staff are their family now.” They told us they were welcome to visit anytime.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. We saw evidence that the registered manager carried out monthly ‘self-assessment’ quality assurance audit. The area manager also completed an audit during their monthly visits. This audit included a sampling of training records, medication administration records (MAR) and a health and safety check. This ensured any omissions, errors or issues were addressed in a timely manner and that documents were kept up to date. We were told an annual health and safety audit was also carried out by the provider’s Quality Assurance Unit.

We saw quality audits which had been completed during 2013/2014. These were related to gas and electrical appliance testing and the heating and water system. Service contracts were in place. These included fire prevention equipment, stair lifts and legionella.

We saw that weekly fire alarm and fire fighting equipment checks took place to ensure they were in good working order.

The provider had an informal but regular process in place to seek the views of people’s relatives. The staff who were the person’s key worker telephoned families each week to update them on their family member’s welfare. Concerns and issues were recorded in people’s daily notes. It was the responsibility of the key worker to ensure issues were brought to the registered manager’s attention. Relatives who visited the home would speak to staff at the time. Questionnaires were also sent out to families each year. The home manager told us that they were due to send questionnaires out in May 2015. We did not see any previous years’ questionnaires.

We saw from the care records that care reviews were held, where the relatives were invited to attend. These reviews did not take place each year for everyone. The manager told us that it was difficult to get a representative from the local authority to attend. We saw copies of reports written from these meetings in people’s care records.