

Autism Together

Autism Together - 104 Church Road

Inspection report

104 Church Road
Bebington
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08 March 2017

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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

104 Church Road is a two storey semi-detached property situated in Bebington. It is one of the premises managed by the Autism Together to provide support to adults with an autistic spectrum condition and an associated learning disability.

At the last inspection, the service was rated Good. At this inspection we found the service remained good.

People told us they were well cared for and felt safe living at the home. The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required.

Recruitment checks were carried out to ensure suitable people were employed to work at the home. Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were on duty.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found that the appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in decisions and consented to their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People had access to sufficient quantities of nutritious food and drink and were given suitable menu choices at each mealtime, these options had been chosen by the people who lived at 104 Church Road.

We found people had access to healthcare professionals and their healthcare needs were met.

We found that staff were well trained and supported. They were able to demonstrate skill and competency in their knowledge about autism and the support people required.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service including

staff and resident meetings to seek the views of people about the quality of care being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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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 was a comprehensive, announced inspection that took place on 08 March 2017. The provider was given 24 hours' notice because the location was a small learning disability service for adults who are often out during the day and we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

We asked for information from the local authority quality assurance team before the inspection. We also looked at our own records, to see if the service had submitted statutory notifications and to see if other people had sent us feedback on the service.

During the inspection we were able to talk to two people who lived in the home and observed the support of staff. We talked with the two staff members and we also talked with the registered manager. Later we telephoned a relative of a person who used the service.

We observed part of the provision of support for the people who lived at the home. We reviewed a range of documentation including two care plans, medication records, records for four staff, policies and procedures, auditing records, health and safety records and other records relating to how the home was managed.

Is the service safe?

Our findings

We asked two people living in the home and a relative if they felt the service was safe and they all said it was, one relative said "Yes definitely".

The provider and registered manager continued to have procedures in place to minimise the potential risk of abuse or unsafe care. We were able to speak to the staff who were able to tell us that their training and knowledge was continually updated. Staff were also able to tell us about their whistle blowing policy and staff also told us that they would be comfortable using the process. Additionally we were able to see that staff had been recruited safely, appropriately and supported by the management team and we saw that staffing levels were sufficient to provide the support people needed.

Risk assessments had been completed to identify the potential risk of accidents and harm to staff and the people in their care. Where potential risks had been identified the action taken by the service had been recorded.

We looked to see if medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We saw that one person self-administered their own medications and appropriate safeguards were in place so that the person was supported to be independent. Records showed medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time. The registered manager had audits in place to monitor medicines procedures.

The building was clean and free from offensive odours and we saw the people living in the home, supported by staff, had input into the upkeep of their home. We saw that the building was safe and that the home had serviced and maintained equipment as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use. Personal emergency plans were in place to advise staff and the fire brigade on how people should be evacuated safely in the event of an emergency situation, these had been reviewed in February 2017.

Is the service effective?

Our findings

We saw that the people who lived in the home were supported by staff who had completed a programme of training in relevant topics. New staff were required to complete an induction programme which meant that their competency was assessed within 12 weeks of starting employment. Training was regularly refreshed to ensure that their knowledge was current. We were told by staff that there "Was a lot of training". Staff were supported through the provision of regular supervision and appraisal. We asked staff if they found these helpful and we were told 'yes'.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. We found that the appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care. We saw how consent had been sought from people regarding various aspects of their care and support. This was done in accordance with the Mental Capacity Act 2005. People and relatives had been asked to sign a form to indicate where they had given consent.

The home had involved the people who lived at the service in the planning of the menus. As there were two people living at the service each person chose their favourite meals. This was supported in discussion with people living in the home. We saw that the food provided was varied and healthy.

We saw that people had prompt access to medical and other healthcare support as and when needed. This was fully documented in people's care plans and included, G.P, dentist and optician appointments. We also saw that family members were kept fully informed, one relative told us "I'm always involved".

Both people living at 104 had done so for several years. The building was a semi-detached house in a quiet neighbourhood. It provided a homely environment and atmosphere with the usual facilities. We asked people if they had been involved with the décor of the home and one person told us "I helped choose the wallpaper".

We saw that the bathroom was in need of repair however the registered manager had already reported this to the provider, we were told that this would be re-referred.

Is the service caring?

Our findings

We asked the people living in the home and a relative if the staff were caring in their approach. The people said 'yes' and the relative told us "They are tremendous"

We looked to see if people were able to express their wishes and if they had support to help them make decisions about their care. We observed that people did make choices and decisions about their lives and we saw that staff respected these decisions, for example people were able to choose when they wanted to go out and where and staff supported their decisions about who they wanted in their home.

We observed staff on duty and saw that they knew people who lived in the home well. People were given information in a way that made sense to them. For example one person's bedroom door had a weekly activity list in a pictorial form. We also saw that the house had information by the entrance in an 'easy read' form, this was surrounding advocacy and there was a board that held 'People who support me' so the people knew who was coming into their home.

We observed staff engaged with people in a caring and relaxed way and people's right to privacy and dignity were supported by staff in the provision of care and support. People had their own bedrooms and staff supported their choices regarding anyone else having access to them.

People were continued to be encouraged to participate in everyday activities such as choosing what to wear, eat or helping in the house and this helped to promote their independence. During our visit we saw that people moved about the house as they wished.

We asked relatives if there was communication between them and staff at the home. They felt they were kept informed of any issues. We were told "All the time".

We observed that confidential information was kept secure in the main office.

Is the service responsive?

Our findings

We looked at the care records for both people who lived in the home and we saw that it was clearly demonstrated that people had been involved in the assessment process and planning of their care. We looked to see if people and their relatives were invited to review meetings and saw that they were. One relative told us "I go to the reviews, I've had a few coffee evenings".

The two care plans we looked at were detailed and were clear about the support needs of people and how they wanted their care delivered. Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to health and wellbeing, communication and medication. We also saw how care plans were adapted for life changes such as bereavement. A relative told us "[Staff] have coped brilliantly, we're very fortunate". We observed people during our visit and saw that each care plan was reflective of the person it was written about. We also saw how there was a keyworker system in place.

The care files contained information about the person and care needs, their contacts and relationships and their preferred activities. We were told how the service was actively encouraging a person to use technology as their eyesight was deteriorating and that they had accessed training resources that would help the person stay as independent as possible. One person told us "I get the support I need".

A copy of the complaints procedure was at the entrance to the house and this was in an easy read format, this was to help people with communication difficulties to understand how to make a complaint. We asked relatives if they knew who to complain to and if they were comfortable to do this and we were told yes and "I've no problems". The service had not received any complaints at the time of the inspection.

We saw that the service held regular residents meetings and that people living in the home felt comfortable expressing their wishes and opinions.

Is the service well-led?

Our findings

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. The service had a registered manager in post who had been registered since 2010.

We asked if the manager was known to the people living in the home and relatives, we were told yes. A relative told us "[Manager] is excellent".

We asked the staff if they felt supported in their role and we were told 'yes'. One staff member told us "[Manager] great". The staff that we spoke with were motivated to provide high quality care and understood what was expected of them.

We saw records of supervision which evidenced the support and relationship that staff received. We were told by staff that there were regularly held team meetings, this meant that staff were able to air views and make comments about the service. We saw that the registered manager had also received an appraisal by higher management in Autism Together. This showed that they were supported in their role.

The registered manager had systems and resources available to them to monitor quality and drive improvement. Quality and safety audits such as medication and health and safety were completed on a regular basis. There was also a peer arrangement amongst the managers of other homes in Autism Together where audits were carried out of 104 Church Road by other managers. Any actions identified were completed by the registered manager.

Autism Together was in the process of reviewing their quality process at the time of inspection and the registered manager told us that audits of documentation will potentially change.

We saw from the documentation in the care plans and other records that there was good communication with other professionals. We saw that policies and procedures were up-to-date and other documentation, such as medication records, fire and other health and safety checks had been regularly completed and updated.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians.