Autism Initiatives (UK)

Cumberland Gate

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 unannounced inspection took place on 16 September 2016.

Cumberland Gate is situated in the residential area of Netherton, Liverpool. The service is operated by Autism Initiatives and provides care and support to three adults who have a learning disability. The residential care home is located close to public transport links, leisure and shopping facilities.

There was a registered manager in place. 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 was last inspected on 25 October 2013. At this inspection we identified no concerns and found the service was meeting all standards we assessed.

At this comprehensive inspection visit carried out on 16 September 2016, we received positive feedback from relatives of people who lived at the home. Staff were described as kind, caring and committed. Observations of interactions between staff and people who lived at the home demonstrated people were happy and content.

On the day of the inspection visit, staff responded in a timely manner and people did not have to wait to have their needs met. We observed staff demonstrating patience with people and taking time to sit with them to offer companionship and comfort. People were given time to carry out tasks as a means to promote independence and were not rushed.

The staff turn-over at the home was low and people benefitted from having staff who knew them well. Communication with people was promoted through a total communication approach using photographs and symbols. This promoted autonomy for people who lived at the home.

Detailed person centred care plans were in place for people who lived at the home. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required. Consent was gained wherever appropriate.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when health needs changed. Documentation regarding health needs of each person was comprehensive and concise.

We saw evidence of multidisciplinary working to ensure people's dietary needs were addressed and managed in a safe way. Staff were knowledgeable of people's needs and we observed good practice

guidelines were consistently followed.

Staffing arrangements were personalised to fit around the needs of the people who lived at the home. People were supported to access community activities of their choosing.

Arrangements were in place to protect people from the risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Suitable recruitment procedures were in place. Staff were checked before employment was secured.

Suitable arrangements were in place for managing and administering medicines, however these were not always consistently followed. We have made a recommendation about this. Protocols for administering as and when medicines were in place and clearly detailed.

We saw evidence staff had been provided with relevant training to enable them to carry out their role. Staff told us they received supervisions and appraisals as a means for self-development. The registered manager had a training and development plan for all staff.

Staff had received training in The Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) We saw evidence these principles were put into practice when delivering care.

Systems were in place to monitor and manage risk. Risks were reviewed on a monthly basis and a record was kept to show reviews had taken place.

The service had implemented a range of quality assurance systems to monitor the quality and effectiveness of the service provided.

Staff were positive about the way the home was managed. Staff described the home as well-led.

There was a focus on partnership working with families. Staff and relatives all described the home as a good place to live.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was sometimes safe.

People who lived at the home told us they felt safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures in place.

Suitable arrangements were in place for management of medicines however these were not consistently followed. We have made a recommendation about this.

The registered manager ensured there were appropriate numbers of suitably trained staff on duty to meet the needs of people who lived at the home.

Is the service effective?

Good

The service was effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate. People at risk of malnourishment received appropriate support with diet and nutrition.

Staff had access to on-going training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good

Staff were caring.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion.

Relatives were positive about the staff who worked at the home.

Is the service responsive?

Good

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded appropriately when people's needs changed.

The service worked closely with people and their families to act on any concerns before they became a complaint.

The service ensured there was a wide range of social activities on offer for people who lived at the home.

Is the service well-led?

Good

The service was well led.

The registered manager had a good working relationship with the staff team. Staff, relatives and professionals all praised the skills of the registered manager.

Regular communication took place between the registered manager and staff as a means to improve service delivery.

Feedback on service delivery was received informally from relatives and people who lived at the home.

Cumberland Gate

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 visit took place on 16 September and because of the size of the service was announced. We gave the service 24 hours' notice as we needed to ensure someone would be in at the home. The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.
We contacted the local authority and we received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with four staff members at the home. This included the registered manager, the head of quality assurance and two staff who provided direct care.

Not everyone who lived at the home was able to speak with us due to their learning disabilities. We spoke with one person who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of people who lived at the home.

We spoke with two relatives to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files relating to two people who lived at the home and recruitment records belonging to two staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home in both communal and private areas to assess the environment to ensure it was conducive to meeting the needs of people who lived there.

Requires Improvement

Is the service safe?

Our findings

Relatives of people who lived at the home told us the service as safe. One relative said, "They work hard to keep my [relative] safe, they make sure everything is tip-top." Another relative said, "They know my [relative] well. They know how to keep them safe."

Observations made during the inspection demonstrated people who lived at the home were happy and content in the presence of staff and people looked comfortable in the environment. For example, we observed people smiling, laughing and joking in the presence of staff.

We looked at how medicines were managed by the service. People who lived at Cumberland Gate were unable to administer their own medicines but there was an emphasis on supporting people to be as involved as much as reasonably practicable with their medicines. We noted the medicines cabinet was split into three separate lockable compartments. This enabled people's medicines to be stored separately for each person. This reduced the risk of people being administered someone else's medicines. Each medicines compartment had a photograph of each person to show there medicines were stored in that compartment. Keys for each compartment had a photograph on them so they could be easily identifiable. Keys were locked away in a key cupboard when not in use. People who lived at the home were encouraged to come daily and open their own cabinets, (under supervision from staff) to take their medicines out. Staff would then administer the medicines. This showed the service was committed to promoting independence as much as possible.

Tablets which could be dispensed into blister packs were blister packed by the pharmacy ready for administration. Creams and liquids were in original bottles. During the inspection visit we noted one person's medicines had been taken from the box and stored within the cabinet. There were no labels on the bottle to show who the medicine belonged to and how much was to be administered. We raised these concerns with the registered manager immediately and they took immediate action to return the medicines to the pharmacy to be replaced with bottles with clear instructions. The registered manager then instructed staff to check all bottles when booking medicines in to the home. We recommend the registered manager consults with good practice guidelines and reviews processes for booking in and storing of medicines.

We were unable to observe any medicines being administered as part of the inspection visit as people did not require any medicines during the times of our visit. We looked at processes for handling and administering of medicines. Medicines audits took place when medicines were received. This allowed the service to ensure there were no errors in administering of medicines the month previous. A record was kept for each person to show when medicines had been given. This was double signed by staff to limit any errors from occurring.

We spoke with staff and they confirmed they were unable to administer medicines without completing training beforehand. Staff said they had to undertake regular competency checks to demonstrate they were suitably skilled to give medicines. The quality assurance manager confirmed there had been no medicines errors at the home in the past twelve months. They said people at the home benefitted from being

supported by staff who knew them well.

We looked at how risks were managed at the home to ensure people were kept safe. There was a variety of risk assessments to address and manage risk including risk assessments to manage behaviours which may challenge the service. Staff told us they routinely monitored risks and updated risk assessments after incidents had occurred or people's needs changed. We saw evidence in care records this occurred.

The service kept a central record of all accidents and incidents. This allowed the service to assess all accidents and incidents to look for emerging patterns. We noted one person had recently had a minor accident at the home. An accident report had been completed by staff in regards to the incident and the matter had been raised as an agenda item for the next team meeting. This showed us the service was committed to preventing further accidents and minimising harm to people.
We looked at how the service was staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. The registered manager said staffing levels were flexible and depended on the individual needs of people who lived at the home. On the day of the inspection visit we noted there were two staff on duty all day. This reduced to one staff later in the afternoon. We looked at rotas for staff over a four week period. The staff rota confirmed there were variable staff on duty during the day, with one staff on duty overnight.

We spoke with two relatives about staffing levels. They said they were happy with staffing levels and felt they were sufficient to meet people's needs. Relatives told us people were able to have fulfilled lives due to the flexibility of the staff rota.

During the inspection we observed staff having time to sit with people to discuss their welfare and carry out activities. Staff were not rushed carrying out their duties and responded to people in a timely manner.

Staff members told us staffing levels were sufficient. Due to the complex needs of people the service had a regular team of casual workers who covered shifts in the absence of permanent team. Staff said they were willing to provide additional cover whenever necessary. Agency staff were not used.

We looked at how safeguarding procedures were managed by the provider. We did this to ensure people were protected from any harm. Staff were able to describe the different forms of abuse and systems for reporting abuse. One staff member said, "I would go straight to my line manager if I had any concerns. I would take it further if they didn't respond."

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed records relating to the two most recently employed staff. Records showed full employment checks had been carried out prior to staff commencing work. Two references were sought for each person, one of which was from their previous employer. This allowed the service to check people's suitability, knowledge and skills required for the role. Written references were followed up verbally to check the validity of each reference.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. We noted DBS checks were in place for all new starters. A staff member who had recently been recruited confirmed they were subject to all checks prior to commencing work.

As part of the inspection process we looked around the home and found it was clean and tidy. Window

restrictors were fitted to all windows. We spoke with the registered manager about Health and Safety Guidance 'Falls from Height in Care Homes.' The registered manager was unaware of this guidance but agreed to refer to this. Following the inspection visit we received confirmation from the registered manager they had consulted with the guidance and had improved health and safety audits to incorporate a check to ensure window restrictors were robust and in a good state of repair.

We checked the water temperature in several bedrooms and one bathroom. We found the initial water temperature was comfortable to touch. We looked at audits of water temperatures that were documented on a weekly basis. We noted the kitchen sink temperature was consistently recorded at above 44c. This was above the recommended water temperature for care homes to minimise the risk of scalding. The registered manager said there was no thermostatic valve on this tap as it was for washing pots. They confirmed this was risk assessed and people who lived at the home did not have access to this hot water.

Equipment used was appropriately serviced and in order. Fire alarms and equipment had been serviced within the past twelve months. We saw documentation to evidence a gas safety check had been carried out.

During a walk around the home we identified some maintenance issues which had not been identified and addressed. Staff working at the home were responsible for carrying out environmental health and safety checks on a weekly basis. Although weekly audits took place we identified a concern in regards to fire safety at the home. We noted new carpets had been fitted in the home. The new carpet prevented fire door automatic closures from working. We found two fire doors were wedged open. A member of staff said one person's door was intentionally open as they did not like their door closed at night time. Although this was the person's preference this had not been risk assessed and alternative solutions to keep the person safe had not been sought. Following the inspection visit we received confirmation action was being taken to ensure the fire doors were fully operational in the event of a fire.

We recommend the registered provider consults with good practice guidelines and reviews health and safety auditing systems within the home.

Good

Is the service effective?

Our findings

Relatives we spoke with praised the efficiency of the staff and the ways in which they supported the people who lived at the home. Feedback included, "The staff [at Cumberland Gate] have made a lot of progress with my [relative.]" And, "I have definitely seen a difference in my [relative] since they have been cared for by the staff at Cumberland Gate."

Relatives told us they did not have to worry about care provided. One relative said, "They are exceptionally good at managing people's health. They don't leave things to chance." Another relative told us because staff knew the people well they were vigilant and noted when people's health needs changed. We were told a staff member had been out walking with a person who lived at the home and they noticed a change in the way the person was walking. The person was unconfident walking alone and required assistance. The staff member made the person an appointment at the opticians. It was identified this person had a serious eye condition and required treatment at the hospital. The relative told us because of the vigilance of staff the person was treated quickly and there was no further damage to the person's eye sight. Relatives said they were consulted with and involved when there were changes to their relative's health. One relative said, "They keep in touch with me and tell me everything I need to know."

We looked at care records relating to two people who lived at the home. We noted there was clear documentation which detailed all health professional involvement and outcomes of meetings with health professionals. People who lived at the home had regular appointments with health professionals including GP's, dentists and opticians. Individual care records showed health care needs were monitored and action was taken to ensure good health was maintained. The service had considered good practice guidelines when managing people's health needs. For example, we saw each person had a health action plan in place.

Staff told us they were encouraged to be proactive in managing people's health. They told us they had a responsibility to update care records whenever they noticed a change in people's health needs. One member of staff told us they supported a person with a change in health need. The staff member told us they supported the person to attend a support group specifically for people with the medical condition. They spoke with a qualified nurse and researched the medical condition and supported the person to draw up some guidelines for all staff to follow. The staff member said, "Since we have had the guidelines they have been marvellous." This showed us staff were committed to ensuring the person's health condition was suitably managed.

We looked at how people's nutritional needs were met. We saw evidence people's nutritional needs were addressed and managed appropriately. On the day of the inspection visit two people who lived at the home went out shopping for food. Both people had their own individual list of foods they wished to purchase. Staff told us because of differing needs people ate different meals and meals were cooked on an individual basis. One person had their own fridge so they could store their own food separately. This promoted independence as the person could choose freely from their own foods and prevented the person from receiving food which would not be beneficial to them. We noted staff had put together an information file on the person's health condition and dietary needs. This was stored in the kitchen. Staff had supported the

person to purchase a book which provided guidance as to what foods were suitable for managing the health condition. Because this person was at risk of malnutrition staff told us they weighed the person weekly to monitor any changes in weight.

We observed meals being served at lunchtime. People were encouraged be involved in selecting their own meals. People were offered choice as to what they wanted to eat. We observed one person was involved in making of their own lunch.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care records demonstrated the service had a good understanding of the principles and the way in which the service was to be delivered. People were encouraged to make decisions in areas in which they had capacity. Decision making was supported by the use of pictures and cues to promote each person's involvement.

When people did not have capacity best interest meetings were held with family and professionals to discuss the most appropriate decision for that person. For example, we noted one best interests meeting was held to discuss whether or not purchasing a large piece of equipment using the persons finances would be in the best interests of the person.

We noted from individual care records people who lived at the home had a number of restrictions placed upon their liberty to maintain their safety. We spoke with the registered manager about the Deprivation of Liberty Standards. (DoLs.) One application had been approved and they were routinely chasing progress of the other applications.

Although one application had been approved, we found there was no reference to this within the person's care plan. We recommended the registered manager reviewed the care plan and ensured there was reference to the DoLS authorisation within the care documentation. Following the inspection visit we received written confirmation from the registered manager this had now been completed.

We saw feedback had been provided to the home from a DoLS assessor who had visited the home to discuss a DoLS application for one person. The assessor had praised the way in which the service created a home that was as least restrictive as possible.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. Relatives we spoke with considered staff to be well trained. Feedback included, "They are on the ball with everything. And, "Staff are well trained and professional."

Staff told us they were provided with training on a regular basis. They said they were happy with the training offered by the service and were confident they had the necessary skills to provide effective and safe care.

We looked at staff training. Each staff member had a personal training and development plan which detailed their completed training and training needs. Staff training was overseen by a learning and development centre within Autism Initiatives. We noted a variety of training was provided to staff including safeguarding of vulnerable adults, moving and handling, first aid and medicines awareness. Staff told us training was provided both in house by staff employed by Autism Initiatives and externally from other training providers.

The quality assurance manager told Autism Initiatives employed specific staff with specialised knowledge. For example, they employed a qualified nurse who could provide training for medical conditions. They also had a team who had been externally accredited to provide support around positive behavioural support and physical intervention. The quality assurance manager said having these skills in house allowed staff to have access to training in a timely manner.

The quality assurance manager told us there was a structured induction process in place. Newly employed staff participated in a core skills week and then shadowed more senior members of staff for two weeks. Staff were expected to reflect on their practice and complete an induction booklet. Progress was reviewed on-going with a formal meeting after three months to discuss development. We saw evidence that induction training had taken place for a new member of staff.

We spoke with a member of staff who was recently employed to work at the home. They told us they worked alongside other members of staff at the start of their employment until they felt comfortable in the role. They said management were very supportive of them during the induction period and they had regular communication with their line manager.

We spoke to staff about supervision. Supervision is a one to one meeting between a manager and staff member. One to one meetings are a means to discuss staff progress and conduct and discuss any concerns. Records showed staff received regular supervisions. Staff confirmed this was the case. Staff said they could discuss any concerns they may have in between supervisions.

We looked at staff files and noted appraisals had taken place for all staff who had worked at the home for twelve months or more.

Good

Is the service caring?

Our findings

One person who lived at the home told us staff were caring. They said, "The staff are nice."

Relatives praised staff attitudes and behaviours. Feedback included, "The carers are great. So kind and caring." And, "They have an amazing outlook. They are great at anticipating their [people who live at the home] needs." And, "Staff are committed. They put their heart and soul into their work."

Staff were positive about the working environment and the relationships they had formed with the people who lived at the home. One staff member said, "I love my job. I love coming to work. The service users make it. I am putting something in and making a difference every day."

Observations made during the inspection demonstrated staff were caring and patient. For example, we noted in one person's care plan the person enjoyed playing with Lego. They would become anxious when carrying out the activity however when items they had created broke. We observed staff interacting with the person when they became anxious. Staff responded in a gentle and non-threatening manner and enabled the person to be comfortable and relaxed.

Care was provided in a responsive personalised way. We observed staff engaging with people when people were displaying signs of requiring support. We observed staff gently interjecting when they noticed one person was becoming anxious. The person responded positively when staff interacted with them.

Care was delivered according to people's needs and preferences. On the day of the inspection visit we noted one person's care plan said they liked to go out on this day and go shopping. We observed staff taking the person out to go shopping. Throughout the visit we observed people being consulted with to have their preferred needs met.

There was a focus upon developing people's independence. Relatives told us people who lived at Cumberland Gate were encouraged to develop independence skills. One relative said, "They [staff] gently challenge in a positive way. I can definitely see a difference in my [relative]."

We saw evidence in care records of people attaining specific goals. For instance, one person was provided with support to enable them to control the television. It was documented in their care records when the person had acquired these skills and new goals were then set.

We observed general interactions between staff and people who lived at the home. Staff took time to sit with people and engage in conversation. Communication was light hearted and warm. There was a pleasant atmosphere at the home with one person teasing the staff, making jokes. This demonstrated the person felt comfortable in the presence of staff.

We observed positive interactions throughout the inspection between staff and people who lived at the home. Staff frequently checked the welfare of people to ensure they were comfortable and not in any need.

We observed staff 'popping in' to people's rooms to ensure they were happy.

We noted no restrictions on people's freedom. People were able to move freely in between rooms and in the garden area.

Staff respected people's rights to privacy. One person was observed sitting in a lounge on their own. Staff explained this person liked their own space. During the inspection we observed staff members respecting their privacy and observed staff asking permission to enter their personal space.

There was a focus on developing communication with people who could not verbally communicate. The registered manager said the home was a 'Total communication environment.' We noted from care plans and from signage around the home the service used pictures to enable people to think and communicate. We noted there was a photographic rota displayed on the wall which showed which staff were working and when.

Relatives spoke highly of the service provided and the caring nature of staff. One relative said, "I can't visit as much as I would like to. I feel very lucky they care for them." The relative described staff as committed and always willing to go the extra mile." They told us they had recently been on holiday with their relative and a member of staff. They spoke fondly of the time they shared together on the holiday and commended the staff member for asking them to join them. They said it was lovely being able to spend time with their relative without having the pressures of caring for them. They praised the staff member for generally going out of their way to make the welcome.

Good

Is the service responsive?

Our findings

With the support of staff one person who lived at the home told us they were assisted to carry out activities of their choosing.

Relatives told us people who lived at Cumberland Gate were supported to have active lives. One relative said, "My [relative] gets out and about. They do all sorts with them."

The registered manager told us people who lived at the home were supported to be active members of their community. They said there was a focus on community involvement. The registered manager said, "[Person who lived at the home] is well known by everyone in Asda." Staff told us they provided support to enable people to access community activities. One staff member said, "I love working Mondays. We go to the disco. People love it and it makes such a difference."

We looked at documentation relating to each person. People's interests were clearly detailed with the person's care plan. Records showed people received regular support to enable them to be active members of their community. We saw evidence of people attending discos, work placements and activities in the community including horse riding and attending the library. Staff maintained photographs of people carrying out activities which showed people enjoying the activities.

On the day of the inspection visit we noted one person had a countdown poster to their holiday. It showed how many days it was before the person was going on their holiday. The person marked off each day to show the holiday was getting nearer. Staff said this supported the person to have some understanding of time and when their holiday was going to take place. It also reduced their anxiety. This showed us staff had a good understanding of people's individual needs.

Staff had a good understanding of people's preferences and routines. We observed one person going to their bedroom as soon as they arrived home. The staff member explained the person liked to go upstairs as soon as they arrived home so they could put their slippers on. The person then came back downstairs looking relaxed in their slippers. This showed us that staff had a good understanding of each person and how they behaved in certain circumstances.

We looked at two care records relating to people who lived at the home. The registered manager had used person centred planning material to develop care plans for the two people. Each person had a "This is Me," document which detailed people's personal qualities and strengths and likes and preferences.

Care plans were detailed, up to date and addressed a number of areas including communication, health and wellbeing, medicines, nutrition, personal hygiene and safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relative's involvement wherever appropriate, within the care plan. Care plans were reviewed and updated regularly by the person's key worker. A key worker is a person who over see's the care and support of one person and acts as a link for communication between the family and staff team. One key worker said if they

had any concerns regarding a person's care they would communicate their concerns to the registered manager.

Daily notes were completed for each person in relation to care provided on each shift. Information shared within daily notes was fed back into the care plan and risk assessments at the review stage.

One relative praised the way in which staff understood people's needs and behaviours. They told us, "They just know what to expect of [relative.] They know them well."

We saw evidence people who lived at Cumberland Gate were regularly consulted with by staff. All discussions were documented in the person's care records. For example, we noted a staff member had spent time in July asking a person if they were happy with the service provided and sought feedback from them about what they wanted to do in future. We noted these conversations had then prompted a best interest's decision meeting to be held in regards to one of the persons expressed wishes. This showed us staff consulted with people, listened and took action following suggestions being made.

We noted the service had a developed an easy read complaints procedure for people which used photographs to aid communication. The complaints process also signposted people to advocacy groups if people required support to speak up.

The service had developed and facilitated a service user forum group where people who used Autism Initiatives service could go along and discuss any concerns they may have. The group met six weekly. We were told people who lived at Cumberland Gate did not attend these groups but there was opportunity for them to attend if they wished. This showed us the service was keen to develop an open culture where complaints could be raised.

Relatives we spoke with confirmed they had no complaints with the service. Feedback included, "I have never had to complain. It would never get to that point. Staff are always there to discuss things. They are more than approachable. We can discuss things and come to an agreement." And, "I have no concerns or complaints."

Good

Is the service well-led?

Our findings

The registered manager working at Cumberland Gate started work at the home in March 2016. Observations made during the inspection visit showed us that people who lived at the home were comfortable and happy in the presence of the registered manager.

We asked relatives and staff about the skills and knowledge of the registered manager. Relatives of people who lived at the home were happy with the progress made of the registered manager so far. One relative said, "I've not met them but they seem very nice and I have no worries."

Staff described the registered manager as, 'approachable,' and felt they were progressing well in the new role. Staff said if they had any concerns about the registered manager they would not be afraid to discuss these with the senior management team.

Staff we spoke with spoke highly of the team of staff who worked at the home and their commitment to providing a high quality service. One staff member described the staff team as a good team which was committed to supporting the people who lived at the home.

Communication between the team was good. Staff were communicated with on a daily basis through a handover process and through a communication book. The registered manager explained that one person who lived at the home became anxious when there were a lot of people in their home. This meant that handovers were difficult. In order to speed up handovers staff used a handover sheet which contained all the necessary information. Staff were aware of the importance of good communication as a means to develop effective care. One staff member said, "Communication is key."

Staff said they held regular team meetings to discuss important aspects of care and share ideas. We saw an agenda had been placed upon the wall in the staff room for the next team meeting. Staff were encouraged to add agenda items to discuss at the next team meeting. This showed us that staff were encouraged to be involved in decision making and an open culture was encouraged.

The service had a range of quality assurance systems in place. These included health and safety audits, medication, and staff training and as well as checks on care documentation. Audits were carried out by staff within the home, fellow peers from other services, the quality assurance manager and from the practice support team. Some audits took place through unannounced visits.
Findings from audits carried out by the senior management team were reported back to the registered manager and other members of the senior management so change could be implemented.

General audits carried out by staff on a routine basis were not always monitored by the registered manager. One of the tasks to be completed on a weekly basis included carrying out fire evacuation drills. When asked the registered manager was unable to locate documents to evidence these had been carried out. They told us they were confident staff had carried them out but wasn't sure where the information had been recorded and stored. Another staff member was tasked with the duty of carrying out health and safety audits. The

registered manager was unclear as to what tasks were fully entailed within the health and safety audit as they told us they did not complete these tasks. This demonstrated that the registered manager was not fully aware of all the auditing systems in place at the home. We recommend the service reviews communications between people who carry out audits to ensure the registered manager has up to date knowledge of all audits.

We saw evidence consultation took place with other people with an interest in the service. Relatives told us they were consulted with on an on-going basis. They were confident staff listened and acted professionally on any feedback provided.

The quality assurance manager told us staff were being consulted with for their views. Evidence from staff was being collected until the end of October 2016. Common themes identified so far within the consultation was positive and included praise for the training offered by Autism Initiatives and the ability to make a difference in people's lives.

The registered manager said they were supported within their role by a senior management team. They told us they attended manager's development days with other registered managers and senior managers. They said these meetings allowed senior management the opportunity to discuss newly introduced systems and processes and allowed information to be cascaded.