

# Autism Initiatives UK

## Barnsbury Road

### Inspection report

8-10 Barnsbury Road  
Walton, Liverpool  
Merseyside L4 9TS  
Tel: 0151 226 8604  
Website: 8barnsbury@autisminitiatives.org

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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 

### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by CQC. This was an unannounced inspection.

Barnsbury Road is a residential care home that provides respite accommodation, care and support for up to five adults with a learning disability and other complex needs. At the time of this inspection there were three people

using the service. The service is made up of two houses interconnected into one, to provide a total of five respite care places. The service is situated in the Walton area of Liverpool and was close to shops, pubs and other places of local interest.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

# Summary of findings

During this inspection we spoke with one person living at the service, five relatives of people who had used the service recently, two care staff, the deputy manager and the registered manager.

People living at Barnsbury Road were receiving good care and support that was tailored to meet their individual needs. Staff ensured they were kept safe from abuse and avoidable harm. Restrictions were minimised where possible.

We found staff were caring and treated people with dignity and respect. People had access to the local community and were supported to go out and pursue their individual interests such as going out for meals, going on fishing trips, or out shopping.

The culture within the service was person centred and open. From listening to people's views we established that the leadership within the service was consistent and the registered manager was readily accessible for staff, people using the service and their families. We found the registered manager took steps to ensure the service learnt from mistakes, incidents and complaints.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People living at Barnsbury Road were safe because there were systems and procedures in place to protect people from bullying, harassment, avoidable harm and potential abuse. Staff understood what abuse was and had taken steps to appropriately report any incidents of potential abuse appropriately. Where people displayed behaviour that may challenge, plans were in place to allow staff to manage this as safely as possible.

The registered manager had a good understanding of the Mental Capacity Act 2005 and had ensured capacity assessments were undertaken when required. Staff working within the service had accessed training in this area and in discussion with us showed a clear understanding of the legislation. Risk assessments were in place within the service and restrictions were minimised. However, the restrictions in place for one person had been identified as requiring consideration under the Deprivation of Liberty Safeguards and this had been requested from the local authority in line with best practice guidelines.

There were sufficient staff members on duty to meet people's personal care needs and keep people safe. Records relating to staffing confirmed that there were enough staff members available at night to safely evacuate people in the event of an emergency in line with the emergency plans in place at the time of the inspection. Staff files we reviewed confirmed that robust recruitment checks were in place to ensure staff were suitable to work with vulnerable adults.

Good



### Is the service effective?

People's care needs were assessed when they came into Barnsbury Road. We found people's care records were personalised and provided clear guidance on how their care needs should be met. We saw records which confirmed that people who used the service had been supported to take part in their care planning. Records confirmed that where people did not have the capacity to consent the service worked with either family members or independent advocates in planning their care. People were supported to access healthcare from a range of professionals.

Barnsbury Road was accessible to the people who lived there and was clean and tidy. However, on the day of our inspection visit there were several areas of the service that were undergoing refurbishment. The layout of the building was being upgraded and further adapted to meet the needs of the people who used the service.

Staff members had access to a comprehensive induction programme when they started work at Barnsbury Road. Staff received good support through supervision and all members of staff had received their yearly appraisal. Mandatory training levels were high.

Good



### Is the service caring?

From our observations, we found staff were caring and treated people with dignity and respect. This was supported by the person we spoke with who used the service and relatives we spoke with following our visit.

Good



# Summary of findings

Staff had a good knowledge of people's care needs and preferences and tried different approaches to establish what people liked and didn't like.

## Is the service responsive?

Some of the people living at the service could not verbally express their views. We found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions about their day to day care.

Relatives we spoke with worked with staff from the service to ensure information about people's preferences was understood and could be used to inform day to day decision making. Each of the three people using the service on the day of our visit had an advocate.

We found people received personalised care that was responsive to their needs. People were supported to access the community, such as going out for lunch, going on fishing trips or going out shopping.

Good



## Is the service well-led?

From our observations and speaking to staff and relatives of people using the service we found that the culture within the service was person centred and open. From listening to people's views we established that the leadership within the service was strong and consistent.

The registered manager had placed a focus on improving the service, and the delivery of high level care that incorporated the values expected by the provider.

We found the manager took steps to ensure the service learnt from mistakes, incidents and complaints.

Good



# Barnsbury Road

## Detailed findings

### Background to this inspection

The inspection was carried out as part of the second testing phase of the new inspection process we are introducing for adult social care services. The inspection team consisted of a Care Quality Commission Inspector of adult social care services.

Barnsbury Road provides respite care and support to people with a learning disability and other complex care needs. Therefore, some of the people living at the home were unable to tell us about their views and experiences. However we did speak to one person who used the service. We also spoke with five relatives of people who regularly used the service.

We spent time observing how people were supported by the staff and made use of the Short Observations Framework for Inspection (SOFI) tool. This tool is used to help us evaluate the quality of interactions that take place between people living in the home and the staff who support them.

We spoke with the registered manager of the service and the support workers on shift on the day of the inspection. Prior to the inspection we contacted a range of professionals who regularly work with people who use the service. These included social workers, specialist learning disability nurses and independent advocates. We viewed a range of records including: 3 people's care records; 5 staff files; and the home's policies and procedures.

# Is the service safe?

## Our findings

The three people living at Barnsbury Road at the time of the inspection had a learning disability and other complex needs. Two of the people could not verbally express their experiences of living at the service. As such we could not ask them questions directly such as whether they felt safe, or if they were involved in making decisions about any risks they may take. We were instead able to speak on the telephone with close relatives of five people who had recently used the service. We found people's relatives had been involved in discussions about any risks and the care and support in place relating to those risks. From our observations, staff were taking steps to ensure people living at the service were safe.

The home had a corporate safeguarding policy in place, which had last been updated in January 2014. This stated that the policy should be used in line with local authority safeguarding policies and procedures. A flow chart about how to make a safeguarding alert was displayed on a noticeboard in a communal area of the home. We spoke to two support workers about safeguarding and the steps they would take if they felt they witnessed abuse. Staff gave us appropriate responses and told us that they would report any incidents to the person in charge. Staff we spoke with were able to describe how they would ensure that the welfare of vulnerable people was protected through the organisations whistle blowing and safeguarding procedures.

Over the last year the registered manager had raised two safeguarding alerts with the local authority and notified the Care Quality Commission. The registered manager was able to provide an appropriately detailed overview of what actions he would take in the event of an allegation of abuse, these included informing relevant authorities such as the local authority safeguarding team and the police. In addition, we found staff had appropriately identified and recorded incidents and accidents that had taken place in the service. This meant that steps were taken to keep people safe and protect them from abuse and avoidable harm.

Where people exhibited challenging behaviours, there were care plans in place to advise staff of how to provide suitable care and support. The manager told us staff communicated daily during a handover meeting to discuss any issues or concerns and to pass on what had worked well. Staff we

spoke with were able to give a clear overview of how staff routinely monitored particular behaviours of people who use the service. Observations were then shared with the staff team as a whole in order to identify and consider triggers to certain behaviours. Or to identify ways of improving responses to individuals using the service, in order to enhance the care and support the people received.

The registered manager had attended training in the Mental Capacity Act (2005) and demonstrated a good understanding of the Act. The Mental Capacity Act (2005) is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. In discussion with us staff were clear about the principles and their responsibilities in accordance with the Mental Capacity Act (2005). A mental capacity assessment had been conducted for each person and these were kept within people's individual care records. We reviewed records relating to a Deprivation of Liberty Safeguard [DoLS] which was in place for one person currently using the service. We found that the registered manager had made the Deprivation of Liberty application in line with Liverpool City Council guidelines. The manager gave us a detailed overview of the DoLS application in relation to the person concerned. The registered manager had also informed the Care Quality Commission of the DoLS authorisation.

We found that staff at Barnsbury Road were managing risks to promote people's safety, whilst attempting to minimise restrictions. For example, one person indicated they did not wish to undergo blood tests that the GP had requested. We were shown records which confirmed that the issue had been discussed at a meeting of all professionals working with this person. During this meeting a strategy was agreed. The registered manager told us that now the staff regularly discussed the blood tests and why they were needed with the person and were encouraging the person to consider changing their mind.

The deputy manager showed us the staff rota in use at the time of the inspection and explained how many members of staff were allocated to each individual currently using the service. There were routinely two support workers on shift during the day, to meet the needs of one person who used the service and two staff to meet the needs of the other people living at Barnsbury Road. In addition, the

## Is the service safe?

manager worked at the service for at least 20 hours per week supernumerary. Six support workers were employed by Autism Initiatives and three members of staff were bank workers that routinely worked at the service.

From our observations of the care delivered, the staff members on duty were sufficient to fully support the people who used the service safe and meet their personal care needs during the day. The manager told us they considered skill mix and experience and always ensured there were permanent members of staff on shift. Relatives we spoke to told us that there had been continuity regarding staff. Each of the people we spoke with said they knew the staff working with their family members by name.

During our discussions with the manager we asked what would happen if the house needed to be evacuated in the event of an emergency such as a fire. The manager showed us the Personal Emergency Evacuation Plans (PEEP) for the three people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people safely who cannot safely get themselves out of a building unaided during an emergency. We found that there were enough members of staff present to follow the emergency plans in place; as for one person, the plans required two to one support for moving and handling needs.

We looked at the recruitment records of staff. Appropriate checks were undertaken before the staff members began work. We found a completed application form and evidence that a Disclosure and Barring Service (DBS) check was carried out prior to the new member of staff working in the service. (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults). We also found evidence that confirmation of identity had been recorded and references received, prior to people starting work at the service.

As part of our inspection process, prior to our inspection we contacted six health care professionals who visited the service frequently. All of the people we contacted told us that they were very satisfied with how the service managed individual risk and how people who used the service were treated. One professional commented to us; "The staff have done some amazing work over the years. I am very impressed by the quality of the care."

# Is the service effective?

## Our findings

The registered manager told us that two of the three people currently using the service had been supported by Autism Initiatives for over year. The manager explained to us how they had supported one person to move into Barnsbury Road; this included a number of transition visits to establish whether the move would be appropriate. We spoke with the person's social worker and they said; "I am really impressed how the staff are helping turn his life around. It's also admirable that they have recruited staff members from his country of origin who can communicate with him in his first language and understand what he has been through."

People's assessed needs were clearly reflected within their care records. We found people's care records were personalised and provided clear guidance on how their care needs should be met. People's support plans included information about their personal preferences. Within the care records we reviewed we found the information to be well laid out, consistent and easily accessible to staff.

We found that staff were consistently following people's individual care plans. For example one person's care plan noted that they required support to maintain a healthy eating plan, which had been recommended by a dietician. Records confirmed that the staff ensured the foods recommended as part of the eating plan were available at all times. Staff told us that they took care to ensure that they did not bring unhealthy foods into any part of the house that person had access to. This ensured that the healthy eating plan was followed as closely as possible.

People's healthcare needs were being monitored by the staff team. As people living within the service had a learning disability, each person received a regular health check with their GP. This ensured that their health could be reviewed regularly. We saw evidence of people attending routine appointments with a range of health care professionals including opticians, dentists and podiatry.

New staff employed by the home undertook an induction programme. We spoke with one support worker, who had been employed by Autism Initiatives for two years. They told us "I shadowed people for six weeks and started working alongside staff. It was mainly about getting to know the people I was going to be supporting. The induction included training courses covering all the different aspects of our job." We looked at the induction record of one member of staff and found this had been fully completed.

Each new member of staff was subject to a probationary period of employment. This concluded with a meeting to determine whether the staff member was suitable to receive a permanent role. This assured us that steps were taken to ensure the people employed by the service were fit, and had the appropriate skills and values to undertake their roles within the ethos of Autism Initiatives.

We found staff received good support through supervision. All staff had received their yearly appraisal. We found there were no gaps in people's mandatory training. We noted that the manager had put in place clear plans to address mandatory training requirements in areas such as safeguarding and first aid, as they came up for renewal.



# Is the service caring?

## Our findings

Barnsbury Road provides care and support to people with a learning disability and other complex care needs. Therefore, some of the people living at the service were unable to tell us about their views and experiences. However, we were able to speak to one person who used the service. Following our inspection we were able to speak with five relatives of people who had recently used the service. We spent time observing how people were supported by the staff and made use of the Short Observations Framework for Inspection (SOFI) tool. This tool is used to help us evaluate the quality of interactions that take place between people living in the home and the staff who support them.

During our inspection we observed staff and people who lived in the service interacting well, for example we saw one person sat with two staff members reading the paper and chatting.

The care plans we looked at were person centred and comprehensive, covering areas of risk, health, people's personal preferences and personal history. Within each of the files we looked at we noted a document called 'About me'. This gave staff detailed information about the person, what they liked and disliked, their usual routine and the best ways of providing individualised support to each person. We found that staff had good knowledge of people's individual care needs and preferences.

The deputy manager explained how the staff tried different approaches and observed people's behaviour and body language in order to establish what people liked and disliked, if the person was unable to communicate with them.

Staff we spoke to confirmed that they routinely filled in 'About Me' sheets, which noted things that had not gone so well with each individual during a shift as well as what had worked well. For example, one person with specific needs relating to a past trauma was monitored closely to ensure that the staff could understand what caused or 'triggered' anger or distress. Staff then monitored the best way to support the person during times of anger or distress and found that giving the person a safe space and ensuring staff spoke in low tones was effective. Staff on one shift had found this strategy had worked so ensured that the information was passed to other members of the staff team, both verbally and by the use of 'About Me' documentation.

We received very positive comments about staff and the care that people received from relatives of people who had used the service. One person commented; "They are a fantastic team. Another person we spoke with said; "They have been incredible to us all, the whole family. I know we would be lost without them."

# Is the service responsive?

## Our findings

Some of the people who used the service could not verbally express their views. We found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions regarding their day to day care. Relatives and professionals we spoke with all confirmed that they worked with staff from the service to ensure information about people's preferences was understood and could be used to inform day to day decision making. One relative said "We really would be lost without the service; we never have to worry when [she] is with them. Decisions are always made by us all as a team."

The manager told us that all of the people currently using the service had an advocate. We noted that information about advocacy services was available if needed. The manager explained that most of the people who use the service had either an advocate or specialist learning disability nurse involvement, even if they had active family involvement in their care. One relative we spoke with told us that they greatly benefited from the involvement of an advocate, as it aided them when discussing changes or problems relating to their relative's care.

Barnsbury Road used the organisation's corporate comments, compliments and complaints policy. The

manager told us there had been no recorded formal complaints in the last twelve months. Therefore we did not review any complaints to ensure they had been investigated and responded to appropriately.

All of the five relatives we spoke with were extremely positive about the care provided by staff at service and told us if they had any significant concerns they would be happy to raise those with the manager. Two people we spoke with were able to describe an occasion where they had brought something to the manager's attention and this had been acted upon. One person commented; "You only have to say if you're worried about something, and they all do their very best to help. There's never been a time when I've had to worry about anything. If you talk to the manager or the staff they will help you." Another relative we spoke to commented; "When we go away on holiday, we are able to relax knowing she is there. They can get things out of her, no one else can."

We found that people received personalised care that was responsive to their needs. For example, the manager had facilitated consultation with a family and conducted a best interest's process to reach the decision for part of the service to become a supported living scheme. This meant that that a stable consistent staff team could support a person to stay within the community they had gotten used to and appeared comfortable in, rather than be moved to a supported living scheme in a strange area, with staff they did not know.

# Is the service well-led?

## Our findings

From our observations and speaking to staff, relatives of people using the service and a person currently living at Barnsbury Road, we found that the culture within the service was person centred and open. Through listening to people's views we were able to establish that the leadership within the service was clear and consistent. In discussion with us the registered manager placed a clear focus on continuity of staffing, the delivery of supervisions and support to staff that incorporated the values expected by the provider.

Autism Initiatives had a whistleblowing policy, which was available to all staff in both digital and paper formats. The support worker we spoke with was aware of the policy and told us they would feel able to raise any concerns they had.

We spoke with the registered manager about any improvements that were planned for the service. The manager told us that a programme of redecoration and

restructuring was currently being undertaken. In order to make the service more user friendly, the service was in the process of making the lounge areas more homely and bathrooms were being updated and improved.

The provider had a peer audit system in place to carry out regular audits at the service. This system meant that a manager from another service came into Barnsbury Road to assess the quality of the service. The registered manager was able to show us documentation which confirmed that these audits were then used to make improvements to the service.

We noted that there were plans in place for emergency situations such as a fire or flood. In discussion with us it was clear that both the staff and the manager understood their role in relation to these plans and had received the training they needed to deal with situations which may occur.

One person whose relative has recently used the service commented; "If you have a problem, and can't get anyone else to help or listen to you he [the manager] is always there to talk to."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.