Autism Together

The Lodge

Inspection report

Raby Hall
Raby Hall Road
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Merseyside
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Tel: 01517375906

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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 comprehensive inspection took place on 29 September 2016 and was announced. We announced the inspection because people living at The Lodge attended day services and other activities and staff accompanied them. We wanted to be sure there would be someone there.

The Lodge is registered to provide accommodation for persons who require personal care for up to three people. At the time of our inspection, there were two people living in the home. The people who lived in The Lodge were on the autism spectrum.

The service is located on the Raby Hall site and is a distinct and separate building from the others.

The Lodge is a bungalow situated on the edge of the complex. It is owned and staffed by the provider, Wirral Autistic Society (WAS), which now has the 'working name' of Autism Together. The service is still registered as being provided by WAS. Also nearby this building were other WAS homes and a home farm centre and day services for the people living on the site.

The home required a registered manager. 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.

We looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

The home is a domestic style and had previously some years ago, been used as accommodation for the gate keeper. It was furnished in a homely way which was according to people's taste, especially in their own rooms. We observed the people in the home on the day of our inspection. However we were unable to speak with the two people as they had limited verbal communication. We spoke with the relatives of the two people who used the service. People appeared happy and comfortable with their surroundings and with staff.

We saw that people received sufficient quantities of food and drink and had a choice in the meals that they received.

Medication procedures were followed and the medication stored tallied with the records.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements

and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations were in order to maintain people's rights.

We found that the care plans and risk assessment monthly review records were all up to date in the files looked at and there was updated information that reflected the changes of people's health.

The home used safe systems for recruiting new staff. These included using Disclosure and Barring Service (DBS) checks. New staff had an induction programme in place that included training them to ensure they were competent in the role they were doing at the home. Staff told us they did feel supported by the deputy manager and the registered manager.

The staffing levels were seen to be appropriate to support people and meet their needs and the staff we spoke with considered there were adequate staff on duty.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidents. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

We looked at records relating to the safety of the premises and its equipment, which were correctly recorded.

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.

There were sufficient staff on duty and they had been recruited appropriately and safety.

Medication was minimal but that which was needed was stored appropriately and administered safely.

Staff had been trained how to report any issues about safeguarding. People appeared happy with staff, who engaged in activities and conversations.

Is the service effective?

Good

The service was effective.

Staff were trained and records showed this was kept up-to-date.

Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards and the service had made appropriate referrals.

Many of the documents relating to people and posters in the home were 'easy read' format which allowed people to understand more readily what they were about.

Is the service caring?

Good

The service was caring.

People and staff were seen to be getting on well together and we observed that staff had people's care at the heart of their practice.

Is the service responsive?

Good

The service was responsive.

The records we saw were person centred. We observed that staff treated each person as an individual. We saw that people and their relatives had been involved in the creation of their care plan

which had been regularly reviewed by them.

We saw people were engaging in activities of their choice.

The complaints procedure was available in 'easy read' format and we saw records that complaints were dealt with properly.

Is the service well-led?

Good

The service was well led.

The registered manager was approachable and professional. Staff told us that they were happy with their management.

We saw that all the records relating to people who used the service, staff and the running of the home were up-to-date, stored appropriately and were well ordered.

The Lodge

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 was 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 comprehensive inspection took place on 29 September 2016 and was announced. We announced the inspection 48 hours before, because people living at The Lodge attended day services and other activities and staff accompanied them. We wanted to be sure there would be someone there. One adult social care inspector completed this inspection.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We toured the building and looked in the communal areas and two of the bedrooms where we were permitted access by the occupant.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement. We spoke with the registered manager, a team leader and a support worker. We observed how staff interacted and gave support to people throughout this visit.

Good

Is the service safe?

Our findings

We spoke with two relatives about the care provided at The Lodge. They told us that staff always acted appropriately to ensure people who used the service were safe.
We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the team leader or registered manager. We saw staff had received training in this subject.

We saw notices in the home about safeguarding which gave the telephone numbers to contact, if there were any concerns. These were also available as 'easy read' posters for the people living in the home to use. Easy read documents are those which make written information easier to understand and which often includes pictures, for people who are on the autism spectrum and those with learning disabilities.

Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe and that their needs were met and the service operated in a flexible way. We were told by staff that if they needed additional help then this was available.

We saw staff rotas which showed that there was always sufficient staff on duty. Depending on what the people were doing each day there was usually one staff member in the home during the day and other staff would accompany people to their activities. The staffing levels varied at weekends according to peoples' activities. Relatives we spoke with told us that their family members were able to take part in activities of their choice. They said staff escorted their family member to day activities.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents, and incidents and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

Where the risk had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. We checked staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry

out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The medication cabinet was kept in the sleep over room/office which was a locked room, along with the medication administration record (MAR) sheets. These had photographs of the person they related to. All the drugs stored were 'in date' and we saw records that showed stock had been checked in properly, stored correctly, and administered appropriately.

The PRN medication was recorded on a medication administration record (MAR) and homely remedies were recorded in a similar way. The stocks stored tallied with the record.

There were smoke and fire detectors throughout the home, with the necessary fire-fighting equipment placed around the home. We saw that this equipment had been recently checked and serviced. Regular checks of the alarm system were carried out. We saw records that fire drills involving the people who used the home, happened monthly. The routine safety checks and certification had been completed on the building as required, such as fire safety, fire alarms, electric, gas and water systems and legionella checks and testing.

Good

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. The support worker we spoke with told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. Relatives we spoke with told us that they were very satisfied with how support was delivered at The Lodge. One relative we spoke with told us that their family member was very settled living at the service. They said, "They [staff] know my [family member] very well, some of the staff have worked at the home as long as my [family member] has lived at The Lodge." Another relative said, "Staff ensures my [family member] leads a full and active life."

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. The application procedures for this in care homes are 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 were being met. The care plans we saw demonstrated that people's mental capacity had been considered. Throughout the care plan we saw it detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure. The registered manager told us that both people who used the service had an authorised DoLS.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS.

All the staff had induction training at the beginning of their employment and we were given the schedule of this. Staff went through a probationary period of six months during which time they had to achieve certain standards and have training in various aspects of their work, such as medication training, person centred care, mental capacity, safeguarding and whistleblowing. Staff also undertook more specialist autism spectrum training which included behavioural management, also known as 'nonviolent crisis intervention'.

Staff told us they continued to be updated with their training and records showed that staff were regularly updated with their training. Staff were encouraged to take further qualifications or other training opportunities for their own development or if they want to progress through the organisation. We saw the training matrix that showed that training was provided throughout the year.

We noted that there were records of supervision meetings which occurred about every two months. Each

member of staff had a yearly appraisal. Staff told us that they attended supervision meetings regularly and that it was a two-way process. Notes were made and both the member of staff being supervised and the supervisor kept a copy.

Staff were able to meet regularly at staff meetings. These meetings were structured and usually had a training aspect to part of the meeting. Policies and procedures, issues around the home and planning for activities for the people living there, were often discussed.

Many of the documents in the care plans and the posters on the notice boards were in 'easy read' format. Most of the people were able to communicate with staff using spoken language. Body language was also observed, respected and used by the people and staff, during our inspection.

The kitchen/dining room was of domestic style. People were encouraged to participate in menu planning food preparation and cooking where they could or wanted to. Support staff we spoke with told us that people who used the service were involved in shopping for food. Staff told us that they tried to promote healthy eating but sometimes people liked to have meals away from the home.

Good

Is the service caring?

Our findings

Relatives we spoke with told us that thought their family members were happy living at The Lodge and staff knew them and supported them appropriately. We saw that staff interacted and supported people with care and patience. We noted that staff communicated and supported the people living in the home in a friendly, informative, caring but professional way.

Although the people living at The Lodge were receiving on-going support from staff, we saw that there was opportunity for people spend time in private if they were able to. People had their own bedroom and could spend time away from the communal lounge if they wished.

People's information was treated respectfully. We noted that the records relating to the individual people living at the home were kept confidentially and that they were only accessible by the staff.

The information in the care plans showed that assessments and reviews had been done involving people and their families. The information that was within them was readable by both families and the person they were about. Much of the information was either in large type or in 'plain English', or was in an 'easy read' format. 'Easy read' refers to the presentation of text in an accessible, easy to understand format. It is often useful for people with learning disabilities and may also be beneficial for people with other conditions affecting how they process information. The information also informed the professionals involved in people's care, as it showed how they needed to be supported by everyone involved in their care. Relatives we spoke with told us that they knew what was written in their family members care plans and they felt involved in their care.

We saw that people were able to express their views. Much of this was documented in the care files and it was evident when we observed the relationship and interactions between the people living there and the staff.

We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

Staff retention was good, and staff knew people well and had built good relationships. They came across as very committed and there was a nice, relaxed atmosphere. One staff member we spoke with said, "We all work to the same set of values, we all make sure the care is centred on the individual."

We saw that the relationships which people had with friends and family were well maintained. They were encouraged and enabled to visit friends and family and to keep in touch.

There was information available on the noticeboard about advocacy services. We saw in the care files that all of the people living in the home had relatives who supported them so did not need independent advocacy services. People were encouraged to seek their relatives' involvement in decisions relating to their

care, when necessary. We saw records of meetings and other communications with relatives, whose views were taken into account.

Good

Is the service responsive?

Our findings

People were listened to and they were supported with their individual interests, hobbies and making choices. Relatives we spoke with told us how their family members had interests in walking and arts and crafts and going out in the car for drives in the countryside. We saw that one person liked also to do jigsaws and going out shopping.

The care files that we saw were clear, understandable and person centred. They were comprehensive accounts of people's needs and demonstrated that each person and their family had been involved in the creation of their care file. Understanding and comprehension of their files have been facilitated by the use of 'easy read' documents. These care files contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs.

People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and what activities they enjoyed. The plans were effective; staff were knowledgeable about all of the people living at the home and what they liked to do.

Staff completed a daily log for all care given and activities completed and the entries we looked at were very detailed. The registered manager told us that staff would discuss immediately any changes in people's health with the team leader. The staff members we spoke with confirmed this procedure.

Activity plans were recorded in peoples care files and showed that where possible, people had made their own decisions about of how to spend their time. We were told that one person attended the community vocational services (day services) while the other person preferred to stay at the service. Staff were available to provide escorts to activities and people had plans in place which gave some structure to their days.

We saw bedrooms were decorated to their own taste and the rooms were very personalised.

The complaints policy and procedure was up-to-date and had been reviewed. It was displayed on the noticeboard in full and also in poster form. We were told that no recent complaints had been made by relatives or people who used the service. We spoke with two relatives who expressed satisfaction with the service. They told us that if they needed to raise any issues they were dealt with straight away.

We saw documentation in the care plans which showed us that there had been effective communication between the home staff and other professionals involved in people's care and support. Residents' meetings were held regularly and relatives were informed any issues or changes by telephone or letter. We saw that records had been made of these communications.

Good

Is the service well-led?

Our findings

The service was well led by a manager who was registered with the Care Quality Commission at this location since 17/01/2013. He is also the registered manager for four other locations within the organisation.

Staff we spoke with told us they understood their responsibilities and felt supported by the registered manager. Because the team was only small they were able to meet together regularly to talk about how to deliver safe, effective care to people who used the service.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about how the two people had been and what they had been doing. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days.

Relatives were actively encouraged to give feedback about the quality of the service. One relative said, "Our family member has lived at The Lodge for a good number of years and we are in regular contact with the service." Another relative said, "We feel very involved and the staff always tell us if anything has changed."

The registered manager told us that the provider had a clear vision and set of values that the service worked towards. This involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained.

It was clear from the care plans that there was good partnership working between staff at The Lodge and other health and social care professionals involved in the care of people living there.

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 with action plans where necessary.

The home had systems in place to assess the quality of the service provided to the people who lived there. This included weekly medication audits, health and safety incident, accident and falls audits. We saw the previous two months audits and noted that they were up-to-date and any issues noted have been included in an action plan with the dated time for completion.

All the documentation was stored appropriately and safely in various locked cupboards within the home. Risk assessments were in place that identified areas of potential risks to ensure that the risks were managed safely and effectively. We saw that the registered manager had certificates to demonstrate he had taken protective measures to manage risks associated with the delivery of service and the potential impact on people who used the service.

Observations of interactions between the Registered Manager and staff showed they were inclusive and positive. The staff spoke of strong commitment to providing a good quality service for people living in the

home. They told us the Registered Manager was approachable, supportive and they felt listened to. One member of staff said, "We all work as a team."

Some of the activities provided by Wirral Autistic Society to the people living in The Lodge included being involved in gardening and landscaping services and growing vegetables and garden plants from the small farm on one of their sites. This enabled people to develop good community links both locally and a little further afield.