

Autism Together

Autism Together - 86 Allport Road

Inspection report

86 Allport Road
Bromborough
Wirral
Merseyside
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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

86 Allport Road is part of the Autism Together organisation and is registered to provide accommodation for three people who require support and care in their daily lives. 86 Allport Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is a detached house in the area of Bromborough on the Wirral. At the time of our inspection there were three people living there. The two-storey domestic type property is close to shops, public transport and other local amenities.

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

We spoke with two of the people who lived in the home and two relatives who all gave positive feedback about the home and the staff who worked in it. We saw that people were living busy, independent lives, supported by a willing staff team who were encouraging and supportive.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care and they were guests in the people's home, respecting people's space and choices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw during the inspection that people were supported to make their own decisions and their choices were respected. Assistive technology was in place to maximise people's independence.

Care plans were person centred and driven by the people who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medication administration was countersigned by two staff members to ensure safe administration.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The staff team were consistent and long standing. They demonstrated that they were committed to providing the best care possible for the people living in the home.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	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.

The inspection took place on 19 December 2017 and was announced. It was carried out by an Adult Social Care Inspection manager. The registered manager of the home was given 24 hours' notice because the location is a small care home for adults who may be out during the day; we needed to be sure that someone would be in.

Before the inspection we contacted Wirral Council. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with the registered manager, and two other members of staff. We met with two of the people who lived at the home, and following the inspection we contacted two relatives by telephone. We observed staff interacting with people in the home. We looked at medication records. We looked at staff rotas and training records. We looked at maintenance records. We looked at care records for two of the three people who lived at the home.

Is the service safe?

Our findings

We asked one relative if they felt that their family member was safe living at the home. They told us, "It's very good. My daughter has been described as the 'most challenging person' in previous care services but here they manage her care well."

We saw that staff had up to date training in safeguarding and knew what to do if they were concerned about the people living in the home. Safeguarding concerns were rare at 86 Allport Road and there had been none since the last inspection. Whistleblowing information was available for staff but there had been no concerns raised since the last inspection.

We saw that the service was staffed by a consistent staff team who had all worked for the provider organisation for a long time. We looked at the rotas and saw that staffing levels were maintained and the people who lived at the home always knew who would be supporting them. We were told that it was very unusual for any other staff to work at the service as the team covered each other's holidays and absences and this maintained consistency for the people living in the home. The home had a registered manager, a house manager and support workers who worked shifts and sleep ins to provide support 24 hours a day.

We looked at medicines management in the home and saw that it was good. The medicines were regularly checked. We saw that one person managed their own medication. This was closely monitored and the person was able to maintain their independence and be responsible for their own medicines. We saw that the home was clean and well maintained. We checked the premises safety certificates and saw that they were up to date.

We looked at risk assessments and saw that they were managed well. We looked at the Personal Emergency Evacuation Plans (PEEPS) and saw that these clearly identified the support that people needed to leave to building quickly in the event of an emergency. The PEEPS were colour coded to identify who needed the most support.

Accidents and incidents were recorded and managed electronically. We looked at the records and saw that they were rare occurrences in the home.

Is the service effective?

Our findings

One relative told us that the staff were doing a very good job. They said, "She has lived there for many years. We are happy with the care and support."

We saw that people chose what they wanted to eat, did the food shopping and were involved in cooking the food supported by the staff if they chose to do so. The staff told us about the recipes they kept in a file and regularly tried different ones. Healthy eating was encouraged but people chose what they wanted to eat.

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). We spoke with the registered manager and found that they had a clear understanding of the MCA and DoLS. We saw that they considered people's choices at all times. We saw that DoLS applications had been made for people living in the home for who it was thought necessary in order to protect their legal rights. We saw clear examples where the service had checked to ensure that people's capacity had been explored in relation to specific decisions.

There was assistive technology in the home in place for one person to help to monitor their seizures at night in the least intrusive way possible.

The staff were trained regularly and this was demonstrated by the providers on line records. Staff had training in all of the required areas and in additional areas to meet the needs of the people whom they supported. Staff had regular supervision from their line managers. The staff we spoke with told us, "I love my job. They listen to what you have to say. It's a fabulous place to work and I'll stay here until I retire." The registered manager was a MAPA trainer for the organisation. MAPA stands for the Management of Actual and Potential Aggression. All staff were trained in MAPA to ensure that they could support people safely.

We saw that people had regular access to health care and their care files showed that people were monitored closely. We saw that the staff knew the people well and knew what to look out for if people were becoming unwell.

The home was on a pleasant street in a small neighbourhood. The property had been maintained to a good standard; we saw that this was looked after by the people who lived in the home supported by the staff.

Is the service caring?

Our findings

A relative told us that they thought that the staff were very caring. They said, "The team work well together to meet her needs. It's very reassuring."

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able to identify cues and respond accordingly.

We saw that people's confidentiality was maintained in the home. Records were locked away in the office. Staff were careful that none of the people could access information about the other people in the home.

We saw that the care and support provided was person centred and led by the person receiving the care. Staff were very much guests in the people's home and this was very apparent. We observed warm, positive relationships with staff providing individualised support to meet people's needs. For example we saw one staff member gently encourage a person to undertake an activity. They made the suggestion and then quietly left the room to enable the person to consider the suggestion. The person struggled to make a decision and the staff member was on hand to encourage but respected the person's choice. The registered manager explained that staff had to be very adaptable to work in the service and be responsive to people's individual needs as the people's autism impacted on their behaviour in very different ways.

The registered manager told us that no one in the home was currently being supported by an advocate but they knew where to apply for support should this be required.

We saw that there was a 'well-being board' in the lounge at the home. This was a tool to prompt people to say how they felt or talk about what they wanted. The staff told us that it wasn't used very often but it was there to support people and to encourage them to talk to staff.

The service had a 'Client Forum' which takes place monthly and people attend from the home in order to speak up on others behalf. The purpose of the forum is to enable people to have a say and share any concerns. The registered manager told us that they had recently done some work on safeguarding and explored issues such as 'What does abuse look like?' This was to develop people's understanding and empower them to raise concerns if they had any.

Is the service responsive?

Our findings

We spoke with one person who lived in the home. They told us that they did a variety of different activities during the week.

A relative told us, "I have had lots of involvement with previous placements. I am very alert to when things are heading in the wrong direction but they manage her care well. They keep me informed and I email or pick up the phone."

We saw that people led busy, varied lives. Activities included work placements, for one person in a café and a shop. People attended sessions such as woodwork, needlework and dance and drama. One person told us about the farm they worked at where there were pigs, goats, chickens, rabbits and guinea pigs. The farm was part of the community vocational services managed by the provider organisation Autism Together.

Individual care files were in place for the people living at the home and we looked at the two of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to-day lives. There was clear person-centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them.

We saw that there was a complaints procedure in place. We looked at formal complaints and saw that one complaint had been made since our last inspection. We saw that this had been carefully managed and a full and diplomatic response made to the complainant.

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 who had been in post for a number of years.

We saw that there were regular meetings held in the home. There were meetings for the people who lived in the home on a monthly basis and staff meetings were also held five weekly to catch different staff on the rota. All the meetings were recorded and minutes kept for future reference.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed.

The two staff members we spoke with told us that the registered manager was very supportive. They told us that they had both worked for the provider organisation for over six years, that it was a good place to work, with excellent support and training and good communication.

There was a positive person centred culture apparent in the home and obvious respect between the registered manager, staff and people who lived in the home. The registered manager told us that they visited the home at least weekly but were in constant contact with the house manager.