

Autism Initiatives (UK)

Salisbury Terrace

Inspection report

12 Salisbury Terrace
Wavertree
Liverpool
L15 4HD
Tel: 0151 735 0283
Website: www.example.com

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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

Salisbury Terrace is a small home registered to provide accommodation with personal care for three people. The home is operated by Autism Initiatives, a charity that specialises in supporting people with autism.

The house is rented from Liverpool Housing Trust and is a four bedroom terraced property with accommodation over three floors. Located in a residential area of Wavertree, the house fits in with neighbouring properties and is in keeping with the principle of supporting people to live ordinary lifestyles in their local community. Shared space includes a lounge, dining kitchen, shower room

and bathroom. Outside there is an enclosed back garden with some parking available on-street at the front of the house. The people living at the home have a bedroom of their own with the fourth bedroom used as an office and sleep-in room for staff.

This was an unannounced inspection carried out on 13 April 2015. During the inspection we met with the three people who lived at the home and spoke with three members of staff. We also spoke with the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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. Following the inspection we spoke with relatives of two of the people who lived at the home.

We last inspected the home in November 2013. At that inspection we looked at the support people received with meals and their care and welfare. We also looked at the premises, staffing and record keeping. We found that the provider had met regulations in these areas.

The home met the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

People living at Salisbury Terrace appeared comfortable with the staff team and in their environment. Relatives told us they were happy with the support people received and felt they were happy and safe living there.

Care plans contained comprehensive information to inform staff about people's support needs. This included information about their health, personal goals and how they communicated.

People were supported to choose their meals and were involved in planning, shopping for and preparing their food and drink.

Medication practices at the home were safe. Medication was stored safely and people received their medication as prescribed and on time.

Staff knew how to identify and report any potential incidents of abuse. No referrals for safeguarding adults investigations had occurred since our last inspection in November 2013. A clear procedure was in place for dealing with complaints and relatives told us they would feel comfortable raising any concerns they had.

A system was in place for recruiting new staff to work for the organisation. This included carrying out checks to help ensure the person was suitable to work with people who may be vulnerable.

There was a stable staff team working at Salisbury Terrace who knew the people living there well. Sufficient staff worked at the home to support people with their daily lives.

Staff had received the support and training they needed to support people safely and well.

Quality assurance systems were in place to assess the quality of the service provided and identify area for improvement.

Records were stored safely and were up to date.

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.

Staff had received training in safeguarding adults and were aware of the procedures to follow if they suspected abuse had occurred. No safeguarding adult's incidences had been reported for investigation since our last inspection in November 2013. Relatives told us they felt Salisbury Terrace was a safe place for people to live.

Medication was safely managed within the home. People received their medication on time and as prescribed.

Recruitment polices were in place to ensure that all of the required documentation was obtained for a member of staff before they commenced working for the provider.

There were enough staff working at Salisbury Terrace to support people with their everyday lives. This included their health, managing their autism and participating in their local community.

Good



Is the service effective?

The service was effective.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Proper policies and procedures were in place. The registered manager understood when an application should be made and how to submit one. This helped to ensure people's rights were protected.

People were supported to choose their meals and received support to plan, shop for and prepare their food and drink.

Staff had received the training they needed to support people with their everyday lifestyles and to manage their autism.

Good



Is the service caring?

The service was caring.

Staff knew the people living at Salisbury Terrace well and had built positive relationships with them. This included communication with people in a way they understood and supporting people to maintain contact with their families.

Staff promoted people's privacy and independence and spent time interacting with people as well as providing day-to-day support.

Good



Is the service responsive?

The service was responsive.

Care plans were up to date and detailed. Staff had a good knowledge of the support people needed and support was provided to people as detailed within their care plan.

People received support to live a lifestyle of their choosing. This included support to engage with their local community and pursue their hobbies and interests.

Good



Summary of findings

A system was in place for dealing with any complaints that arose. Relatives told us that they would feel comfortable raising any concerns they had with the staff team.

Is the service well-led?

The service was well led.

A registered manager was in post and knew the people living their well. Staff told us they received the support they needed and felt confident to express their views.

Quality assurance systems were in place to check the service provided. This included health and safety checks and systems for checking peoples care plans were up to date and relevant.

Records relating to people living at the home were well maintained and stored confidentially.

Good



Salisbury Terrace

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.

This inspection took place on 13 April 2015 and was announced. The provider was given 60 hours' notice because the location is a small care home for younger adults who are 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 Inspector.

Prior to our visit we looked any information we had received about the home and any information sent to us by the registered manager since our last inspection in November 2013.

During the visit we met the three people living at Salisbury Terrace. We spoke with four members of staff including the registered manager, a senior member of staff and two support workers.

We observed the support provided to people and looked around the shared areas of the home. With their permission we also looked at two of the bedrooms belonging to people living at the home. Following the inspection we spoke with relatives of two of the people who live at the home.

We reviewed a range of records about the support people received and how the home was managed. These included care plans and medication records for two people, records relating to staff training and support, health and safety records and quality assurance audits.

Is the service safe?

Our findings

During our inspection we observed that the people living at Salisbury Terrace appeared comfortable in their home and with staff. We also saw that they felt confident to decide for themselves where they wanted to sit and spend their time without referring to staff for permission. This showed us that people felt safe in their home and were comfortable with the staff who supported them. Relatives we spoke with told us that they felt the home was a safe place for people to live, with one relative telling us they had "no worries" about their relative living there; another relative told us they were "quite happy with everything."

Our records showed and the manager confirmed that no referrals for investigation under safeguarding adults procedures had been made for the people living at Salisbury Terrace since our last inspection in November 2013.

The provider had a policy in place to inform and advise staff on identifying and reporting potential safeguarding adults' incidents. We saw that a copy of this was available in the office and that staff had signed to confirm they had read and understood the contents. Staff we spoke with had an understanding of safeguarding adults and their role in reporting potential abuse, they were also aware of the provider's whistle blowing policy and knew how to use it. Whistle blowing protects staff who report something they suspect is wrong in the work place.

We looked at health and safety records for the home. These showed that checks had been carried out in a timely manner on gas and electrical services, electrical equipment and fire equipment. They also showed that regular in-house checks had been undertaken including checks of water temperatures and the fire system.

The registered manager told us that there were 195 core staffing hours assigned to Salisbury Terrace every week. We looked at a sample of staff rotas and found that this provided sufficient hours for staff support to be available 24 hours a day. From the hours of 11pm to 7.30am a member of staff slept on the premises. For the majority of the day there were two members of staff available to support people to get out and about in their local community and engage in their hobbies and interests. During the

inspection we observed that there were sufficient staff available for people living at the home to take part in different activities or for some people to go out whilst others stayed at home.

The staff rotas we examined showed that staffing levels had been maintained and pre-planned staff training or meetings had been taken into account to minimise disruption for the people living there.

None of the staff working at Salisbury Terrace had been employed within the past two years. However we discussed recruitment practices with the registered manager and looked at the provider's policy. The manager explained that he would be involved in the recruiting of any new staff and that although the people currently living at the home were not able to formally take part in an interview process potential staff would meet with them and the manager would take the reactions of the people living there into account. The recruitment policy included obtaining checks and references for new staff to help establish if they were suitable to work with people who may be vulnerable. This included obtaining a Disclosure and Barring Service (DBS) check. Records showed that once the member of staff was employed a new DBS check was carried out every three years.

The provider had a medication policy in place which provided guidance to staff on how to manage medication safely, we saw that staff had signed this policy to confirm they had read and understood it. In addition, information sheets were available for the individual medications people were prescribed to provide relevant information for staff. Medication was stored safely in a locked cupboard in the office. We checked medication stocks and records for two of the people living at the home. We found that medication stocks tallied with records of medication given.

Records showed that staff had undertaken training in medication administration and the manager informed us that they were in the process of introducing a medication competency check to be carried out periodically for all staff who managed medication. We also saw that medication was regularly audited; this meant that any issues or discrepancies should be noted quickly and dealt with.

The manager told us that no reportable accidents had occurred at the home within the past year. Risk assessments were in place for supporting people with any identified risks. We saw that a fire risk assessment had

Is the service safe?

been completed and staff were aware of its contents. A first aid box was available and staff were aware of the location of this. This meant that in the event of an accident or emergency staff knew the procedures to follow and the location of equipment needed.

Is the service effective?

Our findings

Relatives we spoke with told us staff had the skills and knowledge to support people effectively. One described the staff team as, "Wonderful" and another as, "Great." Both relatives told us that in the time their relative had lived at the home they had received support to live a lifestyle of their choice, increase their skills and learn to interact with other people more effectively.

Salisbury Terrace is a mid-terraced property located on a residential street. Fixtures and fittings are domestic in appearance. As such it enables the people living there to lead as ordinary a life as possible within their local community. The house provides people with their own bedrooms and shared living, dining and bathroom space. Bedrooms are located over the first and second floor and access is via a fairly steep staircase. The people living there each have their own bedroom which they had been able to decorate as they chose. Outside there is an enclosed back garden with some parking available on the street in front of the house. Staff told us that none of the people living there currently required adaptations to the house as they were able to access all floors independently.

At the time of our inspection the shower was not fit for use. Staff told us the drain had collapsed and this had been reported to the housing association for repair. A bath was available on the second floor which staff told us all the people currently living at the home were able to use. Although the shower room was clean we noted that it had mis-matched tiling, stained grout and black marks on the wall. Three of the staff we spoke with told us that the size and layout of this room could make it difficult to support the people living there safely. We also saw that the kitchen appeared shabby and had some holes in the worktop. This had been noted on the monthly home audit and reported to the housing provider. These rooms would benefit from refurbishment.

The manager and relevant staff had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). These laws and safeguards are a legal way to ensure people are not deprived of their liberty unduly. They also provide protection for people in ensuring decisions the person is unable to make are made in their

best interests. In discussions with the manager and senior staff member it was evident that they understood their role in supporting people to make decisions wherever possible whilst ensuring their rights were protected.

The manager had acted lawfully and in keeping with the latest guidance around DoLS. We saw that applications for a DoLS had been made for the relevant people living at the home to the local authority.

The manager told us that no best interests meetings had been held for anyone living at the home. However he was aware of the need to hold a 'best interests' meeting if needed. 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 were able to tell us about any health care needs that people had, the support they required and how this was provided. We looked at a sample of care plans and saw that this information was recorded within the person's individual plan. Each person had a health action plan that provided clear information about their current health, how they communicated and the support they needed.

Staff were also able to tell us how people would indicate they were in pain and the action they would take to support the person to establish the possible cause and get help and advice. Records showed that people had been supported to see health care professionals when needed and that staff had supported people to follow any health care advice they had been given.

None of the people living at Salisbury Terrace required a special diet. However a member of staff told us that they supported people to monitor their weight. We saw that people's weight had been monitored and a record kept of their weight.

A two weekly menu plan was in place and staff told us that this was devised by staff based on people's known preferences. Each person was supported to choose part of the meal and staff told us alternatives were always provided if required. Staff had a good knowledge of peoples' skills in choosing meals and getting a drink or snack. Wherever possible people's independence was

Is the service effective?

encouraged whilst any risks were minimised. For example one person had bottled water available, this supported them to have a drink when they wished while reducing the risk they would drink too much at any one time.

We observed the evening meal being prepared and noted that people living the home were offered a choice and were in and out of the kitchen whilst the meal was being prepared and cleared away and were taking part with staff support.

The people living at the home carried out the food shopping using local shops and supermarkets and with support from staff. This supported people to make choices and to become a part of their local and wider community.

Staff told us that they had received the training they needed to carry out their role effectively. One member of staff told us they had "had a lot" of training and were, "always up to date." Staff also told us they were confident that if additional training was identified to support one of the people living at the home then the organisation would provide this.

The provider had a training department that provided a training calendar each year. We saw a copy of a recent

training calendar and bookings made on specific training courses for individual members of staff. Training was provided in basic areas of care including first aid, fire, food hygiene, and medication as well as more specialist areas including Deprivation of Liberty Safeguards and supporting people with autism. We looked at a sample of training records for staff and saw that they had received the training they needed to carry out their role safely and effectively.

The provider had a practice support team which included a speech and language therapist, nurse and autism specialist. The manager explained that this team was available to provide specific advice or information for staff to help them to support people living at the home. Monthly manager development days were also held by the provider. The manager explained that these covered different topics each month and the information was then shared with the staff team.

We saw that dates had been organised for one-one supervision for staff and that these had taken place regularly. We also saw that regular team meetings had taken place. A member of staff we spoke with told us that they felt supported by senior staff and felt confident to speak out and that their views would be listened to.

Is the service caring?

Our findings

A relative of one of the people living at Salisbury Terrace described staff, as "helpful" and went on to explain, "You only have to ask." A second relative told us that their relative was, "well looked after" and was "really happy there."

Staff told us, and a relative confirmed, that they supported people to maintain contact with their family. For example one person living at the home periodically had staff support arranged for a full day so they could travel to meet their family.

Throughout our inspection visit we observed staff spending time with the people living there socialising as well as providing practical support. We saw that staff interacted with people in a way they understood. In discussions with staff it was clear that they knew people well and were

aware of how to adapt their approach to meet people's communication methods and to respond to how the person were feeling at the time. They were able to explain how they supported people to make choices by being aware of how to phrase a question so the person understood the question and was able to make a decision.

An 'about me' document within care files provided comprehensive information about the person including how to support them with communication. This had been reviewed and updated regularly to ensure the information was up to date as the person's needs, choices or communication changed.

We saw that staff respected people's privacy. For example they obtained permission before entering anyone's bedroom and provided them with privacy to talk to us if the person felt comfortable doing so.

Is the service responsive?

Our findings

During our inspection we observed that staff had a good knowledge of the best way to communicate with each person living at Salisbury Terrace and that they used this knowledge effectively. We saw that people felt comfortable with the staff team and were able to spend their time engaged in activities they enjoyed. This included sitting with staff and spending time in their bedroom as they preferred.

Individual care files were in place for all of the people living at Salisbury Terrace. We looked in detail at two of these. The care files were comprehensive documents and provided the information needed to inform staff on how to support the person effectively. Information included support plans for the person. These had weekly progress reports to show how the person was progressing with their personal goals, for example learning personal care skills. Health action plans provided information on the support the person needed to manage their health effectively. Up to date risk assessments were in place to provide guidance on how to support the person to do the things they needed or chose to do whilst minimising any risks personal to them.

Records showed that people had been supported to access their local community and to take part in activities they enjoyed. For example daily records for one person showed they had recently been bowling, walked to the local shops to purchase a newspaper, been to the library, out for a walk and swimming. In addition they had been supported to do household tasks.

Relatives we spoke with told us that they had always been consulted and informed about matters important to the person. One relative also told us that they were always invited to care reviews.

A variety of communication methods were used at Salisbury Terrace to support the people living there to make decisions and to continue to learn everyday living skills. These were individually designed for the person and included the use of picture posters designed for the person to follow a series of steps as well as photographs to help the person make choices. In discussions with staff they had a good understanding of the different ways people communicated and how best to support them to make a decision. During our visit we saw that staff supported people to make daily decisions such as what they wanted to do and 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 to us, that no concerns or complaints had been raised since our last inspection in November 2013.

A complaints procedure was available from the provider which provided guidance to staff for dealing with complaints including the timescales needed for responding. Both relatives whom we spoke to confirmed that they would know how to raise any concerns or complaints that they had and would feel confident to do so.

Is the service well-led?

Our findings

The home had a registered manager in post. This is a condition of the registration of the home. The other conditions for registration had also been met.

Throughout the inspection we observed that the registered manager knew the people living at Salisbury Terrace well and that they felt comfortable talking with him. Relatives knew who the registered manager was and told us that they knew they could contact him if they wished. A member of staff told us that they found the manager approachable and supportive and that they felt confident to speak out or raise any issues they had.

A number of systems were in place at Salisbury Terrace for checking the quality of the service provided.

A system for weekly health and safety checks of the building was in place and we looked at a sample of these. The checks included, fire equipment and procedures, visual electrical checks, infection control, storage including hazardous substances, window restrictors and the outside premises. Water and fridge temperatures had been checked regularly, we looked at a sample of these and found they recorded temperatures within recommended limits.

A monthly in-house audit was also carried out with a copy forwarded to a senior manager within the organisation. We

looked at a copy of the completed audit for March 2015 and found it covered areas including, medication, safeguarding adults, complaints, staff levels and training. It also covered the support provided to people living in the home. The audit format contained a section for listing any required actions and a section commenting on any outstanding actions from the previous audit. We saw that the audit clearly listed repairs required and the fact that these had been reported to the housing association. By recording a follow up of previous actions this helps to ensure areas identified for improvement are noted and acted upon.

Care plans had been updated on a regular basis and a check of these made as part of the overall auditing process. This helps to make sure the information they contain is up to date and remains relevant to the person.

The provider had carried out an audit of staffing in October 2014. This helped to establish if there were the right number of staff working at the home and if people were getting the support they were contracted to have.

We also saw an audit of 'restrictive practice' that had been carried out monthly. This audit looked at whether people living at the home were subject to restrain through the use of medication or other practices. The results showed that they were not. However, we considered that the use of this audit was good practice as it helped to ensure people were not having their rights curtailed without a good documented reason.