

## Autism Initiatives (UK)

# Parkbourn

### Inspection report

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03 May 2017

09 May 2017

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20 June 2017

### 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 ● |
|----------------------------|--------|

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|--------------------------|--------|
| Is the service well-led? | Good ● |
|--------------------------|--------|

# Summary of findings

## Overall summary

This unannounced inspection of Parkbourn took place on 3 & 9 May 2017.

Parkbourn is a small service registered to provide accommodation for people who require personal care. The service accommodates eight adults with learning disabilities. The service is provided by Autism Initiatives, a charity that provides various types of support for people who have autism. Parkbourn is located in a residential area of Maghull, Merseyside. The property comprises four domestic properties that have been converted into one building.

At the last inspection in April 2015, the service was rated 'Good'. We found during this inspection that the service remained 'Good.'

There was a registered manager in post. The registered manager had systems and processes in place to ensure that staff who worked at the service were recruited safely. Staff were able to describe the course of action they would take if they felt anyone was at risk of harm or abuse. This included 'whistleblowing' to external organisations. Rotas showed there was an adequate number of staff employed by the service to support people safely. Risks were well assessed and information was updated as and when required. People were supported to manage their medication by staff who were trained to do so.

Training was well coordinated. All newly appointed staff were enrolled on the Care Certificate as well as the providers own internal induction process. Supervisions and appraisals were completed in line with the provider's policy.

The service was working in accordance with the MCA and associated principles. We saw that when people could consent to decisions regarding their care and support this had been well documented, and where people lacked capacity, the appropriate best interest processes had been followed and DoLS had been appropriately applied for.

We were unable to speak to and observe the people who lived at the home on both days of our inspection as they went out during the week. Some of the people who lived at the home would not have been able to verbally communicate their views due to their cognitive abilities, so we spoke to people's families, and a health and social care professional involved with the home.

Support plans contained information about people's likes, dislikes, preferences and personalities. Staff we spoke with demonstrated that they knew the people they supported well, and enjoyed the relationships they had built with people. We saw staff were extremely caring in their approach by reading about staff support and speaking to the staff on duty and people's families.

Complaints were well managed and documented in accordance with the provider's complaints policy. The complaints policy contained contact details for the local authorities and commissioning groups.

Quality assurance systems were effective and measured service provision. Regular audits were taking place for different aspects of service delivery. Regular action plans were drawn up when areas of improvement were identified. Staff meetings took place.

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.

# Parkbourn

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 & 9 May 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held about Parkbourn. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who used the service. We also accessed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to three members of staff on duty, including the registered manager, the senior support worker and a support worker. The people living at the home were not available to speak to us on both days of the inspection, so we spoke to relatives of three of the people who lived at the home, and a health and social care professional on the telephone. We looked at support plans and associated documentation for three people who lived at the home, three staff recruitment records, and other documentation relating to the quality monitoring of the of the home.

## Is the service safe?

### Our findings

All of the relatives we spoke with told us they felt safe knowing their family member was at Parkbourn. One relative said, "I have absolutely nothing bad at all to say, I know that (family member) is happy, I would be able to tell if they were not." Another relative told us, "(Family member) is very well taken care of."

Rotas showed that there were some staff vacancies in the home at the time of our inspection, however the registered manager had recruited for these vacancies and was waiting for checks to come back before staff started working at the home. We saw the vacancies were being managed within the team and via an agency who the registered manager had a good relationship with ensuring consistent staff were sent to the home, as this was important for the people living there to provide consistency. Staff were able to explain the course of action they would take if they felt someone was being harmed or abused in anyway.

Medication was well managed. All staff had received training by a competent person in the administration of medication and additionally received annual updates and competency refreshers. We viewed a sample of MAR (Medication Administration Records) which were completed accurately by staff, and had been audited by the registered manager. Medications which were PRN (medication to be given as and when the person requires) was clearly shown on the MAR along with a detailed PRN protocol in place for staff to follow. We looked at the providers PRN policy which stated 'All service users have a prn protocol in place for pain relief, this has been devised using a traffic light system by Autism initiatives nurse advisor to monitor the effectiveness of the use of prn in proactive and reactive stages.' We saw this was the case when looking at people's documentation.

Each person had specific risk assessments in place which corresponded to detailed PISP (Positive Intervention Support Plan) which clearly detailed the level of engagement required to keep the person safe, as well as the triggers the person can present with. For example, we saw for one person, their risk assessment stated, '[Person] may start to scratch their head to signal they are in pain.'

There was a process in place to record, monitor and analyse incidents and accidents, which included an explanation of why the incident occurred and any remedial measures put in place as a result of this. This information was documented on the providers monthly quality assurance process, and this information was then analysed by the appropriate department within Autism Initiatives for any emerging patterns or trends. This was then discussed with the registered manager.

All safety checks had been performed on the building in relation to gas, electric, fire alarms, emergency lightening and PAT (Portable appliance testing). We spot checked the certificates for some of these checks and saw that they were in date.

# Is the service effective?

## Our findings

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager demonstrated an understanding of the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood the need for DoLS to be in place and when an application should be made and how to submit one. We viewed the DoLS for two people who lived at the home including any conditions stipulated within the DoLS authorisation. Consent was gained in line with the principles of the MCA.

People were supported by appropriately trained staff. We saw that each staff member had undergone an induction in line with the principles of the Care Certificate, as well as the providers own mandatory training requirements. The Care Certificate is a set of principles which can be used to support new workers in the first twelve weeks of their roles. We checked the training matrix, and saw that all staff training was in date. Certificates were stored in staff files. Staff engaged in regular supervisions and had had an appraisal.

We saw that people were supported appropriately with their nutritional and hydration needs. People were free to enter the kitchen and make their own meals with staff support if they wished, and some people were encouraged to do this to help promote their independence.

There was appropriate documentation in place which the staff completed when people had attended either a GP appointment or an appointment with another medical professional. We saw from looking at these records that people had access to healthcare services when they needed them.

The home was large and spacious. The environment was stimulating for people, pieces of artwork completed by the people who lived at the home was on display around the home. The garden was large, and was nicely arranged with garden furniture so people could sit outside.

## Is the service caring?

### Our findings

Our conversations with staff and their family members evidenced that staff at Parkbourn were caring in their approach. One family member told us, "The staff are completely wonderful people, I could not ask for better." Someone else said, "They [staff] take care of [relative] really well, they love living there." Also, "We are always made welcome when we visit."

Staff we spoke with were able to give us examples of how they supported people in a way which was meaningful for them. For example, we saw how one person wanted to travel across the country to attend a significant event, however, they required two to one support to do this. Two staff members willingly gave up their time off so they could take the person. The staff even arranged to hire a vehicle and drove the person to the event.

We saw other examples of occasions when staff willingly came into the home on their days off or changed plans so they could accommodate special occasions and celebrations at the home. One staff member told us, "I really enjoy doing it; we have a good time together." There were numerous photographs on the walls, which showed people who lived at the home on holidays, attending parties, or on day trips out.

We saw the staff regularly made crafts and gifts with the people who lived at the home which were then given to their family members for birthday and Christmas presents. Relatives we spoke with confirmed this took place, and we saw photographs of people engaging in this activity with the staff.

We saw that contact details for a local advocacy agency was displayed in the main hallway area, no one was accessing advocacy at the time of our inspection.

A relative whom we spoke with confirmed that they were actively involved in the completion and review of people's care plans. A family member told us, "I am always kept very well informed, and I can always help if there is a review going on."

Relatives whom we spoke with told us they were free to visit their family member at any time. One relative said, "We always call first just make sure (person) is home, but then we can always call and see them, or take them out with us."

Staff told us they liked working at the home and were able to describe how they ensured people's privacy was protected. For example, closing doors and windows during personal care, gaining consent, and not talking about people in the communal areas.



## Is the service responsive?

### Our findings

The home was person centred. This means support was given by staff in a way which met the needs of the person living there, and not the needs of the organisation. Information in support plans was relevant, up to date and contained an in depth knowledge and understanding of each person. For example, one support plan stated, 'When I turn my clothes inside out it means I am cold.' Another person's support plan largely emphasised how important it was for that person to feel water on their skin, and gave the staff instances, such as 'paddling' in the sea, when the person was on holiday.

In addition to the support plans, each person had a one-page profile in place which listed what 'good' support looked like for the person, using the organisation's five star approach which clearly described what was important to the person in conjunction with this. For example, one of the five approaches was sensory, and we saw that this person had the following sentence documented, '[person] likes to touch bare arms.' This information was also documented in the person support plan.

We saw how the service had supported one person to become more independent. They had changed their lives, found some employment, and engaged in various fund raising activities. This was identified as a goal for them when Autism Initiatives first started to support the person. We saw that the person had completed a PowerPoint presentation of their journey and had given permission for the organisation to use it to try to help and empower other people.

There was also information in people's support plans about their backgrounds, life history and any significant events which had taken place in their lives. Each person had a missing person protocol in place, with an up to date photograph of them on the front, and any important information was summarised within the protocol.

We looked at the process for managing and acting upon complaints at the home. We saw that the complaints procedure was clearly displayed and contained an easy read guide to support people's understanding. All of the relatives we spoke with told us they would have no hesitation raising any concerns, but most had never had cause to complain. There had been no recent complaints.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our inspection. 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.

Everyone we spoke with was complimentary about the registered manager, and stated that they clearly led by example. The manager participated in the out of hours on call system and explained there was always a senior manager 'on call' to support the staff if there were any concerns.

We saw that team meetings were taking place every month, the last one had taken place in April 2017 and we viewed the minutes of these, as well the previous months. We saw topics such as safeguarding, training and health and safety were discussed.

There were audits for the safety of the building, finances, care plans, medication and more regular checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager. In addition to their own auditing systems, there were also peer audits being completed by managers from other services within the organisation. We saw that all of the monthly information from the audits were sent to the quality assurance division, who made unannounced visits to the service to check the actions identified were being carried out.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, as well as other operational areas. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We looked at how the registered manager used feedback from people living at the home and their relatives to improve the service. We saw that feedback was mostly face to face through meetings with people's keyworkers due to the small size of the home. We saw that the manager had sent out multiple choice questionnaires. The results had been analysed. We saw 100% of people or their representatives said they liked/family member liked living at the home.

The registered manager was aware of their roles and responsibilities and had reported all notifiable incidents to the Care Quality Commission as required. The ratings from the last inspection were clearly displayed in the main part of the building