

# Autism Initiatives (UK)

## Bedford Road

### Inspection report

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20 September 2016

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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 Bedford Road took place on 19 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.

Bedford Road 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 two 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 05 February 2014, we found the provider was meeting the requirements of the regulations inspected.

During this inspection, 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 responsible for administering medicines were trained to ensure they were competent and had the skills required. There were appropriate arrangements for storing medicines safely.

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 and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us they were happy with the meals available to them. We saw regular snacks and 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 met. We saw the management team had responded promptly when people had experienced health problems.

Comments we received demonstrated people were satisfied with their care. 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 Bedford Road.

Care plans were organised and 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 told us they were happy with the activities organised by staff at Bedford Road. Staff members who knew the people and knew what they liked to do and what they did not like arranged activities.

A complaints procedure was available and people we spoke with said they knew who to complain to if they had any problems.

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.

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 safely meet people's needs, wants and wishes. Recruitment procedures the service followed were safe.

Medicine protocols were safe and people received their medicines correctly, in accordance with their care plan.

### 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.

# Bedford Road

## 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. We spoke with one person who lived at the home and two relatives. We also spoke with the registered manager, the quality manager and two 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 two people who lived at Bedford Road and two 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 relating to the management of the service, including quality audits, to ensure quality monitoring systems were in place.

# Is the service safe?

## Our findings

On the day of our inspection, there was only one person at home. They told us, "I like living here, the staff are good they look after me." A relative told us, "[My relative], they have lived at Bedford Road a long time and there have been no safeguarding issues."

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 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. One staff member told us, "We are good at spotting risks here."

During the inspection, we had a walk around the home, we found areas were clean, tidy. We saw there was a cleaning rota to guide people on how to keep their home clean. One person told us, "I do the cleaning and the staff help me when I don't want to do it." The registered manager confirmed staff prompted, encouraged, supported and praised people when they were doing their cleaning.

The water temperature throughout the home was thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. Records confirmed gas appliances and electrical facilities complied with statutory requirements and were safe for use.

We checked how accidents and incidents had been recorded and responded to within the home. We found no accidents had occurred. However, there was a procedure in place and any incidents were shared with head office on a monthly basis. This meant the provider had a system to monitor accidents and ensure the recurrence of risk to people was minimised.

A recruitment process ensured staff recruited had the relevant skills to support people who used the service. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at two 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. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people.

We looked at how the service was staffed. We found sufficient care staff levels to provide the support people required or wanted. Both people who lived at Bedford Road attended a day service on specific days. We saw staff were available throughout the day for the person at home, should they want any help or support.

During the inspection, we did not observe staff administer medicines. However, we did look at the protocols for the administration and storage of medicines. Medicines were locked in a secured cabinet. We saw information related to the medicine prescribed and the reason it had been prescribed. We saw management of medicines risk assessments for each person. We saw staff signatures, which indicated staff had read and understood the medicines information. Forms were clear, comprehensive and fully completed. The registered manager told us staff collected people's prescriptions and took them to the chemist. This allowed staff to read what was on the prescription to make sure it was correct before it was dispensed. There was a clear audit trail of medicines received and administered. This showed there was a system that ensured people had received their medication as prescribed.

# 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. One staff member said, "The induction was straightforward. It told you everything."

Staff told us the ongoing training they received was provided at a good level and relevant to the work undertaken. One staff member told us their initial training was good, "I like the e-learning, its handy and all the answers are there to my questions."

Staff we spoke with told us they had regular supervision 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, "I have supervision regularly and I have just had my appraisal." During our inspection, we saw the registered manager had planned supervisions and appraisals for the full year. This showed the provider had a framework to support and guide staff.

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 home was working within the principles of the MCA 2005.

The management team demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The manager was aware of the changes in DoLS practices and had adopted policies and procedures regarding the MCA and DoLS. For example, the front door was locked to prevent people from leaving without staff support. There was a DoLS authorisation to support this restriction.

On the day of inspection, we were present at lunchtime. We observed people went into the kitchen and made their own choice on what they were having for lunch. The registered manager had knowledge of what foods they preferred. They offered the person verbal support and reassurance on their choices. Throughout the day, we observed the kitchen was unrestricted and people made their own drinks, as they wanted them. We spoke with one person about the food. They told us, "The food is good. [Member of staff] is a good cook." They further commented, "The meals are fine, they [the staff] cook you potatoes and carrots and all sorts. It's good."

We spoke with the registered manager about menu planning. They told us, "We offer real choices by showing people food as well as showing photographs of food." They also told us staff used basic signs to

show one person what was available to eat and drink. We saw pictures of the signs in the persons care file. Also in the file was information stating one person only liked hot food. This information was shared with the day service to make sure they received a hot meal at lunchtime. Regarding supporting people with their meals, one relative told us, "They [the staff] are on the ball with managing what [my relative] eats." They commented, given the choice their relative would continuously eat. They told us they were happy with how this was managed. This showed people were protected against the risks of dehydration and malnutrition.

Staff had documented involvement from several healthcare agencies to manage health and behavioural needs. We observed this was done in an effective and timely manner. Several records we looked at showed involvement from GPs, nurses and dentists. We saw the provider had a protocol to support one person to visit their local GP surgery for minor health procedures. The task was broken down and information put in the person's planning book. Staff used their knowledge of the person to share information effectively and ensured the person's healthcare needs were met. The person liked and understood how the information was presented and co-operated with the procedure. This confirmed people received effective support with their healthcare needs.

# Is the service caring?

## Our findings

People told us they liked the staff. One person commented, "I love [member of staff] she's one of the best." One relative told us, "The staff are really nice, they all genuinely do their best for the men." We observed staff were caring towards people who lived at Bedford Road. There was a happy, calm and relaxed atmosphere throughout our visit. People were happy and comfortable with staff. One staff member told us, "I love it here, it's not like a job."

When we arrived at Bedford Road, we were expected and the person who lived there opened the door and greeted us using our name and introducing themselves. They had been reminded the inspection was taking place and was happy for this to occur. This showed the registered manager had shared information in a way the person understood.

When we spoke with staff there was a genuine fondness shown for people they cared for. People who used the service and staff were relaxed in each other's company. There was a rapport people enjoyed and this showed appropriate familiarity. We saw one person made themselves a drink and unprompted made the staff member a drink at the same time. The staff member thanked the person, who then left the room with a big smile on their face.

One person who lived at Bedford Road had recently had a change in routine due to family illness. They sought reassurance throughout the day on what had happened, where their relative was and when they would be in contact. The registered manager was kind and compassionate in their responses. They spoke clearly on what had happened and why and focused on when contact would occur. The person was happy with the same repeated response and gained comfort from the answers.

Throughout the day, we observed staff knew people's views and preferences but still asked the questions and listened to the answers. For example, at lunchtime staff asked what someone would like for lunch knowing what the answer would be (as the person had a favourite food). However, the questions were still asked and no assumptions were made. There was conversation throughout lunch preparation. The person being supported gave a commentary on what they were preparing to the staff member helping them and the registered manager who sat in the dining room. All conversation and questions were acknowledged and responded to in words and phrases that reassured the person. This showed staff offered choice and actively listened to people.

Care files we checked contained records of people's preferred names, 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 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, their future goals and plans. For example, we noted one plan was for one person to carry their own money to the shop. A second goal was to support one person to develop their household skills.

Both people who lived at Bedford Road had a keyworker. We were told the keyworker sat with the person each month to review their care plan and goals. We saw people's care plans had been signed to indicate a monthly review. We spoke with one person who knew who their keyworker was. They also stated they sat with their keyworker and chatted about things they wanted to do. This showed people were appropriately involved in their care and support.

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 Bedford Road. 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.

## Is the service responsive?

### Our findings

People were supported by staff that were experienced, trained and responded to changes in people's needs. Staff had a good understanding of people's individual needs. Staff who worked at Bedford Road had worked there for several years. They had formed positive, person-centred relationships with people. One relative told us, "They [staff] are very good at keeping us informed of everything in [my relative's] life." They further commented, "The staff are very open to our contribution."

Care plans were personalised and focused on people's support needs. There was detailed information on how to communicate with people. For example, one person had sign language pictures in their file. These were accompanied by what the signs meant to that person. We were told some signs were specific to that person. A second person's file identified staff should make sure the person's choice was their choice and they had not made a decision to please someone else. There was evidence the care plans were regularly updated and evaluated.

We saw a weekly timetable of activities using photographs. This allowed people to know what was planned for the day and the forthcoming week. The registered manager told us timetables were flexible based upon people's moods on the day. The registered manager told us as people developed new skills, these were built into their daily life. For example, one person had joined a recycling group at the day service. They had a role in folding cardboard, storing, and recycling. This activity had transferred from the day service to their home. Staff members at the person's home now left all recyclable waste for them to fold and dispose of. This showed the provider delivered responsive and flexible support that allowed people to follow their interests.

Both people who lived at Bedford Road attended a day service three days a week. We asked about the activities that took place when they did not go to the day service. One person told us, "I go for a drive to Southport in the car." They also told us they went shopping, or went walking or they visited head office. They further commented, "I go out and have a chippy tea." As well as, "I like Guinness, I buy it from the shop."

We saw on the day of our inspection household chores were encouraged. We were told people did not always participate in tasks but they received lots of encouragement and praise when they did. We were told both people had recently been supported to have a holiday. One person told us, "We went to the lake district and did lots of walking by the beach [lake]. It was good." We spoke to the registered manager about the holiday. They told us an annual holiday was organised and they usually went to Wales. They stated one person had seen an advert for lodges in the lake district and requested a change. They were supported to get brochures from a travel agent and book the break. This showed us the staff team listened to people and were responsive. They recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

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 complain to [staff member]." 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.

## Is the service well-led?

### Our findings

People we spoke with said they thought the home was well run and everyone knew the registered manager. One person told us about the registered manager, "He's nice." One relative told us, "[The registered manager] is very conscientious and wants to do things right." One staff member commented about the registered manager, "He's brilliant. He can't thank you enough and that means a lot." A second staff member said, "They are very efficient, they have accomplished a lot."

Staff told us they worked well as a team and the registered manager promoted an open working culture. A staff member told us, "All the staff are lovely." They told us the registered manager was aware of what was happening at Bedford Road. A staff member told us there was an on call system for staff to use if they needed support or advice. This showed the registered manager had a visible presence in the home and guided staff to deliver quality care.

The provider arranged regular management development days. This was for registered managers in the area to get together, share experiences and discuss how to implement changes in the workplace. We were told end of life care was discussed at the last meeting, along with strategies on how to introduce the subject into conversation.

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. On the day of our inspection, we saw the registered manager received guidance from their 'buddy' on what they, their buddy, had put in place to deal with a particular situation. 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, "We have lots to discuss, and we cover every aspect of the job within the meeting." A second staff member said, "Team meetings are good, we all get a chance to speak." 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.

The registered manager did not have formal meetings with the two men who lived at Bedford Road. They told us it worked better having informal chats with one person at a time. They told us they monitored people's behaviours to assess what was working well and not working well. This approach was confirmed when we spoke with staff members.

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.