

Autism Together

Autism Together - 32 York Street

Inspection report

32 York Street
Bromborough Pool
Wirral
Merseyside
CH62 4TY

Tel: 01513347510
Website: www.wirral.autistic.org

Date of inspection visit:
30 October 2019

Date of publication:
02 December 2019

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

Autism Together - 32 York Street is a residential house providing personal care to two people who were living with autism. The service can support up to two people.

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 registered for the support of up to two people and two people were using the service. The building design fitted 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 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 observed positive, friendly interactions between people and staff. People were treated with respect, dignity and kindness.

Person centered support plans were detailed and guided staff about people's needs and how to meet them. Staff supported people to make choices and decisions relating to their care and to live their lives as they wished. People's risks were identified and assessed appropriately. People and their relatives were involved in regular reviews of their care and encouraged to offer feedback.

People were supported to maintain a healthy diet and had access to healthcare professionals should they

need them.

Medicines were managed safely and staff had the appropriate training to support people effectively.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing.

There were sufficient staff to meet people's needs and to enable them to engage with activities, access the community and to live their lives as independently as possible. Staff suitability to work with people was checked at recruitment. Staff completed a robust induction process, attended training and received regular supervisions to be able to provide effective support for people.

People were asked for their feedback about the service through house meetings and giving feedback to staff. A range of quality assurance systems measured and monitored the quality of care and the service overall.

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 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Autism Together - 32 York Street

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 carried out by one inspector.

Service and service type

Autism Together - 32 York Street 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before 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 observed the support being provided for the people living in the home. We spoke with two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included two people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly worked with the service.

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

- Staff were clear about their responsibilities for safeguarding people from the risk of abuse and reporting actual or suspected abuse. Staff had received safeguarding training during induction and intervals thereafter.
- The registered manager was aware of their responsibilities to protect people from the risk of abuse and had shared any concerns with local safeguarding teams for further investigation.
- Relatives we spoke with said that they felt their family member was in a safe environment.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and recorded in people's care plans. They included what action staff needed to take to keep people safe. If relevant risks were assessed and managed in consultation with health professionals and relatives and these were regularly reviewed.
- Equipment and utilities of the home were checked regularly to ensure they remained safe for use.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.

Staffing and recruitment

- We looked at three staff recruitment records and all had relevant checks completed. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.
- People living in the home were supported on a one to one basis. The provider used their own bank staff if additional staffing was needed due to absences. This ensured people received care from staff who were familiar with their needs.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow.
- Medicines were stored safely within the home and staff who were administering medication had completed training.
- Where people had "as required" medicines prescribed; protocols were in place and staff were knowledgeable about when people may need these.

Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was an effective system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.
- We observed personal protective clothing was available for staff.

Learning lessons when things go wrong

- The registered manager and staff used their learning when working with people to make the care and support more person centred.

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

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.
- Relatives were involved in discussions about their family members care. Relatives we spoke with told us how they were fully involved in all of their care planning meetings.
- People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff completed an induction and training to help them effectively meet people's needs. Training was regularly updated.
- Staff received regular supervision and staff we spoke with told us that they felt well supported.

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

- Records showed that when people required their intake to be monitored, systems were in place to ensure these records were completed accurately and reviewed regularly.
- People chose what they wanted to eat on a daily basis and were encouraged in healthy options.

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

- Staff worked with other services to ensure people received care which met their changing needs. For example, one professional told us how, with working together with staff, they were able to support a person who exhibited behaviours that challenged. This led to positive outcomes for the person.
- Staff were aware of people's individual healthcare needs and we were able to see how needs were met through the provision of care, support and activities.

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

- The house was a terraced house that fitted in with the local neighbourhood and was in keeping with the principle of supporting people to live ordinary lifestyles in their local community.
- People living in the house had their own personal space. There were communal areas where people could socialise.
- Some areas of the house were in need of redecoration, however, the registered manager was able to show us the plans they had in place for this.

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.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support and people were supported wherever possible to make their own decisions.
- We saw best interest meetings had been held when decisions about the persons care needed to be made. These involved health and social care professionals as well as the family or friends of the person.

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 were comfortable in the presence of staff and it was obvious that staff knew people well.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- The provider had a policy in place for equality and diversity. Staff understood the importance of supporting people around areas such as sexuality.
- Relatives we spoke with told us that people living in the home were treated well by staff and were involved in decisions about their care. We were told "As far as the care is concerned it's been brilliant" and "We have lots of meetings about it (persons support)".

Supporting people to express their views and be involved in making decisions about their care

- We observed examples of people being encouraged to make choices for themselves about what they wanted to eat and how to spend their time. We saw that some people had made very clear decisions about how they chose to spend their day and their choices were respected.
- People had individual meetings where they were asked their opinions on aspects of the home. The provider had a service user guide in place that was available in different formats, so people were able to make their own decisions about their support.
- Support records showed regular reviews with people about the they received to ensure it was in line with their personal preferences. Where appropriate, families were involved and were told about any changes in the person's care.
- People's support plans outlined people's communication for instance 'what I say and what I mean'. This meant staff were able to ask people their wishes and could understand their responses.

Respecting and promoting people's privacy, dignity and independence

- Records regarding people's care and treatment were stored securely. This respected people's rights to confidentiality.
- Relatives told us that staff encouraged people to be as independent as they could be, and records reflected this.

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

- Support records contained information about how people were offered choice in their daily lives which included how they received personalised support, and how they wanted to spend their time.
- The registered manager and staff knew the people they supported well. Support plans included how best to approach people and how to support people if they became agitated or upset.
- We were told by a professional how they had attended a review of a person's support and found that it, "Was clearly taken from a personal centred perspective and identified aspirations, goals for my service user."
- Relatives we spoke with also said that the needs and preferences of people living in the home were being met.

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.

- We saw evidence of how daily routines were in pictorial forms on their wall to reduce the person's anxiety and how staff had a good understanding of people's communication needs, which were set out clearly in their care plans.
- The provider was able to make sure information was available in different ways for the benefit of the people living in the home. Examples of this included the service user guide, which was available in different formats for people with different communication needs, and an easy read document regarding DoLS was available in people's support plans.

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

- The registered manager and staff were in regular contact with relatives where appropriate. Staff had built a positive relationship with people important to the people using the service. For example, staff supported a person to remain in contact with their family.
- Care plans contained details of people's interests and activities were planned based on this. Staff knew people's personal histories as well as their likes and dislikes.

Improving care quality in response to complaints or concerns

- Relatives told us that they would not hesitate to raise a complaint.
- Complaints were logged, investigated and used as a learning tool for the benefit of the people living in the

home.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- The registered manager told us how they would support people's wishes and we were provided with the provider's end of life policy.

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 frequently met with people and their families. This helped them maintain a good overview of the service.
- We observed the person-centred culture of the service in the way the registered manager and staff spoke about their work and the people and families they worked with.
- Professional feedback included instances of how staff and registered manager had achieved good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood the duty of candour. They adopted an open and honest approach when things went wrong or did not go as planned. They were very responsive to our feedback during inspection, and sent evidence of actions following the inspection.
- The registered manager was also registered as a manager for other services owned by the provider and had a good understanding of their role. This included legal requirements such as notifying CQC of significant incidents.
- Learning was shared with staff through supervision or meetings.
- Through inspection it was identified that there was an issue with one aspect of the reviewing of support documentation. This was brought to the registered managers attention who immediately actioned it. This information was also used as a valuable learning tool.

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

- Staff had regular supervisions with their line managers, which helped them understand what was expected of them and how they were performing. The induction process for new staff was robust and set clear expectations regarding their job role.
- The registered manager and provider completed regular safety and quality audits to maintain performance and drive improvements. This included medication, staff and service user monitoring information.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the

providers website and in the office at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider invited people to share their views about the quality of the service and any areas where improvement could be made through regular quality questionnaires. These contained positive feedback and no suggestions to improve the service had been made.
- Regular, open communication with people's health, social care and education professionals was central to the way the service supported people.