

Autism Initiatives (UK)

Riverside Close

Inspection report

8 Riverside Close
Bootle
Liverpool
Merseyside
L20 4QG

Tel: 01519442716
Website: www.autisminitiatives.org

Date of inspection visit:
20 September 2016

Date of publication:
02 November 2016

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 20 September 2016. The inspection was announced. This was because the service was a domiciliary care service and we needed to be sure that someone would be available so we could carry out our inspection.

Riverside Close is registered to provide accommodation for three people who require personal care. The service is provided by Autism Initiatives and the registered Landlord for the property is Riverside Housing Association. At the time of our inspection one person was using the service.

There was no 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 manager at the service was in the process of applying to become the registered manager and had issued their application form into the Care Quality Commission.

At the time of inspection the person who used the service self-medicated their own medicines. The person had a locked facility in their room to store the medicines. One medicine was stored in the managers office due to it not being able to be removed from its original packaging and placed in a compliance aid. We made a recommendation about this medicine.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

Risks to people arising from their health and support needs or the premises were assessed, and plans were in place to minimise them. Risk assessments were regularly reviewed to ensure they met people's current needs. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use.

Accidents and incidents were monitored each month to see if any trends were identified. The last incident had taken place in January 2016. The manager used reflective practice to learn from incidents that this had reduced them dramatically.

The registered provider followed safe recruitment practices. A number of recruitment checks were carried out before staff were employed to ensure they were suitable. The service had employed a new staff member who was due to start, once the person who used the service was settled with the new member of staff another member of staff was to be recruited.

Staff received training to ensure that they could appropriately support people, and the service used the Care Certificate as the framework for its training.

Staff received support through regular supervisions and appraisals. Staff felt confident to raise any issues or support needs they had at these.

Staff had completed a range of training that enabled them to meet people's assessed needs effectively. Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training and clearly understood the requirements of the Act which meant they were working within the law to support people who may lack capacity to make their own decisions. The manager and staff understood their responsibilities in relation to DoLS.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People told us they had a choice of food at the service, and that they enjoyed it.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs and other professionals.

From observations we saw staff knew the person really well and showed extreme patience.

Procedures were in place to support people to access advocacy services should the need arise.

Care was planned and delivered in way that responded to people's assessed needs. Plans contained detailed information on people's personal preferences. Care plans were regularly reviewed to ensure they met people's current needs. Care plans contained an 'All About Me' document, this provided key information about the person and what they like or dislike. The person who used the service also completed a daily report to say how their day had gone and what they had done.

People had access to a wide range of activities, which they enjoyed.

The service had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had.

Staff were able to describe the visions and values of the service, and felt supported by manager in delivering them.

The manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice.

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.

The person who used the service self-medicated their medicines in a safe manner.

Risks to people were assessed and minimised, and assessments were used to plan and deliver safe care.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The registered provider followed safe recruitment practices that centred around the person who used the service. Pre-employment checks were made to minimise the risk of inappropriate staff being employed.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure that they could appropriately support people, and were supported through supervisions and appraisals.

Staff understood and applied the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards to ensure that people's rights were protected.

People were supported to maintain a healthy diet, and had a wide range of choice.

The service worked with external professionals to support and maintain people's health.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated extreme patience and understanding.

Staff encouraged people to maintain their independence.

The service provided people with information on advocacy services.

Is the service responsive?

Good ●

The service was responsive.

Care planning and delivery responded to people's needs and preferences.

People had access to a wide range of activities, which were tailored to their needs and preferences.

The service had a clear complaints policy, no complaints had been received.

Is the service well-led?

Good ●

The service was well-led.

Staff were able to describe the visions and values of the service, and felt supported by the manager in delivering them.

The manager and registered provider carried out regular checks to monitor and improve the quality of the service, and were a visible and active presence at the service.

The manager understood their responsibilities in submitting notifications to the Commission.

Riverside Close

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 20 September 2016 and was announced. This was because the service was a domiciliary care service and we needed to be sure that someone would be available so we could carry out our inspection.

Riverside Close is registered to provide accommodation. The service was last inspected in 2013, and at that time was meeting the regulations we inspected. At the time of our inspection one person was using the service.

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was not asked to complete a provider information return [PIR]. 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.

During the inspection we spoke with one person who lived at the service and two relatives over the telephone. We also contacted a person who worked at a day service. We looked at one care plan and Medicine Administration Records (MARs) and handover sheets. We spoke with one member of staff, the manager and the area manager. We looked at three staff files, including recruitment records.

We also completed observations around the service, in communal areas.

Is the service safe?

Our findings

The person who used the service said they felt safe with the staff who worked at their home. They told us "I am safe and it makes me happy." A relative we spoke with said, "Yes they are safe there. Also being in Liverpool really suits [person's name] the people make him feel safe." And another relative said, "Yes [person's name] is absolutely safe."

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We could see from the records that previous safeguarding alerts had been raised and recorded appropriately.

Staff knew the person who used the service really well and would recognise a change in their behaviour or mood. Staff had completed safeguarding training and were knowledgeable about abuse and they signs they would look for if they suspected abuse was taking place. Staff were familiar with local procedures for raising concerns.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that individualised risk assessments were in place such as; risk assessment for contractors coming into the home and female staff. The person could become very anxious around females therefore only male staff worked at the service. There was also a risk assessment in place regarding dogs, the person became anxious if a dog approached them and the risk assessment documented how staff were to position themselves if a dog goes past when they are out walking. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

Checks of the building and equipment were carried out to minimise health and safety risks to people using the service and staff. We saw documentation and certificates which showed that relevant checks had been carried out on the electrical installation, gas services and portable electrical equipment. We saw that a fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure that these were in safe working order. Records showed that fire drills were held to ensure that staff and the person using the service knew how to respond in an emergency. The day before inspection the steam from the cooker had set the smoke alarms off. The person who used the service said, "This was noisy." The manager said the person coped with this really well which showed the fire drills had worked. A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may require support to leave the premises in the event of a fire. The PEEP needed to be more person centred on how to approach the person that used the service. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire. This showed us that contingencies were in place to keep people safe in the event of an emergency.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. Accidents and incidents had reduced dramatically over the last year and the last incident was in January 2016. The registered manager said, "[person's name] is now very settled." The report on accidents and incidents goes to head office each month and head office collate the results, if they see an increase in accidents and incidents they contact the service to ask for a reason if any and provide advice and guidance. The manager said they used Reflective Approach Prevented (RAP) which looked at what was observed, what proactive approaches were used, the action required and planning for the future. For example, the person who used the service did abscond and staff used reflective practice to learn to keep a calm approach, make the person realise they were safer at the service and talk to them about what they wanted to do. The manager said, "Using this approach the person has not absconded for 18 months."

During the inspection we looked at how new staff were employed and this showed us that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also minimised the risk of unsuitable people from working with children and vulnerable adults. The manager said they employed new people in consultation with the person who used the service, such as what type of person they would like, which was a calm quiet person who does not ask too many questions. The service had recently employed a new member of staff who had worked shadow shifts to observe staff and the person. The service wanted to employ one more member of staff but said they would wait until the first new member was settled before introducing another new staff member to the person who used the service.

The person who used the service self-medicated their medicines. The medicines were provided in blister packs and stored in a locked cupboard in the person's own room. There was one medicine that came in original packaging; this medicine was stored in a locked cupboard in the manager's office. The person who used the service kept to a strict routine when taking their medication which was their choice. The person would take their medicines and then the person would sign the medication administration record (MAR) themselves to say they had taken their medicines. A MAR is a record of medicines a person had been prescribed and where a record was made when they had been administered. The person would sign the MAR and leave it for a member of staff to see or sign the MAR in front of a member of staff. We did see that staff were signing for the boxed medicine, the staff were preparing this medicine but the person would take this into their room to take. The manager agreed that the person should sign for this medicine also. This was discussed with the person and they agreed to sign. The manager was planning to update the risk assessment to reflect this. The service completed a medicine audit weekly and checked the blister packs each Monday.

Is the service effective?

Our findings

During this inspection there was one person using the service and we found the staff were trained, skilled and experienced to meet the person's needs. Staff we spoke with said they were supported to develop their skills and knowledge. One staff member said, "We get lots of training."

Staff had received training in mandatory subjects such as food hygiene, fire safety and infection control. Staff had also received training in autism awareness and positive behaviour support. Some training such as safeguarding was due an update and MCA and DoLS training had not taken place. The manager said, now they have a new member of staff which will free up existing staff to attend training.

For any new employees, their 12 week induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. The manager said, "This is so they can see how we approach [person who used the service's name], how we interact, the routines and support needed." New staff were supervised during induction to make sure standards were kept. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. The induction training provided to new starters was the care certificate and this is based on standards set by the Health education England called 'skills for care'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

Staff were supported through supervisions every four to six weeks. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records confirmed that supervisions were used to discuss knowledge, autism practices, training and any support needs the member of staff had. One member of staff told us, "Supervisions highlight what we need to improve; they are useful and keep me on my toes." We saw no evidence of appraisals taking place. The manager said they would arrange these straight away.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection the person using the service had application for DoLS authorisation pending. The manager was and had been chasing this application up. Staff had a working knowledge of the principles of the MCA.

During inspection we observed consent was sought throughout the day for example, the manager asked for

consent to show the medicines to the inspector. We saw evidence of consent in care plans. One staff member said, "[Person who used the service] writes down what they want and we sign it, some consent is verbal first but they always like to write it down afterwards."

The person who used the service chose the food they liked to eat. The person enjoyed eating healthy food, such as salads, sweet potatoes and pasta. Food the staff had prepared was photographed and put on the kitchen wall, this supported the person to choose meals they liked for their evening meal. One staff member said, "[person who used the service's name] writes a list of what they want from the shops, they choose their meals and we only buy fresh food." The person who used the service said they enjoyed the food and "I am having salmon tonight."

One staff member we spoke with said, "Once a month [person who used the services name] has a Chinese takeaway, they really look forward to this."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as the GP.

Is the service caring?

Our findings

The person who used the service said, "The staff are good." And "I am happy." A relative we spoke with said, "[Person's name] has been there half their life and is very happy." and "Everything seems to be going really well." Another relative said, "They [staff] are very good we have established a good rapport." and "I am absolutely happy with all the staff."

Through our observations throughout the day we could see staff knew the person really well and demonstrated extreme patience. Staff interacted with the person in a positive, encouraging and professional way. Staff showed kindness and treated the person with respect. This was the person's home and staff appreciated that.

Staff were able to tell us about their life histories, interests and preferences. We saw all of these details were recorded in the personalised care plans.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role they told us; "We maintain [person's name's] privacy and never enter their room without permission, they are in charge, it is their room." and "Privacy is very important to [person's name] and everything is permission based, we would always knock on their door."

The person who used the service had a certain item that was very important to them. Staff were aware not to touch this item and gave constant reassurance that the person could take this item wherever they went as 'this item belonged to them.' Staff were also aware if the person was going out for the day, they needed time to prepare so they were ready in advance and sitting by the door, if this did not happen the person could become anxious.

We saw evidence in the person's care plan about how the person was supported to be independent. The person had been supported and encouraged to write their own shopping lists. The person wrote their own shopping list on the day of inspection and read what was on it. Staff we spoke with said, "[Person's name] makes their own decisions and has control over their own life, we make it as unrestrictive as possible." and "[Person's name] states what they want to do, if we ask them questions we provide time for them to process the question, they do all their own washing, chose what food they would like and what they want to do each day."

When we observed the person who used the service interacting with the staff supporting them. The atmosphere was relaxed and the staff were encouraging and spoke in a caring manner. We could see that the staff had a good rapport with the person using the service. Staff provided continuous reassurance and were aware of what could make the person anxious or upset. One staff member said, "We need to state what is going to happen in advance."

Nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences

are heard. Staff were able to tell us how they would arrange an advocate should one be needed, explaining this would be a process that would very much involve the person who used the service as they needed a particular type of person.

Is the service responsive?

Our findings

One relative we spoke with said, "They [staff] keep in touch and phone to discuss everything, any issues they discuss with me, it is a happy relationship between all of us."

We looked at the person's care plan, the plan contained guidance for staff to ensure people received the support they required consistently and in line with their preferences. People's care plans had been written in a person centred way and re-enforced the need to involve people in decisions about their care and to promote their independence. For example, the care plan stated 'provide [person's name] time to prepare if going out, this is important to them.' and '[person's name] makes their own decisions provide time for this.' The care plans we saw covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, medicines and personal safety and risk.

Care planning and delivery responded to people's needs and preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

We saw staff provided people with person-centred care. For example, staff knew how to interact with the person to reassure them, they knew what could make them anxious and how to converse in a way to remove or alleviate the anxieties.

Care records began with an 'All about me' section. This contained information about the person's life history and things that were important to them, such as particular events or family information. This allowed staff who had not supported the person before to familiarise themselves with that person's personal preferences.

The person who used the service was very much involved in their plan of care and this was reviewed monthly. Each month there was a 'Service user consultation,' during this consultation the person discussed their current goals, how things had been going, how the day service was, their leisure time and their health and wellbeing, what is important to you now, and future planning. We could see the main things documented were the person's need for consistent staff, the staff at the service now were to remain and it was important that their bedroom was clean.

The person who used the service would write their own daily notes which stated what they had done that day, what went well and what made me feel good. The person handed these to staff for them to look at and file away. The person usually waited till they had a few weeks' worth before handing them to staff. This was their decision.

Staff encouraged the person to engage in activities in their home and in the community. The person said, "I like watching my television, I like Emmerdale, Coronation Street and EastEnders." The person who used the service had done computer courses and gained qualifications in using 'Word.' The person liked to use the computer to source pictures of album covers, the Beatles and wildlife. One staff member said, "[Person's name] values nature and music, they look for pictures of birds but their top priority is their family; family is very important to them." and "[Person's name] values peace and quiet."

Staff explained when they go into the community they need to choose somewhere quiet as the person becomes anxious in crowds and loud places. One staff member said, "[Person's name] loves nature, wildlife and small insects so we often go to a park."

The person who used the service attended day services three times a week. On one of these days they went to a place called 'We grow,' here they provided horticultural experience and grow and sell vegetables. We spoke with a person from this service who said, "I manage a social enterprise called We Grow (we grow and sell local vegetables eggs, cheeses, we keep hens;), [Person's name] attends We Grow on a Thursday. I support [person's name] to participate in social enterprise activities. [Person's name] makes a very valuable contribution to the social enterprise, participating in a wide variety of activities, maintaining and developing their skills and enjoying interaction with staff, other service users and the general public who visit the farm shop."

On the days the person was not attending day services they decided what they wanted to do but the most important thing was to have a lie in.

Staff we spoke with said, "[Person's name] loves doing office work and often helps out in the office at the day service, they love laminating and binding and do this with their pictures. This is really important to them." Another staff member said, "[Person's name] likes going for pub lunches or to a farm to see nature."

We asked relatives if they had ever had to complain and if they knew how to complain. Relatives we spoke with all knew how to complain but had never had to. One relative said, "No never had any complaints."

The service had a complaints policy and procedure which detailed timescales for acknowledgement and investigation. It also provided information of who to escalate complaints to should the person remain unsatisfied following an internal investigation. The procedure was on display in the service. The service had not received any complaints.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a manager who was going through the registration process with CQC. A registered manager is a person who has registered with CQC to manage the service

The manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements. The manager explained how safeguarding, complaints, human resources, accidents and incidents reports were monitored by the head office

The manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The manager carried out daily, weekly and monthly checks of areas including medication, health and safety, staffing levels and safeguarding. The manager also put a monthly report into head office that covered the four of the five Key Lines of Enquiry (KLOES) which were safe, effective, responsive and well led. For safe they [the manager] reported on health and safety, medicines, safeguarding and accident and incidents, for effective they reported on training and vacancies, for responsive they reported on activities and for well led they reported on audits and meetings.

Staff we spoke with were aware of the services visions and values. One staff member said, "Our visions and values are to promote independence and choice through learning about the person, we also value the person first their autism last."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals.

Staff meetings took place informally at the time of the inspection as there were only two permanent members of staff. Communication between the staff took place regularly but was not always documented. The manager said they were aware of the need to document all discussions and now new members of staff have been employed this would be done. The meetings we saw that were documented showed they discussed the person who used the service, training, anything that needed doing such as gardening, meal selections and policies.

The staff member we spoke with said they were aware of everything that goes on in the service and the communication was very good. We asked the staff member if they felt supported by the manager. They said, "They [the manager] are very accommodating, they are always there and they look out for me. If I am stressed or have an emergency they will help and swap shifts etc." And "He is a very relaxed manager, and will help out with anything." They also said, "[Managers name] has put a lot of good things in place. [Person

who used the service's name] used to have a lot of incidents before but not now, the manager has promoted a calmness."

A relative we spoke with said, "[Managers name] seems to be doing a very good job." Another relative said, "The manager is very good and a very kind person."

Staff we spoke with said they really enjoyed working at the service and nothing could be improved. One staff member said, "The good thing about working here is [person who used the service's name] they are great and they make me laugh."

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. 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 manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked the manager how they kept up to date with changes in legislation and guidance on best practice. They told us they attended a monthly management forum where new guidelines are discussed.