

Autism Together

Autism Together - 104 Church Road

Inspection report

104 Church Road
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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

About the service

104 Church Road is a residential care home providing care and support to two people in a semi-detached home in a residential area of Wirral.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People told us that they were happy with the support they received at 104 Church Road. There was a relaxed and homely atmosphere within the home and it was clear that people felt comfortable and took control within their environment. People had warm and friendly relationships with the staff that supported them.

People had autonomy and acted with confidence within the home. Staff encouraged people taking control and promoted this by respecting people's routines and preferences. They asked people for their permission and checked their opinions before doing things within the home. People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff focused on supporting people to do what they can for themselves; they knew the areas in which people needed and had consented to support and the areas of people's lives in which the person was independent and private.

Each person had a personalised support plan that was meaningful to them and offered guidance for staff on how to best meet their needs. People were supported to be involved in their local community and in the day to day running of the home. People had been supported to learn new skills and try new things.

Care and attention had been put into making sure the home had a nice environment and a homely feel. The home was safe, the environment was clean, and people's medication was administered safely. The home

manager and registered manager used a series of audits and checks to ensure people received support that met their needs and was of high quality. These checks had led to action being taken by the provider to make improvements.

Staff told us that they had received "amazing" training and support that enabled them to be effective in 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 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

104 Church Road 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 service had a manager who was registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We spoke with two people who used the service about their experience of the care provided. We also spoke with four members of staff including the registered manager, the home manager and two support workers.

We reviewed a range of records. This included two people's care records, one person's medication records and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in how to safeguard people from the risk of harm and abuse; when we spoke with staff they knew what actions they would take if they believed a person was at risk. The provider had safeguarding policies and procedures in place that provided guidance for staff.
- Information was available for people on what they could do if they felt they were being abused. This was available in an easy read format.
- When staff supported people to manage their money we saw that this was done safely.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Each person had an individualised risk assessment that gave staff guidance on identified risks and how to reduce them. We saw that these risk assessments had been regularly reviewed and updated.
- The safety of the building and the environment had been assessed. This included regular safety checks on the services. There were also systems, equipment and plans in place to help ensure people were safe in the event of a fire or other emergency.
- The manager was able to show us that when things had not worked out as planned, the managers and staff had learnt from this, adapted their approach and involved people in making improvements.

Staffing and recruitment

- The provider had a centralised system across their services to ensure that new staff were recruited safely in line with best practise. The one new member of staff that has been recruited since our last inspection described a very thorough recruitment and checking process.
- There was an established staff team, many of them had supported people at the home for a long time. There was always a staff member at the home to support people, at times two staff members were arranged to enable people to have some individualised support.

Using medicines safely

- People's medication was administered safely; there was a weekly and more in-depth monthly audit of medication administration. Staff who administered people's medication had received appropriate training and support.

Preventing and controlling infection

- The home was clean and well maintained. There was effective infection prevention and control procedures in place and staff had received training in this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People living at the home had done so for a long time, they were very settled with a stable staff team who knew their needs. However, people's needs were still regularly reviewed, and their choices and preferences continually sought and responded to by staff.

Staff support: induction, training, skills and experience

- The provider had a program of induction training and shadowing for new staff, along with refresher and further development training for longer standing staff.
- One staff member described the training and support they had received as "amazing"; adding, "They teach us how to provide good support."

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in choosing and planning meals, shopping for their food, preparing meals and maintaining a clean kitchen. People used the kitchen and had drinks and snacks when they chose; they told us they enjoyed the food staff helped to prepare and had a balanced and nutritious diet.

Staff working with other agencies to provide consistent, effective, timely care

- As part of care planning any outside agencies that people would benefit from using were identified, along with what support the person may need to engage effectively with them.
- Staff worked with other organisations to ensure that people received the best outcomes. For example, people were supported to make the most of an annual health check with their GP.

Supporting people to live healthier lives, access healthcare services and support

- People had been supported to make healthy lifestyle choices in having a balanced diet and taking regular exercise.
- Each person had a health passport and plans for how they were supported to access healthcare services. People were supported to attend appointments by staff members. We saw that staff supported people to keep records of any recommendations from medical staff and review these periodically to ensure they were being effective.

Adapting service, design, decoration to meet people's needs

- Care and attention had been put into making sure the home had a nice environment and a homely feel. People had been involved in choosing the décor and they had their personal items and photographs on display. Nearly all the documents and information required by staff was kept in one staff room.

- People had access to all areas of the home including accessible, well-kept gardens.

Ensuring consent to care and treatment in line with law 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had applied for a DoLS for people they thought would benefit from this protection. There were very few restrictions in place at the home. Those in place had been assessed to ensure they were the least restrictive option and were in the person's best interests.
- People were supported to make as many day-to-day decisions as possible for themselves. When people didn't have the capacity to make a significant decision the principles of the Mental Capacity Act were followed to ensure the decision made was in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were happy with the support they received at 104 Church Road. There was a relaxed and homely environment within the home and it was clear that people felt comfortable and took control of the environment; particularly their personal space. People had been involved in choosing the décor and arrangement of the home and had many personal items about the home.
- People had autonomy and acted with confidence within the home; they did and went where they chose. Staff encouraged people taking control and promoted this by respecting people's routines and preferences. They asked people for their permission and checked their opinions and preferences before doing things within the home.
- People had warm and friendly relationships with the staff that supported them. One staff member told us, "We encourage people to be who they are; the same as I am. That's one way we show people dignity and respect."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to take as much control as possible within the home. They were actively involved in making day to day decisions and were encouraged to communicate those decisions and express themselves by a staff team that they were very familiar with. One person was involved in helping to select staff who would be supporting them.
- Each person had a communication care plan which was built upon staff learning how people communicated and provided guidance for staff on how they could better communicate with people by adapting their style and approach.
- Staff viewed obtaining people's views as an important part of their role. They told us that it was important to understand that people changing their mind and making a different choice was their right and that this may happen over time.

Respecting and promoting people's privacy, dignity and independence

- People's private space was treated with the utmost respect. People had a key to their bedrooms and staff only entered with people's permission when in their presence.
- Staff focused on supporting people to do what they can for themselves. Support planning was proportionate to people's needs and focused on what people could do for themselves. Staff knew the areas in which people needed and had consented to support and the areas of people's lives in which the person was independent and private.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a personalised support plan that was meaningful to them and offered guidance for staff on how to best meet their needs. They contained details of what was important to a person, how to support people when they are anxious and a sensory profile highlighting what is to be avoided that a person does not like.
- During the week people attended day support services arranged by the provider; this had been people's routine for some time and there were indicators that they enjoyed this. At other times people did things in their local community together as housemates and individually when this was important to them.
- People got involved as much as they wanted to in the running of the home. One person used the kitchen as they enjoyed baking and was involved in helping to prepare meals and snacks. People were supported to learn new skills and achieve things; for example, one person had recently been supported to start riding a bicycle again after not doing so for a very long time. Others were learning to use a computer.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support plans including details of their important relationships. People were supported to keep in touch with and meet up with friends and family members.
- Each person's schedule was different to reflect their preferences. One person took time during the week to visit museums in nearby cities and to spend some days baking at the home. Another person enjoyed watching live horse racing and did this from time to time at weekends. This meant that support was adapted to meet people's preferences and choices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had important information available in an easier to read or pictorial format. Also, staff had received training in supporting people with sensory and communication support needs. We saw that on occasion staff provided information for people using social stories. Social stories are used to help some people with autism understand upcoming social situations.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, details of which was openly displayed and were included in

the "service user guide". Information was also in an easy read format to ensure people knew how to make a complaint or raise a concern. As a provider, complaints were responded to appropriately in line with their policy.

End of life care and support

- Nobody at the service was receiving end of life care and support. The provider had appropriate policies in place to be able to provide this support is required.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's support was in line with the principles of Registering the Right Support. As much as possible people were supported as individuals in their day to day life. They had as much control as possible over their lives and spent time within their local community in everyday activities. People's preference was to have a smaller and quieter home environment, which was being met.
- The house manager worked alongside staff supporting people. They told us that this was important so that they knew the quality of people's support and can informally listen to the views of people and staff. Staff spoke positively about the registered manager and the house manager and it was clear that people had positive relationships with them. One staff member told us, "This is a fantastic organisation to work for." Another staff member said, "I feel really well supported."
- People's care files were in the process of being updated. We saw that the new documents spoke very positively about people in a person-centred and everyday manner.

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 registered manager understood their obligations to be candid; and they shared necessary information with the relevant bodies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us that they felt equipped to be effective in their roles with the support from the provider, the registered manager and the house manager.
- The home manager and registered manager used a series of audits and checks to ensure people received support that met their needs and was of high quality. Examples of what these checks looked at was staff communication and social interaction, health, activities and skill development, the home's environment, staffing and the approach of staff.
- These checks had led to action being taken by the provider to make improvements.

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

- People's preference was to have regular meetings on a one to one basis to give their feedback on the quality of their support. We saw that these meetings happened, and people's views had been acted upon.

- Staff told us that they felt consulted with and involved by the registered manager. Staff described a positive culture at the home. One staff member told us, "I feel at ease speaking out and suggesting things."

Continuous learning and improving care; working in partnership with others

- The registered manager, house manager and staff were able to tell us what changes and improvements had been made because of learning with people when things had gone wrong or people had expressed upset. There was a culture of taking opportunities to learn and improve within the home.
- The registered manager and the home manager attended networks and events that helped them to share learning and remain up to date with current best practise.