

Autism Initiatives (UK)

Grassendale


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 

Overall summary

This inspection was carried out on 22 December 2015. We gave the registered manager short notice of our inspection to ensure people would be at home when we visited.

Grassendale is registered to provide accommodation and support for up to five people. At the time of our inspection there were four people living at the home, all of whom had lived there for many years. The home is managed by Autism Initiatives an organisation who provide a variety of services for people who have autism.

The home 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.

During the inspection we met all of the people living at Grassendale and spoke with two of their relatives. We also looked around the premises and spoke with four

Summary of findings

members of staff. We examined a variety of records relating to the people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

Grassendale provided a safe, homely environment for people to live in and we saw that the people living there appeared relaxed and comfortable within their home.

Systems and training were in place to help staff identify and deal with any incidents of a safeguarding nature that may occur.

Relatives had confidence in the staff team and we saw that the people living at the home enjoyed the company of staff. Staff received sufficient training in areas of care related to their work.

Robust systems were in place for recruiting and training new staff ,this helped to ensure they were suitable to work with people who may be vulnerable.

People received the support they needed in all areas of their life. This included support to monitor their health and attend any related appointments. People also received support with their personal care and with maintaining and increasing their everyday living skills.

People's individual choices and preferences were well known to staff and they received support to engage in household tasks and to take part in activities they enjoyed.

Relatives felt confident that any concerns they raised would be listened to and acted upon. A clear process was in place for dealing with any complaints the home received.

The records we looked at were clear and up to date with care records reflecting the in-depth knowledge staff had about the people living at the home.

Systems were in place for auditing the quality of the service provided. Where improvements had been identified an action plan had been put into place to ensure they were met.

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?

The service was safe.

Relatives felt confident that people were safe living at Grassendale.

There were sufficient staff working at the home and they had a good knowledge of their role in identifying and reporting any potential safeguarding incidents.

Systems were in place for dealing with any emergencies that arose and staff knew how these worked.

Medication, staff recruitment and the premises were safely managed to minimise risks to the people living there.

Good



Is the service effective?

The service was effective.

Staff received the training and support they needed to carry out their role effectively.

People received the support they needed with their health care and nutrition.

Procedures for ensuring people were not unduly deprived of their liberty had been followed.

Good



Is the service caring?

The service was caring.

Staff had built effective relationships with the people living at Grassendale.

People enjoyed the company of the staff team and received support based on their individual needs and choices.

Good



Is the service responsive?

The service was responsive.

People received individual support based on their needs and choices and were supported to maintain and increase their everyday living skills.

A clear system was in place for dealing with any concerns or complaints people had. Relatives felt that any concerns they raised would be listened to and acted upon.

Good



Is the service well-led?

The service was well led.

The home was led by a registered manager who provided effective support to the people living there and to the staff team.

Systems were in place for checking and if needed improving the quality of the service provided.

Good



Grassendale

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.

The inspection took place on 22 December 2015. The provider was given 48 hours notice because the location was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by an Adult social Care (ASC) inspector. Prior to our visit we looked at any

information we had received about the agency including any contact from people using the service or their relatives and any information sent to us by the manager since our last inspection in October 2013.

During the inspection we looked around the premises and met all of the people living at Grassendale and spent time observing the support provided to them. We also spoke with four members of staff including the registered manager. Following the inspection we spoke with relatives of two of the people who lived at Grassendale.

We looked at a range of records including care and medication records for two of the people living there, recruitment records for three members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

We spoke to relatives of two of the people living at Grassendale and both told us that they were confident it was a safe place to live. One relative told us they had, “No issues, more than happy.”

During the inspection we saw that the people living at the home appeared relaxed in their surroundings and with staff and observed that they chose to spend time with staff socialising. This indicated to us that people living there felt comfortable with and trusted the staff team.

Our records showed and the manager confirmed that no safeguarding incidents had been referred for investigation since our last inspection of the home in October 2013. Staff had undertaken training in safeguarding adults and staff we spoke with had a good understanding of their role in identifying and reporting any potential abuse. The provider had policies and procedures in place to provide guidance for staff on reporting any potential safeguarding adult's incidents and in whistleblowing should they suspect anything wrong in their workplace.

Certificates and health and safety records showed that regular checks had been carried out on the premises and equipment to ensure they were working safely. This included checks on fridge and freezer temperatures, fire system, small electrical appliances and the main gas and electricity systems. We checked the temperature of water flowing from hot taps in the baths and found one registered as over 49 degrees. It is recommended that tap water for baths in care homes is below 44 degrees to prevent a risk of scalding. We saw that the water had been checked and within this acceptable range the previous week. The manager took immediate action and reported this to the housing association. She contacted us the following day to confirm that the temperature had been corrected.

A fire risk assessment had been completed for the home as had a legionella risk assessment. Individual personal emergency evacuation plans (PEEPS) had also been completed for everyone living at the home. We saw that these were stored in the office on the second floor. We discussed this with the manager who agreed stated she would move them nearer the front door so they were more accessible in an emergency.

Staff knew the location of first aid boxes and were able to describe the actions they would take in the event of various health care emergencies.

Individual medication cabinets were located in the main office for all of the people living at Grassendale. We looked at records and stocks for two people and found that these tallied. Staff had undertaken training in managing medication and a policy was available from the provider to provide further guidance. People's medication was managed on an individual basis with one person's care records showing that they were offered the opportunity to have their medication on their food as they preferred. It was clear that this was not done without the person's knowledge and staff we spoke with explained that they ensured the person was offered the choice of having their medication with their food on each occasion. A second person was receiving support from staff to learn to manage their own medication and staff were clear about the steps they were following to provide this support.

The manager told us that minimum staffing levels at the home were two staff sleeping in at night and two staff during the day with this often increased to three staff at times to provide people living there with extra support. We looked at a sample of rotas for 10 days in January 2016 and saw that these staffing levels had been maintained.

During our inspection we saw that there were sufficient staff to provide unhurried support to people. This included supporting people with meals, spending social time with people and providing some 1-1 support if people preferred to sit quietly in the second lounge. Daily records showed us that there had been sufficient staff available to support people to take part in activities of their choice.

We looked at recruitment records for three members of staff. These showed that before commencing work at the home the provider had carried out a number of checks on the person to establish whether they were suitable to work with people who may be vulnerable. This included a formal interview process, obtaining references and carrying out a Disclosure and Barring Service check.

Is the service effective?

Our findings

A relative of one of the people living at Grassendale told us that they were confident staff monitored their relative's health well and provided the support they needed to arrange and attend health appointments. They also told us that staff had provided excellent support when their relative had been unwell recently. A second relative we spoke with confirmed this telling us, "They pick up on health, get the doctor, go to the dentist."

Staff told us that they had received the training they needed to support the people living at Grassendale. One member of staff told us that they had enjoyed recent training finding it "More interactive" and said they felt they had learnt from it. Another member of staff told us that they would like to attend sensory awareness training to help them support people living at the home and that this had been arranged for them.

Staff told us that they received the support they needed from the manager and that they had regular formal one to one supervision. We looked at records of staff supervision which confirmed these had taken place regularly. Formal supervision provides a way for staff to discuss how they are managing in their role, discuss any concerns they may have and plan their future training needs. We also saw that staff meetings had taken place with dates set for meetings for the forthcoming year.

The provider had a training department that produced a training diary each year and monitored the training staff have undertaken. We looked at the diary for 2015 and saw that the training courses on offer had included safeguarding adults, core care skills, medication and supporting people with their autism. Records showed that staff working at Grassendale had undertaken a variety of applicable training courses including health and safety courses and understanding the support people with autism may need.

New staff were given three months to complete an induction to the home and their role. A more experienced member of staff was assigned to support them as a mentor. Records showed that the induction included training in areas of health and safety, understanding autism and safeguarding adults.

The manager explained that the provider employed a number of specialists including a specialist nurse, speech and language therapist and positive behaviour support team who were able to provide guidance and training for staff if needed.

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. The application 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, and whether any conditions or authorisations to deprive a person of their liberty were being met and we found that they were.

Training records showed that staff had received training in understanding DoLS and the MCA and discussions with the manager confirmed that she had an understanding of how these affected the support provided to people.

Records showed that DoLS had been applied for as applicable for people living at the home. Where these had been granted records were in place which also showed when a renewal applications should be made.

The manager told us that no best interest meetings had been held for people living at the home for some time. However she was able to fully explain the circumstances in which one would be arranged. These meetings help to ensure decisions that a person cannot make are made after considering all relevant information and ensuring the final decision is in the persons best interest and wherever possible takes into account their views and choices.

Staff had a good understanding of the support people needed with their health and we saw that this was backed up with clear guidance recorded in people's individual

Is the service effective?

health files. Records confirmed that people had received support to access health appointments and to maintain a check on their everyday health, this included appointments with an optician, dentist and GP as needed.

We saw that there were sufficient stocks of food including fruit and vegetables at the home. Staff were aware of any food intolerances people had and we saw that these had been catered for. Menus were decided daily by the people living at Grassendale with individual records kept of the choices they had made. We saw that people were supported and encouraged to be as independent as possible in using the kitchen to get drinks or prepare simple meals.

Grassendale is a mid-terraced house located in a residential area of Liverpool. Externally and as far as possible internally the house is domestic in appearance thereby promoting the principle of supporting people to live as ordinary a life as possible within a local community.

Accommodation is based over three floors. The ground floor provides people with a small lounge and a second larger lounge leading to a dining area and kitchen, all of which are shared spaces. Everyone living at the home has their own bedroom which had been personalised to meet their choices and preferences. Two bathrooms and a shower room were available for people to share in addition to which bedrooms were fitted with wash hand basins. All of the people living at the home are currently able to get around independently therefore access to upper floors via staircases.

Parking was available on the street outside and there was a small enclosed garden for people to use at the back of the house.

Is the service caring?

Our findings

A relative of one of the people living at Grassendale described the service as, “Brilliant” and told us, “No concerns at all, totally at ease with (relative) living there. I feel like (relative) always looks happy.” A second relative described the service as, “Fantastic, you could not get anywhere better” adding they had found the staff team, “All wonderful.”

Relatives told us that they had always been kept informed about their relative’s health and wellbeing, felt welcome when they visited and had always been invited to meetings about their relative.

Staff had an in-depth knowledge of the people living at Grassendale and it was clear from talking to them that they adapted the support they provided to suit people’s individual needs and choices. Staff were able to explain the things people liked and enjoyed and how to support them to make choices as well as explaining the support people needed to stay safe and with their personal and health care.

Care files contained a document called, ‘About me’ this contained information about the person including how they communicated and their choices and preferences. We read two of these and found that they reflected the information staff had told us about the person.

During the inspection we saw that people felt comfortable with the staff team and that staff provided support as detailed within people’s care plans. We saw that people were encouraged to spend their time at home as they preferred and received unobtrusive support to maintain and increase their skills around making everyday choices and increasing their independence.

We found the atmosphere at the home calm and welcoming with people living there appearing ‘at home’. staff were aware it was someone’s home and did not rush around carrying out tasks.

Information about advocacy services was available at the home should anyone living there or their relatives feel they needed support to speak out about an issue that concerned them. Information about how to raise a concern or complaint was made available to people in an easy to understand format so that they could understand it as much as possible.

Is the service responsive?

Our findings

A relative of one of the people living at Grassendale told us they would feel, “Very comfortable” raising any concerns they had with the manager or staff team. Another relative told us that, “Without a shadow of a doubt,” they would feel happy to raise concerns with the manager or staff team. Both relatives said they were confident they would be listened to.

We observed that staff communicated clearly with the people living at the home in a way the person understood and preferred. Staff took time to sit with people and to wait for their responses.

Staff had a good knowledge of the support needs and choices of the people living at Grassendale. We saw that this was backed up with clear guidance recorded in the persons care plan. We looked at care plans for two of the people living at the home and saw that they contained clear information about the support the person needed and how to provide this. Risk assessments were in place to identify any risks to the person and guide staff on how to minimise these. Individual goals had been set for people and we saw that they had received support from staff to work towards these. These goals helped people to increase their independent living and personal care skills.

Relatives told us that people living at Grassendale were supported to take part in activities and hobbies which they enjoyed. One relative told us their relative did “All kinds, ten pin bowling, shopping, crafts, music.”

During our inspection we saw that people spent their time at home as they chose. We saw people using all communal areas of the home including the kitchen and quieter lounge as well as spending time with staff and others in the larger lounge or in their bedroom as they chose. During the day people accessed some of the activities and opportunities offered by the provider from their resource centre based in Liverpool. Records also showed people were supported to maintain family contact and take part in activities in their local community.

The home placed an emphasis on supporting people to make every day choices and this was reflected within the person’s daily notes. A section recorded the choices the person had made that day, for example with how to spend their time or what they wanted to eat.

A complaints book for recording any concerns and complaints and the outcome was available within the home. This showed and the manager confirmed that no complaints had been received since our last inspection. The manager was able to explain the procedure she would follow if a complaint was made. A policy providing guidance for staff in dealing with complaints including timescales for responding and investigating any complaints received was available from the provider. In addition an ‘easy to understand’ complaints procedure was displayed on the notice board downstairs to help the people living there understand how to raise a concern.

Is the service well-led?

Our findings

Grassendale had a registered manager who had worked there for many years. Throughout the inspection we saw that she knew the people living there well and that they appeared comfortable with her. One relative described the manager as, "Absolutely great." A second relative said they had found her, "Fantastic." Relatives told us they appreciated the fact that the manager knew the people living at Grassendale well and had built up a good relationship with them.

Staff told us that they had received the support they needed from the manager and that they felt confident to speak out about any issues they may have.

A number of systems were in place at Grassendale for checking the quality of the service they provided.

A questionnaire had been sent to relatives in 2015 four of which had been returned. We looked at these and saw that all contained positive replies regarding the environment, staff attitude, support provided to people and management of the home. One relative had commented, "An excellent service, I am extremely satisfied."

People's money and receipts had been regularly checked and the providers finance department also carried out a finance check. We saw a copy of the finance check the provider had carried out in September 2015 which had given the home a score of 95%. The manager was able to explain the action she had taken to make further improvements to this score.

Weekly checks had been carried out on medication, water temperatures and the fire system and daily records were maintained of fridge and freezer temperatures. This regular checking helped to ensure that any concerns were quickly noted and acted upon.

People's care plans had been regularly updated and reviewed and we saw that an audit of care files had been carried out. We looked at one audit carried out in December 2015 and saw that it clearly listed any actions needed and noted when these had been met. This helped to make sure the information they contained was up to date and relevant to the person.

A monthly in-house audit was also carried out. We looked at a copy of the completed audit for November 2015 and found it covered areas including, health and safety, medication, complaints, safeguarding adults as well as information about the people living there and staff. The manager explained that she completed this monthly, it was then sent to the provider's quality department and they assessed the home's performance. Any areas that required further development were identified and the manager asked to provide a plan of how intended to do this.

We also saw an audit of 'restrictive practice' that had been carried out monthly by the manager and forwarded to the provider's quality department and practice support team. The audit assessed whether people living at the home were subject to restraint through the use of medication or other practices. The results showed that they were not. The use of this audit was good practice as it helped to ensure people's rights were not being curtailed without a clear rationale that demonstrated it would be in the person's best interests.