

## Autism Initiatives (UK)

# Salisbury Terrace

### 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

The inspection took place on 27 September 2017 and was announced.

Salisbury Terrace is registered to provide accommodation for up to three people who have a learning disability and autism who need support with their personal care. On the day of our inspection there were three people living at the service. The accommodation is provided over three floors of a large terraced house in a residential area in the outskirts of Liverpool. Access to the building and upper floors are by way of stairs.

At the last inspection on 2 July 2015 the service was rated Good. At this inspection we found the service remained Good.

The service had a relaxed and homely feel and people could move freely around the service as they chose. People were supported to have maximum choice and control over their lives and participate in activities they enjoyed.

People's individual needs had been assessed and used to develop support plans. These provided staff with guidance about the care and support people needed and how they wanted this to be provided. People were consulted about their care to ensure wishes and preferences were met. People received their medicine safely and were supported to access the support of health care professionals when needed.

People received a varied and nutritional diet that met their preferences and were also supported to eat out at their choice of restaurants and cafes.

People were supported by a consistent staff team who knew them well. Staff had been recruited safely and had the skills and experience to meet people's needs and provide effective care. People were protected from the risk of abuse because staff understood how to identify and report it.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

The management team were approachable and professional and staff felt any concerns would be taken seriously and acted on. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

Further information is in the detailed findings below.

## 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

# Salisbury Terrace

## 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 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 inspection took place on 27 September 2017 and was announced. This was to ensure that people and staff were available to speak with us on the day. The inspection team consisted of one adult social care inspector.

We previously carried out a comprehensive inspection at Salisbury Terrace on 2 July 2015 and no concerns were identified.

Before the inspection we looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about by law.

During the inspection we spoke with the registered manager and two care staff. As people were not able to give us their views of the service, we spent time observing how people were cared for and their interactions with staff in order to understand their experience.

We spent time looking at records, including three people's care records, two staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Following the visit to the service we received written feedback from a social care professional involved in one person's care. The registered manager also sent us further information relating to staff recruitment, health and safety, staff training and copies of staff meeting minutes.

# Is the service safe?

## Our findings

People remained protected from the risk of abuse because staff understood how to identify and report safeguarding concerns. Staff had received training in keeping people safe from abuse and had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on.

Staff were recruited through an effective recruitment process that ensured they were safe to work with people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. Proof of identity, employment references and employment histories had also been obtained.

There was enough skilled and experienced staff to ensure people were safe and cared for. Staff rotas showed staffing levels were consistent over time and maintained by permanent staff.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's support plan and then shared with staff at handover and at staff meetings. Therefore staff were promptly told about any changes to a person's individual needs.

Care was provided in the least restrictive way possible. The registered manager explained that some people could become verbally aggressive when anxious. They told us when this happened staff used techniques they had been trained to use to support people to become calm and de-escalate the situation. For one person they supported the person to do breathing exercises which helped them to relax and become calm. Although staff were trained in using physical intervention techniques the registered manager told they had never used them and would only do so as a last resort.

People received their medicines safely. Staff told us and records confirmed they were trained in the administration of medicines. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Medicines were stored appropriately and securely and in line with legal requirements.

Robust risk assessments were in place which identified risks and detailed the measures to minimise harm whilst empowering people to undertake an activity. For example, to reduce the risk of one person walking out into the road, they needed staff supervision when out. Another person needed supervision when using cooking equipment.

There was a business continuity plan which instructed staff on what to do in the events, such as a loss of

power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal evacuation plan. Regular health and safety checks were completed including testing of fire safety equipment. A social care professional involved in one person's care told us they had no concerns about the safety of the service.

## Is the service effective?

### Our findings

People were supported by staff who had competencies and skills they needed to meet peoples assessed needs. When new staff commenced employment they underwent an induction to the service which included the completion of training the provider considered essential for their role. All staff undertook shadowing with an experienced member of staff before working unsupervised. One member of staff told us, "I enjoyed the induction, it was very useful. It helped me to be one step ahead. I really liked the shadowing; I got to know how people like things done". The training plan demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control, health and safety and the use of physical intervention.

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs.

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 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 checked whether the provider was still working within the principles of the MCA. Applications for DoLS had been made in respect for each person living at the service to the local authority in line with the MCA but had yet to be processed by the local authority. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions and records showed they had received training in this area.

People continued to receive support to maintain good health. Each person had a health action plan that provided clear information about their current health, how they communicated and the support they needed. The provider had their own healthcare support team which provided staff with advice and guidance on providing people with the right support. This team included a speech and language therapist, nurse and autism specialist. Records showed that people had been supported to see health care professionals when needed and that staff had supported people to follow any health care advice they had been given. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided. We saw staff were monitoring the effect of the reduction of one person's medicine as advised by a psychologist with a view to minimising the tiredness this person was experiencing.

A variety of nutritious food and drink was provided in line with people's preferences. We observed the evening meal being served and saw that it was an enjoyable and sociable occasion. People were also supported to eat out at cafes and restaurants of their choice or order take away meals to eat at the service.

## Is the service caring?

### Our findings

The service had an informal and homely feel. We saw that people looked happy and relaxed in the company of management, staff and each other. They were supported by a consistent staff team, many of whom had worked at the service for many years and they had formed strong bonds. Staff were aware of people's personal histories and of what was important to them.

Staff had a firm understanding of people's communication needs and were observed communicating effectively with people. A social care professional involved in one person's care wrote to us and provided the following feedback, 'The staff team have been settled for some time and seem to know and understand (Person's name) needs and methods of communication well. (Person's name) will not always directly ask for what they want / need and does require interpretation at times'. They also told us the person's room reflected their interests and preferences.

People were involved in decisions that affected their lives and their differences were respected. Staff adapted their approach to meet peoples' individual needs and preferences. For example, the registered manager explained one person found too much choice overwhelming and this caused them to feel anxious. To minimise the risk of this person experiencing anxiety, staff offered them limited choices. These choices were based on staff knowledge of the person's preferences and activities the person enjoyed. A member of staff explained how another person may need more encouragement and support if they were feeling in a low mood and that they adapted their approach accordingly.

People were encouraged to be independent, maintain their identity; wear clothes of their choice and choose how they spent their time. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us, "We support people to do everyday stuff that we take for granted. People get the right level of support to be independent. They have choices each day about going out, what they want to do what they want to wear and what they want to eat". Records and our observations supported this. We also observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished and one person told us they cleaned their own room. Staff told us, and records confirmed that people were also supported to maintain contact with their family and friends.

People were assisted in a sensitive and discreet way. Staff were observed supporting people gently and showing affection and kindness to people. For example we saw one staff member offer physical reassurance by putting their arm around a person who was feeling anxious and gently encouraging them to come and sit at the dining table for their evening meal.

People were supported to maintain their personal care and appearance. Support plans provided guidance to staff as to how much support people needed in relation to their personal care. One staff member told us "It's mainly vocal support people need. One person can shave themselves and the others need a little help. It's all in the support plans".



Peoples' privacy continued to be respected and consistently maintained. We observed staff did not enter people's rooms without the person's permission and information held about people was kept confidential. Records were stored in locked cupboards and on a password protected computer .

## Is the service responsive?

### Our findings

Support plans included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. They contained information on every aspect of people's lives including, personal care, activities of daily living, healthcare, communication, social interaction, and wellbeing. Each section of the support plan was relevant to the person and was reviewed by the person's key worker on a monthly basis.

In addition to monthly reviews of the support plans, each person also had an annual review of their care to which they could invite family members and their social worker. At these meetings people had the opportunity to set out their plans and aspirations for the coming year, for example to go on holiday. They also looked at what people had achieved the previous year, what had worked well and what they wanted to change. People set their own personal goals at reviews, for example one person had set a goal to use an exercise bike. The progress towards people achieving their personal goals was monitored on an on-going basis. This was to ensure that the right level of support was being provided to enable the person to achieve what they had set out to do. A social care professional involved in one person's care who had attended a review provided us with feedback and wrote '(Persons name) has lived at the service for 20 years and through reviewing historical information and plans in place in the home they have moved on considerably in this time. The home continues to gently try different activities with (person's name). They are also involved in the running of the home '.

The registered manager and staff worked in collaboration with external agencies and professionals involved in people's care to ensure the best outcomes for people. Detailed daily records were maintained of all the care and support delivered to people and included monitoring of some people's moods. This information was shared with relevant professionals and analysed in order to gain a better understanding of what the indicators were for people's high and low moods.

The registered manager and staff team were aware of and responded appropriately to people's different personality traits. For example one person found change of any type difficult. This person liked to know which staff were coming on duty and if this did not happen as planned it could cause them anxiety. Care was taken to ensure that any changes to the staff duty rota were minimised and in circumstances where changes were unavoidable the person was informed.

People had been living at the service for many years. However there were systems in place for the needs of anyone considering moving into the service to be assessed. This meant that people could be certain that their needs could be met before they made a decision about moving into the service.

Although no complaints had been received since the last inspection, there were processes in place for the recording, investigation and monitoring of complaints.

## Is the service well-led?

### Our findings

The service had 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.

The provider had a whistle blowing policy that staff were aware of and felt confident to use. Whistle blowing protects staff, that report certain types of wrong doing, from being treated unfairly or losing their job because they have spoken out or 'blown the whistle'. A member of staff told us that they found the registered manager approachable and supportive and that they felt confident to speak out or raise any issues they had. They commented they would "Go higher up the line" if they suspected the manager of wrong doing or if action wasn't taken to address any concerns they had raised.

Staff meetings were held on a monthly basis at which staff had the opportunity to discuss people's changing needs and the running of the service. We saw minutes of the meetings were maintained and made available to staff who had not attended the meetings. They detailed matters discussed at the meeting, actions that were needed to be taken and by whom.

Quality assurance audits were embedded to ensure a good level of quality was maintained. The results of which were analysed by the provider in order to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Roles and responsibilities of staff that worked at the service were clear. The registered manager received support from their line manager and attended meetings with other managers within the provider's organisation at which they could discuss practice issues and learn from each other. The provider's policies and procedures were up to date and regularly reviewed to ensure they were in accordance with current legislation and 'best practice'.

Staff were aware of, and worked in accordance with, the providers mission statement to meet the needs of people with autism. Management and staff worked in collaboration with health care professionals to ensure the best outcomes for the people. As a founder member of the Autism Alliance the provider was connected

with regional and national autism networks and strategy groups with whom they share best practice and work with to improve the lives of people with autism.