

Autism Initiatives (UK)

Parkbourn

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 ●

Summary of findings

Overall summary

About the service

Parkbourn is a residential care home. This service supports people with autism. The service can support up to eight people; there were eight people living at the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. We saw many examples where staff had supported people to become more independent, make choices and increase their physical and emotional wellbeing. With staff support and by increasing their understanding, personalised daily routines were established, reflecting people's preferences and healthy eating was promoted.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look

in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Parkbourn is located in an area that enabled people using the service to participate in their own local community. People were active each day to and enjoyed activities at a day service; some attended local community facilities. Social activities also took place at home, with regular trips to local places of interest, restaurants and pubs.

The service was highly effective at promoting people's independence. This included personal care and daily activities such as laundry, cleaning their home, shopping, preparing meals and drinks.

Staff had developed effective communication with people. This meant that they were able to make their own decisions about their support; staff ensured they were supported to make choices on a day to day basis.

Risks that people faced had been assessed and those identified were safely managed. Medicines were managed safely. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm.

People were supported to access healthcare when needed. Staff worked with healthcare staff to enable coordinated appointments which gave the people the best outcomes and maintained their dignity. For example, planning ahead, no waiting time and home visits where possible.

People were offered choice and control and where able consented to their care and support. Staff supported people to be as independent as possible with activities of daily living, such as personal care, shopping, cooking and laundry.

People were encouraged and supported to eat and drink well. People were given a choice of suitable meals and snacks. Staff supported people to make meals of their choice throughout the week.

People received care from a consistent staff team, who had worked at the service for a number of years. Enough staff were employed each day to meet people's needs, keep them safe and give them the opportunity to take part in their chosen activity.

Staff received a range of training appropriate to their role and people's needs, and were supported by the registered manager and senior support workers through regular supervision.

Effective systems were in place to check the quality and safety of the service. The environment was clean and safe and in a good state of repair and decoration.

The leadership of the service promoted a positive culture that was person-centred and inclusive. The registered manager and the staff team showed a desire to improve on the service provided and in turn the quality of life experiences for the people at Parkbourn.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (published 21 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Parkbourn

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by an inspector.

Service and service type

Parkbourn is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met three members of staff and spoke with the registered manager during the inspection. The people

living at the home were not available to speak to us. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

After the inspection

We spoke with relatives of two people who lived at the home on the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Staff understood their safeguarding responsibilities.
- Individual risks to people had been assessed and provided detailed information in order for staff to keep people safe.
- Staff knew people's identified risks well and were able to support people safely in the home and when out in the community.
- Risks to people were regularly reviewed and records updated to reflect any changes in identified risks.
- Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.
- Regular safety checks were completed on the environment and equipment people used to ensure it remained safe.

Staffing and recruitment

- Recruitment was ongoing and new staff had been employed following appropriate checks.
- The staff had worked at the home for some years which allowed for consistency in the support provided to the people in the home.
- There were enough staff working each day to support people within the home and when out in the community safely.

Using medicines safely

- Medicines was managed safely by appropriately trained staff.
- Medication was administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed by both staff and the person. Protocols for administering 'when required' medication were place.
- Routine medication audits were completed.

Preventing and controlling infection

- All areas of the home were clean and well-maintained.
- Staff received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.

Learning lessons when things go wrong

- A record of any accidents and incidents that occurred was kept and reviewed regularly with the staff team

to identify any patterns or trends, so that changes or improvements could be made or introduced to people's support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service applied the principles of Registering the Right Support and other best practice guidance. They ensured that people who used the service live as full a life as possible and achieved the best possible outcomes that included control, choice and independence.
- Support plans identified goals and people's wishes and were reviewed regularly to further develop people's independence.
- Assessments of people's care and support needs were completed in good detail and provided guidance for staff to support people based on their needs and choices and the values underpinning Registering the Right Support.
- Staff knew people well and how to best meet their needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare when needed.
- Staff worked with healthcare staff to enable coordinated appointments which gave the people the best outcomes and maintained their dignity. For example, planning ahead, no waiting time and home visits where possible.
- Relatives told us, "Staff keep us informed of any issues. We are very much involved" and "Staff pay good attention to people's health".
- People were supported to maintain good oral healthcare. Some people managed the cleaning of their teeth without staff support; others needed prompting.
- Staff worked with staff from day services to help ensure care and support provided was effective and consistent.

Staff support: induction, training, skills and experience

- Staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.
- Training was provided for staff throughout their employment to maintain skills and knowledge. Staff received training for a specific health issue to be able to support a person and to avoid frequent appointments with the district nurse or at hospital.
- Staff received regular supervision and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to maintain a healthy balanced diet and were provided with

regular food and prompted have drinks.

- People were fully involved in the choosing of their meals each day. Staff supported people to make meals of their choice throughout the week.

Adapting service, design, decoration to meet people's needs

- The home was maintained to a good standard. Repairs were attended to in a timely way.
- Bedrooms were furnished and decorated to suit people's individual tastes.
- The service had a large garden which people enjoyed.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA; DoLS applications had been completed appropriately and submitted to the relevant authority.
- Staff ensured that people were involved in decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and support from staff who clearly knew them well.
- A relative told us, "[Name] was quite poorly and staff stayed with them all the time in hospital; they [staff] were very, very good."
- People were supported to maintain relationships with their family members. A relative said, "[Name of staff] is very good; he sends me emails and pictures of what [relative] has done. It's nice to get them."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their families were involved in the planning of and decisions over care.
- The service was effective at promoting people's independence. This included personal care and daily activities such as laundry, cleaning their home, shopping, preparing snacks and drinks.
- People could spend time in their bedrooms or the lounges to enjoy time in private, to enjoy music, television, drawing and painting.
- Staff had received training in the General Data Protection Regulations and confidential records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care people received was person centred and based on their individual needs.
- Care records were detailed and contained all relevant and current information regarding people's needs. Records were reviewed in a timely manner when people's needs changed so that staff had access to the most up-to-date information.
- Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the communication needs of people with a disability or sensory loss in line with the Accessible Information Standards.
- People's communication needs were recorded in their care records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of activities in the community on a regular basis, which included their particular interests and hobbies.
- People attended day services. Additional activities were planned around people's needs and preferences. These included, pub lunches, shopping, swimming, visits to local places of interest, and regular visits to family members.
- People were supported to keep in regular contact with their family through different means of communication, including the use of an iPad and emails. Some people had been supported by staff to attend family celebrations, such as weddings and birthday parties.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people. However, no complaints had been made since our previous inspection.
- The registered manager and staff kept in regular contact with relatives. People we spoke with confirmed this.

End of life care and support

- At the time of inspection nobody using the service was receiving 'end of life care'.
- Some people's wishes regarding the end of their life had been recorded. The registered manager explained that this was a difficult subject for people to understand and families to discuss.
- The registered manager explained this was an area for development and they would sensitively support people and families to plan ahead.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff promoted a culture of person-centred care by engaging with everyone using the service and family members.
- The registered manager supported people to have the opportunities and experiences they should; they told us, "I only do whatever I'd do for my family."
- Staff were experienced and had worked at the service for some years. They understood their role and what was required to ensure people received person centred and high-quality support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff received supervision and support from the registered manager and senior support workers to develop their practice.
- People's personal information was stored securely and treated in line with data protection laws.
- Ratings from our last inspection were displayed in the service, in line with legal obligations.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify any areas for improvement.
- Regular handover and staff meetings provided opportunities to discuss current practice, support and any required changes.
- People met with staff each month to look at their achievements and consider any new activities. Evidence of these meetings were recorded by the use of photographs.
- Questionnaires were sent to family members regularly to gather their opinions. Feedback we saw was positive.
- A relative told us, "Thanks to [registered manager] and the team. We are quite privileged that [family member] is at Parkbourn."
- People living at the service were known in their local community, through using local amenities and

delivering the local newspaper.

Working in partnership with others

- The registered manager and staff worked closely with other agencies to achieve good outcomes for people. This included working with day services, and health care professionals.