Autism Initiatives (UK)

Mount Avenue

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

The inspection visit at Mount Avenue took place on 22 September 2016 and was announced. We informed the registered manager we would be coming. This was because the home was small and we wanted to ensure people were available to talk with us.

Mount Avenue is situated in the residential area of Bootle, Liverpool. The service is operated by Autism Initiatives and provides accommodation for persons who require nursing or personal care for up to three adults who are living with autism. The residential care home is located close to public transport links, leisure and shopping facilities. At the time of our inspection there were three people living at the home.

The service had a registered manager. 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.

At the last inspection on 04 February 2014, we found the provider was meeting the requirements of the regulations inspected.

During this inspection, staff responsible for administering medicines were trained to ensure they were competent and had the skills required. Medicines were safely kept and there were appropriate arrangements for storing medicines. However, during our observation staff did not follow these protocols.

We have made a recommendation about the safe administration of medicines.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People's representatives told us they were involved in their care and had discussed people's care and were working in people's best interests. We found staff had an understanding of the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw regular drinks were available between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were being met. We saw the management team had responded in an effective personalised way to make sure people were supported to maintain good health.

The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at Mount Avenue.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People's activities were arranged by staff who worked at Mount Avenue based on their knowledge of people's likes and preferences.

A complaints procedure was available for people and their relatives.

Staff spoken with felt the registered manager was accessible, supportive, approachable, listened, and acted on concerns raised.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives. They had observed people's mood and behaviours as an indicator of the quality of the service being delivered.

The provider had regularly completed a range of audits to maintain people's safety and welfare.

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.

Medicines were not always administered safely, in line with published national guidelines.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were robust and safe.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and were responded to promptly when support was required.

Staff spoke with people with appropriate familiarity in a warm, genuine way.

People were looked after by a staff team who were person-centred in their approach and were kind.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

People were encouraged to participate in a variety of activities that were available daily.

People knew who to complain to if they had a problem.

Is the service well-led?

Good

The service was well led.

The provider had clear lines of responsibility and accountability.

The registered manager worked closely with people who required support. They had a visible presence within the service.

Staff told us the registered manager was supportive and approachable.

The provider had oversight of and acted upon the quality of the service provided. There were a range of quality audits, policies and procedures in place.

Mount Avenue

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection team consisted of one adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the home, including data about safeguarding and statutory notifications. The provider is required to submit statutory notifications to tell us about significant events at the home. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced view of what people experienced. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

During this inspection, we spoke with a range of people about this home. They included one person who received outreach support, one relative and two healthcare professionals. We also spoke with the registered manager and three staff members. We spent time watching staff interactions with people who lived at the home and looked at records. We checked documents in relation to three people who lived at Mount Avenue and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

In addition, we looked at records for the maintenance of facilities and equipment people used. We also looked at further records related to the management of the service, including quality audits, to ensure quality-monitoring systems were in place.

Good

Is the service safe?

Our findings

On the day of our inspection, we found it difficult to gain verbal feedback from people living at Mount Avenue. Only one person was home during our inspection and all three people who lived at the home had complex needs. However, during our inspection we sought the views of several individuals who knew the people well. We were able to speak with one person who received outreach support.

The person we spoke with felt people who lived at Mount Avenue were safe and well supported. One relative told us, "[My relative] appears safe, they [staff] have good plans and coping strategies." A healthcare professional told us staff were good at responding to risks and keeping people safe.

During the inspection, we observed the administration and recording of medicines. We noted medicines were locked in a secured medicine cabinet when unattended. The staff member took a person centred approach when they administered the medicines. They spoke clearly to one person who was visually impaired and told them everything they were doing. They made sure the person had a drink and they had swallowed their medicines. We checked how staff stored and stock checked medicines. There was a clear audit trail of medicines received and administered. Related medicine documents we looked at were clear and comprehensive.

However, the provider did not follow current National Institute for Health and Care Excellence (NICE) guidelines. Staff signed and a second staff member witness signed the medicine administration recording form before the medicine was administered.

We recommend protocols related to the administration of medicines be reviewed and discussed with all staff.

We spoke with the registered manager about procedures for the administration and recording of medicines. They took immediate action placing instruction on the correct way to administer medicines within the medicine file and staff communication book. We spoke with the registered manager again a few days later. They informed us they had arranged additional related training for the staff team and medicine administration would be discussed at the team meeting. They further commented they had since observed staff administer medicines and practices and procedures were now safe.

During this inspection, we had a walk around the home, we found the home was clean, tidy and well maintained. We noted there was some ongoing decorating at the time of our inspection. The water temperature was checked and was thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

There were procedures at the home to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Documentation we looked at showed staff had received related training on the subject.

Staff told us should they suspect or witness abuse or unsafe care, they would inform the registered manager or the Care Quality Commission (CQC).

People had personal risk assessments for identified and potential risks. Plans had guidance for staff to follow in order to keep people safe. For example, people had personal emergency evacuation plans to inform staff how to manage an evacuation from the home. We saw risk management plans for activities, mobility and managing complex behaviours.

When asked about safeguarding people from abuse one staff member told us, "We have regular training on the subject. [The trainer] makes it interesting. They make it fun and then you learn more and remember more." When asked what they would do if they had any concerns about abuse, staff told us they would report any concerns to the manager. They also commented they knew about the whistleblowing policy and would contact the Care Quality Commission (CQC) if they felt that to be necessary. This showed the management team had a framework to train staff to protect people from abuse.

We checked how accidents and incidents had been recorded and responded to within the home. There was a procedure and any incidents were shared with head office on a monthly basis. The shared information was analysed to look for themes, patterns and trends in people's behaviours. Staff we spoke with had knowledge of who was at high risk of having an accident or incident. This meant the provider had a system to monitor accidents and ensure the recurrence of risk to people was minimised.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the care centre. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at five staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees.

We looked at staffing levels and observed care practices. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. One staff member told us, "Staffing levels have recently changed at the weekends as we needed to provide more support to the people who lived here." We spoke with the registered manager who confirmed people's complex behaviours had resulted in an increase in staffing to keep people safe. We saw on the day of our inspection additional staff were on duty. We asked the registered manager about this. They told us they supported one man with an activity and the additional staff member was to manage the risk and keep everyone safe. This showed the registered manager monitored staffing levels and ensured people were safe from avoidable harm.

Good

Is the service effective?

Our findings

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received induction training on their appointment. They told us the training they received was provided at a good level and relevant to their work. One staff member said, "The induction was good, there was lot to take in." They further commented, "I had shadow shifts and meetings each week with the registered manager to discuss how I was getting on. It was really useful."

Staff had received further training in safeguarding, moving and handling, fire safety, first aid, infection control and health, and safety. A second staff member told us, "The training is good. I have training booked for the next few months." Relatives we spoke with told us they found the staff very professional in the way they supported people and felt they were suitably trained.

Staff we spoke with told us they had regular supervision meetings and regular monthly staff meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. Regarding supervision a staff member said, "We have monthly supervisions. We discuss new ideas and what's going well. It's good because it is confidential." Records confirmed staff had the opportunity to reflect on their strengths, achievements and future/ongoing training needs.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The registered manager was aware of the changes in DoLS practices and had policies and procedures regarding the MCA 2005 and DoLS. Discussion with the registered manager confirmed they understood when and how to submit a DoLS application. When we started this inspection, three people were subject to DoLS and had restrictions on their liberty. Family members had been made aware of the restrictions.

We were made aware of one example of the provider working in accordance with the MCA 2005. One person required a medical procedure but lacked capacity to consent. There was a meeting at the person's home involving several healthcare professionals. The views of family members and staff were sought on how to work in the person's best interest. All options were discussed and a solution was agreed upon that was the

least restrictive and met their needs.

One person had an Independent Mental Capacity Advocate (IMCA) who visited regularly. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. This included making decisions about where they lived and about medical treatment options. This showed the provider had followed appropriate procedures as part of their duty.

Regarding access to healthcare services, one relative told us, "They [the staff] have a good relationship with the GP and learning disability nurse." Records showed involvement from several agencies to manage health and behavioural needs. For example, several conversations were documented with a healthcare professional that resulted in a protocol being developed to support people with medical appointments. A community based healthcare professional told us the staff team had pulled together and rang for advice if they had any problems or concerns. The provider also employed a trained nurse whose speciality was autism. They were available for support and guidance. The registered manager told us, "I can ring or email if I have any questions or concerns, they are very approachable." This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

We looked at how people were helped with their food and drinks on a daily basis. There were restrictions to prevent one person from drinking to excess. This was documented in their care plan and appropriately authorised. A second person had limited verbal communication and used sign language to request drinks. We saw them indicate they wanted a drink and staff acknowledged the sign and made their drink as requested.

Staff told us, people had the choice of where to eat their meals and one person regularly chose to eat in their summerhouse. We observed one person spend time in their bedroom during the day. Staff regularly checked if they were fine and drinks were offered. One staff member told us, "People have really good appetites here. It is their house and they can eat what they want." A second staff member commented, "We monitor what people eat, we offer people fruit and a healthy diet." Staff had knowledge of people's likes and dislikes in relation to food. For example, we were told one person did not like potatoes and the alternatives they offered. Staff also spoke about offering sensory snacks to people. These foods were bright in colour and crunchy when bitten. This showed people were supported effectively to maintain a balanced diet.

Good

Is the service caring?

Our findings

We observed people were relaxed and happy with staff, and appeared to have positive, trusting relationships. When we spoke with people, they told us about the positive and person centred approach staff had. One person told us, "If [member of staff] left, I would be lost. It would be like losing my legs." A relative commented, "They are good caring staff, they are lovely." A member of staff told us, "My job is really rewarding, it is a privilege to be involved in [person they supported]'s life."

We spoke with one person who received outreach support and their staff member at the same time. The staff member had worked with the person consistently and over a long period. There was a positive caring relationship between the two people. There was an appropriate humorous interaction between the two and mutual admiration. Both were complimentary about the other person. The staff member was keen to share the person's achievements and in return was credited for their part through the help they had given.

Care staff spoke about everyone they supported in a warm, kindly manner. We observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. For example, one person spent time in their bedroom. Each time staff went to visit them they knocked on the door before entering. It was evident good caring relationships had developed.

Care files we checked contained records of nutritional needs and how they wished to be supported. The plans contained information to guide staff to interact with people in a caring manner. For example, one plan stated, 'speak with [person] in gentle tones.' The file also contained information on how to notice if the person was becoming anxious. It guided staff on how to respond and what had worked in the past to support the person to become calm. The file held information on what was important to the person and future goals and plans. For example, we noted one person would rather sit by themselves. It was identified another person spoke quickly when agitated. This showed the provider had noted people's behavioural communications and documented them to promote positive interaction.

One person told us they were involved in their care planning. For example, they shared their views on staff who supported them and had requested in the past certain staff did not return. The provider had supported this. Other people due to their complex needs were unable to have verbal input on their care. However, one relative told us they were involved in their family members care. They told us, "I am involved." Records we looked at showed people had support from healthcare professionals and an IMCA when required.

We discussed end of life care with the registered manager. They told us they had recently attended a management development day where planning for end of life was discussed. They told us end of life decisions had not been discussed with people who lived at Mount Avenue. They further commented this was a subject they would discuss within a staff meeting on how best to introduce the subject. This showed the registered manager had recognised end of life support was important to help people live as well as possible and to die as they wished and with dignity.

Good

Is the service responsive?

Our findings

People had lived in their home for many years. Staff knew them very well and were able to tell us their likes and preferences. Staff had a good understanding of people's individual needs, they were experienced, trained and responded to changes in their needs. Throughout the inspection, we saw staff involved people in decisions about their care and how they spent their time.

Care plans were personalised and focused on people's support needs. For example, one person liked to wear a hat and carry a bag at all times. A second person liked to sit outside. These preferences were clearly stated in their plans. There was evidence of personalised support strategies to manage people's unique behaviours. We noted care plans were regularly updated and evaluated.

One person was supported to buy a summerhouse in response to their preference to spend time outside. Due to their complex needs, they were not able to visit garden centres and inspect the summerhouses. The registered manager told us they drove to garden centres where display models were visible from the car, had several conversations and showed photographs in brochures to assess the person's views prior to the purchase. We saw the summerhouse at Mount Avenue and this had been personalised for the person.

Everyone who lived at Mount Avenue attended a day service on several days during the week. We asked about the activities that took place when they did not go to the day service. We saw there was a timetable of activities for people to participate in. One staff member told us, "We have a timetable but it is flexible, people do have the choice." For example, on the day of our inspection we observed staff suggested going swimming to one person, as identified on their timetable. The person who had limited verbal communication chose to withdraw and spend time in their bedroom. Staff made several suggestions throughout the day to encourage the person to participate in the activity. Staff were relaxed in their prompting and accepted the person's decision. The person went out later, not swimming, but took part in a different activity. This showed the provider was responsive to people's preferences.

We noted there were several other activities people who lived at Mount Avenue participated in. They had a car, which they used to travel to nature reserves to go walking. People went shopping, visited charity shops and went to the beach. One staff member told us, "We have the music on in the car, we sing and people clap along. We make it fun." One relative confirmed this stating, "They take [my family member] out in the car and they walk for miles, which they enjoy."

People who received outreach support told us they were supported to go shopping and given help with household chores. One staff member told us, "We have to be led by the person we are supporting when it comes to activities." One person who received outreach support confirmed how they were supported was their own choice." They also commented, "I am pushed to complete my cleaning, and I admit I do feel better after it is done."

There was an up to date complaints policy and an easy to read version of the complaints policy. This was in a format that was easier for people who lived at the home to understand. People and their relatives stated

they would not have any reservations in making a complaint. One person told us, "I would have no problem complaining. I would complain to [member of the management team]." Staff told us they were confident if there were any complaints, the manager would respond to them appropriately. This showed the provider had a procedure to manage complaints. They had made the complaints documentation person centred to make sure people knew they had the right to complain.

Good

Is the service well-led?

Our findings

People and staff we spoke with felt the management team were supportive and approachable. Everyone we spoke with felt the registered manager was a good leader, knowledgeable, organised and ran the home well. One relative told us, "[The registered manager] is lovely and keeps us informed." One staff member commented about the registered manager, "They are a good manager, very nice to talk to but she is firm."

Staff told us the registered manager was aware of what was happening at Mount Avenue. This showed the registered manager had a visible presence in the home and guided staff to deliver quality care. For example, during our inspection we observed staff consulting with the registered manager on day-to-day issues.

The provider arranged regular management forum days. This was for registered managers in the area to get together, share experiences and discuss how to implement changes in the workplace. The day was also for registered managers to share positive outcomes that had occurred for people they supported. We were told end of life care was discussed at the last meeting, along with strategies on how to introduce the subject into conversation. This showed the provider had a framework to promote improvements within the care and support delivered.

We also noted peer consultations regularly took place. The registered manager told us this was a 'buddy system'. The registered managers could contact each other for support and guidance on operational issues. This showed the provider had a framework to promote and develop positive leadership.

Staff told us there were regular staff meetings. One staff member said, "Team meetings are good. We have one coming up, [the registered manager] writes what they are going to discuss and we can add to it. It works well. We all get a chance to have our say." We saw minutes, which confirmed what staff told us. The meetings enabled the registered manager to receive feedback from staff, and gave staff the opportunity to discuss any issues or concerns.

A staff member told us there was a formal on call system for staff to use if they needed support or advice. However, they also told us they were always able to contact the registered manager if they required any guidance. The registered manager confirmed they were accessible to staff they managed. They also stated they were part of the local senior management on call system to provide support to staff in the local area. This showed the provider had a system to guide staff and safeguard people being supported.

The registered manager had a comprehensive procedure to monitor the quality of the service being provided. Audits were completed monthly and included monitoring behavioural incidents, medicine errors, accidents and injuries. The monthly quality audit was based around CQC Key Lines of Enquiry, the Adult and Social Care Outlook framework and the Lancashire Values and Driving Up Quality code. The documentation stated it was to be used to 'improve directly the support provided to the persons supported by the service.' Within the effective section was information related to recruitment and staffing. We noted the registered manager had used the framework to forecast annual appraisals.

We saw maintenance and safety certificate checks, emergency lighting, fire door and fire alarm checks had taken place. There was a structured framework to monitor, document and repair when necessary. The home's liability insurance was valid and in date. This ensured the provider delivered care and support in a safe environment.

There was a business continuity plan to demonstrate how the provider planned to operate in emergencies. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.