Autism Initiatives (UK)

Sefton Street

Inspection report

132 Sefton Street
Southport
Merseyside
PR8 5DB

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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

This inspection took place on 15 January 2016 and was announced. We gave the provider 48 hours' notice that we would be coming. This is to ensure the people we would need to speak to were available. This service was last inspected in August 2013, and was fully compliant.

132 Sefton Street provides accommodation and support for up to three adults who have autism. The house is a large detached property situated on a quiet road not too far from the centre of Southport. The service is provided by Autism Initiatives UK, a national charity specializing in the support of people with autism. The property is owned and maintained by Liverpool Housing Trust.

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. 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.

People and relatives of people living at the home told us they felt safe living at the home.

There were appropriate safeguarding procedures in place to protect people from harm. These included thorough staff recruitment, staff training and systems for protecting people against the risks of abuse.

There were procedures in place for managing, storing, checking and administering medicines.

We observed caring and warm interactions between staff and the people who lived at the home. Staff were able to explain how they ensured people's dignity, privacy and choice was upheld.

Assessments had been made and reviewed regarding people's individual capacity to make specific care decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family members where appropriate and relevant health care professionals. This showed the provider was adhering to the Mental Capacity Act 2005. This is legislation to protect and empower people who may not be able to make their own decisions.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. At the time of this inspection, there was one application which had been authorized under DoLS for people's freedoms and liberties to be restricted. We checked records and saw the process had been carried out correctly.

People's health and social care needs had been appropriately assessed. Care plans provided detailed information for staff to help them provide the individual care people required. Identified risks associated

with people's care had been assessed and plans were in place to minimise the potential risks to the person.

People were encouraged to partake in activities and we could see people accessed the community often.

There were effective systems in place to monitor and improve the quality of service through feedback from people who used the service and their families, staff meetings and a programme of audits and checks.

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.

People told us they felt safe.

There were safe systems and processes to manage medication.

People's risk assessments were robust and we could see evidence of continuous reviews taking place.

People were recruited safely, and the organisation carried out the appropriate checks.

Is the service effective?

Good

The service was effective

Staff were properly inducted and received on-going training and they were supervised and appraised regularly.

Staff understood and applied the principles of the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards and had made appropriate referrals.

People living at the home had access to treatment and support from other healthcare professionals.

Is the service caring?

Good

We observed warm and caring interactions between people who lived at the home and the staff.

Relatives told us the staff were caring towards their family member.

Staff were able to explain how they protect peoples' dignity and privacy.

Is the service responsive?

Good

People knew how to complain, even though no formal complaints had been raised.

People felt the staff responded appropriately to their needs.

There was documentation in place to support staff and the people who lived in home which was person centred and gave a good indication of how the person likes to be supported.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post. There was a clear management structure in place to support the service.

The manager understood their role with regards to reporting and clearly led by example.

Documentation was clear and up-to-date. The quality of the service was regularly checked and action plans were put into place to rectify any issues found.

Sefton Street

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 inspection took place on 15 January 2016 and was announced.

The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by one adult social care inspector. Before the inspection took place we looked at our own records, to see if the service had submitted statutory notifications.

During the inspection we were able to talk to one person living in Sefton Street. The other people living at the home chose not to talk with us, or were unable to, but we did make observations during the visit. We talked with two staff in detail including the registered manager and the senior carer.

During the inspection we telephoned relatives of the people who lived in Sefton Street, to get their views about the service.

We observed care and support in communal areas, viewed three care files for the people living at Sefton Street, six of the staff training records, four recruitment files, and other records relating to how the home was managed.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe living at the home. One Person said "It's excellent." We spoke to a family member of one of the people living a the home and they told us "It's 10/10. I honestly could not ask for a better place."

There was a safeguarding adults policy in place and we were able to view this. All of the staff we spoke with told us about the organizations safeguarding procedures and how they would report suspected abuse.

We could see that appropriate and informative risk assessments were in place for the people who lived at the home and these were clearly written to instruct staff how to manage and minimize risks. We could see that additional risk assessment's were added to the person's care plan depending on the time of year it was. For example, we saw a risk assessment for encouraging that person to dress appropriately due to the colder weather, and the registered manager showed us a risk assessment for the same person with regards to keeping them safe from sunburn and heat stroke. This showed us that the registered manager was completing risk assessments when they needed to.

Each person who lived at the home had a financial risk assessment in place which showed how much money they had. We could see the staff were documenting when they had been out with the person, whether they and had spent money, staff were recording how much was spent if they had. Any money spent during the shift was also discussed during handover procedure. This helped ensure that the people living at Sefton Street were protected from financial abuse.

We looked at how medication was managed in the home. Systems were in place to make sure people received their medicines safely. Medicine administration records (MAR) sheets confirmed each medicine had been administered and signed for at the appropriate time. We checked two MAR sheets at random for people living in the home and counted their medications. We found all total's matched and had been appropriately recorded. Staff had received the correct level of training to be able to assist people with their medications, we were able to see this on the training matrix and we viewed certificates in staff's files. The medication record's contained a detailed plan for each person, including what type of medication they take and what the medication is used for. The plan also contained any possible side effects which could occur from taking the medication. Each person's medication plan had their photograph on the front. The staff explained why this was important, so they knew which person had what medication. Some of the people in the home had PRN [give when required medicines] prescribed. We looked at PRN medicines and found these were supported by a care plan to explain to staff in what circumstances these were to be administered.

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the home. The staff that we spoke with told us they had to wait until their Disclosure and Barring Service (DBS) and reference checks were completed before they could start work. We also looked at staff recruitment files to confirm that these checks had been carried out to ensure staff were 'fit' to work with vulnerable people.

We could see from looking at rotas and people's activity plans that there were enough staff on shift to be able to meet the needs of the people living at the home.

We looked to see weather all of the checks on the property had been completed to ensure it was in good repair. We spot checked some of these certificates. There was also a personal emergency evacuation plan (PEEPS) in place for each person who lived at the property and had been personalised to show the level of assistance that each person would require to be safely evacuated out of the home. The manager showed us 'grab bags' which had been completed for two people living at the home who required the staff to evacuate them by showing them their favorite food and drink. We could see this procedure had been discussed with other people involved in their care and a risk assessment was in place. The 'grab bags' contained the person's favorite drink and snack, a copy of their medication and copy of their PEEP.

Good

Is the service effective?

Our findings

People told us that they felt the staff had the right skills and knowledge to be able to support them. One relative told us "Yes, I feel they are very skilled and know what they are doing."

We looked at staff training and checked to see if their certificates were in date and corresponded with the dates recorded in the training matrix. All staff were appropriately trained and where refreshers were needed these were booked in. We could see that training covered all of the mandatory subjects, such as medication, safeguarding, and first aid, and we also saw more specific training had taken place, such as autism training and epilepsy. This showed us that the provider was tailoring the training to meet the needs of the people living at the home.

We looked at rotas and could see there appeared to be enough staff to cover shifts. The registered manager informed is that they were actively recruiting to fill a vacancy in the team. When we asked how the cover for the home was managed the registered manager showed us a list of regular bank support workers who work often in the home and know the people who live there. The manager told us they are treated as part of the regular staff. People had access to one to one time when then needed it, and were also supported in the house with tasks and personal care.

People were supported to go shopping by the staff and their was a weekly menu completed which we could see everyone who lived at the home had been involved in completing. We could that one person was supported at their own request to adhere to a healthy eating programme. We heard the staff on shift during our inspection supporting that person to make healthy meal decisions and discussing meal options with the person.

The staff we spoke with and records confirmed that the registered manager had undertaken regular supervisions. We could see a table of dates which showed when supervisions and appraisals had taken place.

We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 decision's and are helped to do so when needed. When they lack mental capacity to make 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 authorized under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty were being met. The registered manager

showed us one application they had recently submitted to the 'Supervisory Body' to deprive someone of their liberty. This had been agreed recently and was in the person's file. The registered manager was in the process of notifying us of this. The registered manager showed us another application they had made, however, this was yet to be agreed. The provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS).

The home completed restrictive practice audits. We were able to see how certain decisions were made in peoples best interests, for example, limiting the amount of caffeine someone was drinking, and we could see this decision had been made with the input of other professionals and the person's family. We could see how the decision was periodically reviewed and checked by the registered manager to ensure that the restriction still needed to be in place and the reasons why were clearly documented. This showed that the provider was consulting with other professionals as well as the person themselves to ensure the person had as much control as possible with their own decision making.

Health passports were in place for all of the people living at the home. These contained medical information for each person which detailed what to do and what not to do if that person was ever admitted to hospital. In addition, there was a chronology in place which the staff were required to complete every time someone had an appointment which captured the outcome of the appointment and when any follow up appointments would need to be scheduled. We could see from looking at peoples files that referrals had been made to external healthcare professionals, for example a dietician, and advice was followed.

Good

Is the service caring?

Our findings

People we spoke with and family members told us they felt the staff were caring. One family member said "They are top notch." Other comments included "They [staff] are very caring. I have no concerns about [family member] at all while they are there."

Throughout our inspection we observed caring interactions between staff and the people who lived in the home. Staff were knocking on people's doors and waiting to be invited inside before they entered. Staff who we spoke with gave us examples of how they ensured people's privacy and dignity was respected at all times. This included things like knocking on doors, closing doors and blinds before providing personal care, and asking for consent before they care for that person. One member of staff said "I think that protecting people's confidentially is really important, I would never leave people's notes or folders lying around for anyone to see."

People's care records and staff personal records were stored securely which meant that personal information remained confidential.
When we looked at people's care files, there was evidence that people and their families had been involved in completing and reviewing the care plans and risk assessments. Relatives we spoke with confirmed that they had been invited to reviews and were consulted about their family members care plan.

We could see that no one in the home had an advocate, however there was easy read information about advocacy services made available for people if they requested it, and it was also displayed in communal areas.

Staff told us they cared for people in a way that each person preferred. Each care plan contained information in relation to the individual's background, needs, likes, dislikes and preferences. These records also contained people's personal goals and objectives and how they wanted to spend their time. All of the staff were able to demonstrate a good knowledge of people's individual choices.

Good

Is the service responsive?

Our findings

People's care plans were detailed, and we were able to gain a good understanding of what is important to that person by reading their care plan. We could see that information with regards to what people like, dislike and the activities they enjoyed were updated regularly or if there was a change to take into consideration. Each care plan contained information specific to that person and had taken their choice and dignity into account. For example, one of the people who lived at the home enjoyed going out for a coffee, and this was written into their support plan so staff understood that this was important to them.

People's ambitions were recorded in their activity planners which documented what support people needed to achieve their goals. We looked at three care plans and found they contained detailed information that enabled staff to meet people's needs. Care plans contained life histories, personal preferences and focussed on individual needs. They included appropriate risk assessments and 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. PISP (positive behaviour intervention plans) were in place for each person and were completed using a traffic light system. Red showed the behaviour the person would present if they were in crisis, amber showed behaviours the person would present if they were getting stressed or anxious and green showed behaviour they would present when they were happy. This information was easy to understand and gave a good description of how to support that person.

One of the people who lived at the home gave us an example of when the staff had noticed they were 'not themselves' and had suggested ideas to help that person manage their behaviour and mood. They told us they were 'very happy' that the staff had intervened and were there when they needed them.

Records showed the provider had not received any formal complaints in the last 12 months. Family members we spoke with told us the manager was approachable and if they had any concerns, they would speak with the manager or the person's key worker. The registered manager told us they held regular group meetings, one to one meetings and had an open door policy so people were given opportunities to raise any issues. A relative said, "I know how to complain, I would just ring them up, but I have never had to."

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been there for over twelve months.

People we spoke with and family members were complimentary about the registered manager and felt the home was well - led. One person said "The manager is nice. " A family member said "Excellent" when we asked them about the leadership of the home.

When we asked staff about the culture of the home and organisation, they told us it was person centred and open. We asked staff about the support and leadership within the home. Staff said they were confident to raise concerns they had and praised the registered manager for their openness. Staff we spoke with were motivated and fully understood what was required of them.

We were able to see that team meetings were taking place, and these were available for us to view. The staff meetings for the next twelve months were pencilled in on the notice board for the staffs convenience.

The organisation had a range of policies and procedures and these were available for staff to refer to. The policies were subject to review to ensure they were in accordance with current legislation and 'best practice'

We spoke to the quality assurance officer who had recently completed an internal audit of the service. They explained the quality assurance process in more detail to us. We could see the registered manager completed a monthly quality assurance checklist which was then submitted to head office. This involved them looking at the five key areas, safe, effective, caring, responsive and well – led. Actions were then drawn up and a target date for completion was set. We could see this system was effective, and any identified areas of omission had been acted upon. We also looked at records which confirmed that audits had been conducted in areas such as health and safety, including accident reporting, manual handling, premises, food safety, medication and peoples' risk assessments.

The registered manager and senior member of staff understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.