

Autism Initiatives (UK)

Cambridge Road

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

People we spoke with told us that they felt that staff supported them when they needed it. We saw through people's body language that people were comfortable with the staff.

There were robust measures in place to ensure people were safe. Risk assessments were in place specific to their individual needs and any behaviour they may present. They included detailed guidance for staff so people could be supported appropriately. Staff had received training in safeguarding adults from abuse and knew what to do if they saw or suspected abuse.

There was sufficient staff on duty to meet people's needs. Some people required staff support to access the community and take part in activities.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We found that staff had the skills, knowledge and experience to support people effectively and safely. Staff were supported by the manager through regular supervisions, annual appraisal and regular training. Staff meetings were held regularly.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum.

We found the home clean with no odours. The home was well maintained and in good decorative order. People's bedrooms were personalised.

Regular checks and tests, such as gas, electricity, water safety, fire drills, weekly fire alarm tests and external checks of fire fighting equipment, were completed to maintain safety in the home.

People's needs were assessed and reviewed regularly to reflect people's current health and support needs. Appointments were made regularly for the GP, dentist and optician to help to maintain good health. We saw that people were supported to achieve their outcomes.

People were supported to eat and drink enough to maintain a balanced diet. We saw that people were encouraged to eat healthily and adopt an active lifestyle.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People made decisions and choices in relation to their care, support received, daily routines and any activities they wished to take part in. Staff knew the people well and how they communicated their needs and choices, including their preferred daily routine.

People were supported to be as independent as possible in many aspects of their lives, including travelling,

meal preparation, shopping and laundry. Staff spoke positively about people's independence and their achievements.

Clear records of people's daily routines helped to ensure staff supported people according to their preference. The use of a 'visual planner' provided reassurance for which staff were supporting a person each day.

Visitors were free to come to the home and see their family member when they wanted and people were supported to maintain contact with their families.

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes. We found they contained detailed information that enabled staff to meet people's needs. Support plans were completed to show the goals people wanted to achieve.

People in the home enjoyed a range of activities, with staff support. People accessed the community to enjoy amenities such as pub lunches, shopping, swimming, museums, and gardening.

There was a complaints policy in place but no complaints had been received since the last inspection in 2016. The policy was displayed in the home.

There was a person-centred and open culture in the home. Staff showed a commitment to provide support which achieved good outcomes for the people living in the home.

Quality assurance audits were completed by support staff and senior care staff which included, medication and health and safety.

There was a process completed annually where relatives had the opportunity to voice their opinions about the service. However all relatives had close relationships with staff and contacted the home regularly. Any issues that arose were quickly sorted out. Staff and relatives were in regular contact by telephone to keep them updated.

There was a registered manager in the home. They were supported by a senior support worker and an area manager. The registered manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the home.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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

This was a comprehensive inspection.

The inspection took place on 22 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because this was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

During the inspection we used a number of different methods to help us understand the experiences of people who lived at Cambridge Road. This was because the people who lived there communicated in different ways and we were not able to directly ask some of them about their experiences. We were able to talk with one person who lived in the home and a relative who was visiting. We spent a short time observing the support provided to help us understand people's experiences of the service. Our observations showed people appeared relaxed and at ease with the staff. We spoke with two staff in detail including the registered manager and a support worker.

We observed some support in communal areas, viewed three care files for the people living at Cambridge

Road, three staff recruitment files, staff training records, medication administration record (MAR) sheets and other records relating to how the home was managed.

Is the service safe?

Our findings

A person we spoke with told us they felt safe living at Cambridge Road and staff supported them when they needed to. We saw through people's body language that people were comfortable with the staff.

There were robust measures in place to ensure people were safe. Risk assessments were in place specific to their individual needs and any behaviour they may present. They included detailed guidance for staff so people could be supported appropriately. Records also contained charts for staff to complete that identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe.

Risk assessments were completed for travelling in vehicles, personal care and any activities people took part in both in the home and in the community. Staff had received training in safeguarding adults from abuse and were able to tell us what they would do if they saw or suspected abuse.

There were sufficient staff on duty to meet people's needs. Some people required staff support to access the community and take part in activities. Staff were provided to enable them to do this and keep safe. Staff vacancies were currently filled by using the registered provider's 'bank' staff. These staff were familiar with people's support needs.

We looked at how staff were recruited and the processes undertaken. We found copies of application forms and references and found that Disclosure and Barring (DBS) checks had been carried out at the start of a person's employment and every three years thereafter. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum. Their competency to safely administer medicines was checked every six months by the registered manager.

We found the home clean with no odours. A cleaning rota was in place to maintain good standards of cleanliness. The home was well maintained and mostly in good decorative order. Repairs to the building were reported to the landlord and attended to in a timely way. Plans for a programme of redecoration had been submitted to the housing provider. People's bedrooms were personalised.

Measures were in place to ensure the environment was safe and suitable for the people who lived there. Regular checks and tests, such as gas, electricity, water safety, fire drills, weekly fire alarm tests and external checks of firefighting equipment, were completed to maintain safety in the home. We checked these certificates and saw that they were in date. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone at the home, which were personalised to each person's needs.

Is the service effective?

Our findings

Most of the staff team at Cambridge Road had worked with people who lived in the home for several years. Other staff who worked in the home had experience in working with adults with autism. From the training plan we saw and from conversations with the staff at Cambridge Road we found they had the skills, knowledge and experience to support people effectively and safely.

The registered provider had developed a system to help ensure staff received regular training and were given the time to complete it. We saw that all staff had attended training in subjects such as first aid, fire safety, food safety, safeguarding people with autism and medication. All staff were required to complete an induction which was aligned to principles of the Care Certificate. The Care Certificate is an agreed set of standards health and social care workers can adhere to as part of their role.

People's needs were assessed and reviewed regularly to reflect their current health and support needs. We saw that people were supported to achieve their outcomes. For example, people had outcomes set to increase their independence when completing their morning routines, in aspects of daily living like laundry and preparing snacks and meals, choosing activities and administering their own medication.

People were supported to maintain healthy lives. Records and health action plans showed that people were supported to attend medical appointments.

People were supported to eat and drink enough to maintain a balanced diet and meet their dietary requirements. We saw that people were encouraged to eat healthily.

Staff were supported by the registered manager and a senior support worker through regular supervisions and an annual appraisal. Staff meetings were held regularly. The Learning and Development team in the organisation facilitated training for staff. The registered manager was informed when staff required refresher training. Training records we looked at showed that staff training was up to date.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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. Staff had received training to provide them with an understanding of the requirements of the Mental Capacity Act. The registered manager had made applications for DoLS to the local authority.

People were supported by staff who knew them well to make decisions regarding activities of daily living. People made decisions and choices in relation to their care, support received and daily activities. Staff knew the people in the home well and how they communicated their needs and choices. This information was documented to assist new staff.

Is the service caring?

Our findings

People living in the home were supported to be as independent as possible. Staff spoke positively about people's independence and their achievements.

We saw that staff knew people and understood their different communication needs. Staff supported people to make decisions about their care, support and treatment as far as possible. Some people made choices by staff using questions or by offering choices. Where this was not possible staff showed a good understanding of people's likes and dislikes. Clear records and understanding of people's daily routines helped to ensure staff supported people according to their preference. The use of a 'visual planner' for a person gave them reassurance or confirmation as to which support staff were on duty at a particular time; photographs were used to indicate this.

People who lived in Cambridge Road had varying degrees of independence. We saw that staff worked with people to increase their independence by setting goals and targets and supporting people to achieve what staff thought they were capable of achieving. For example, some people were supported to take some or all of their medication independently and some people were supported to prepare snacks, drinks and meals.

Independent advocacy was available for people who needed to make use of this facility. Family members were also communicated with frequently by staff, to keep them up to date and had involvement with their relative. People were supported by staff to keep in touch with their family members by telephone or with visits to their homes.

Visitors were free to come to the home and see their family member when they wanted. Family members were kept informed of their relatives' welfare regularly by staff.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes. We found they contained detailed information that enabled staff to meet people's needs. 'About Me' documents had been completed and contained life histories, personal preferences and routines and detailed information in areas such as communication, indicators of engagement, positive behaviour and intervention. Support plans documented how staff should support people. This ensured staff worked in a consistent way.

Support plans were completed to show the goals people wanted to achieve. People's aspirations and any religious beliefs were also documented. The documents were regularly updated to reflect people's change in need or preference.

We saw people in the home enjoyed a range of activities, with staff support. People accessed the community to enjoy amenities such as pub lunches, walks in the countryside, swimming and gardening.

People met regularly with their key worker to discuss any changes they wanted to make to their weekly routine, meals, activities or anything new they wanted to try. These meetings were documented and any progress towards the changes were recorded. From our discussions with staff we found that the team worked hard to provide ideas and suggestions for making the changes people wanted take place.

People living in the home and relatives we spoke with told us they had no complaints about the care provided. The provider had a complaints policy in place but no complaints had been received since the last inspection in 2016.

Is the service well-led?

Our findings

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

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.

The registered manager was supported by a senior support worker. One of them was available each day to support the staff team. The registered manager worked directly with people in the home for much of their time; 'non-support time' was provided to enable them to carry out managerial tasks.

There was a person-centred and empowering culture in the home. Staff showed a commitment to provide support which achieved good outcomes for the people living in the home. For example, supporting people to be independent with personal care and arranging for them to take part in activities they enjoyed.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. A number of audits were completed by support staff and the registered manager which included, medication and health and safety.

The registered manager completed a report on all aspects of the service every month. For example, the number of accidents/incidents, the use of PRN (as required) medication, staff supervision, appraisal and training and the updating of care records.

There were policies and procedures in place for staff to follow, the staff were aware of these and their roles with regards to these policies.

People's care records and staff records were stored securely which meant people could be assured that their personal information remained confidential.

There was a process completed annually where relatives had the opportunity to voice their opinions about the service. The registered manager told us that response was not very successful. However, all relatives had close relationships with staff and contacted the home regularly. Any issues if any arose were quickly sorted out. Staff and relatives were in regular contact by telephone to keep them updated.

The registered manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the home.