

Autism Initiatives (UK)

Gladstone Road

Inspection report

29 Gladstone Road
Seaforth
Liverpool
Merseyside
L21 1DG

Tel: 01519491972
Website: www.autisminitiatives.org

Date of inspection visit:
10 May 2018

Date of publication:
08 June 2018

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

Gladstone Road is a residential care home for two people with a diagnosis of autism and learning disabilities. The home is situated in the residential area of Seaforth. The home is located close to public transport links and leisure and shopping facilities.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service met all relevant fundamental standards.

Relatives we spoke with told us that they felt their family members were safe at the home and that staff took care of their needs. We saw through people's body language that people were comfortable with the staff.

There were robust measures in place to ensure people were safe. Risk assessments were in place specific to their individual needs and any behaviour they may present. They included detailed guidance for staff so people could be supported appropriately. Staff had received training in safeguarding adults from abuse and knew what to do if they saw or suspected abuse.

There was sufficient staff on duty to meet people's needs. People required individualised staff support to access the community and take part in activities. Staff were consistently provided to enable them to do this. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

We found that staff had the skills, knowledge and experience to support people effectively and safely. Staff were supported by the manager and senior support workers through regular supervisions, annual appraisal and regular training. Staff meetings were held regularly.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum.

We found the home clean with no odours. The home was well maintained and in good decorative order. People's bedrooms were personalised. Regular checks and tests, such as gas, electricity, water safety, fire drills, weekly fire alarm tests and external checks of fire fighting equipment, were completed to maintain safety in the home.

People's needs were assessed and reviewed regularly to reflect people's current health and support needs. We saw that people were supported to achieve their outcomes. Appointments were made regularly for the GP, dentist and optician to help to maintain good health.

People were supported to eat and drink enough to maintain a balanced diet. We saw that people were encouraged to eat healthily and adopt an active lifestyle.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People made decisions and choices in relation to their care, support received and daily activities. Staff knew the people well and how they communicated their needs and choices, including their preferred daily routine.

The relatives we spoke with told us they felt that the staff were caring. People were supported to be as independent as possible. Staff spoke positively and with compassion about people's independence and their achievements.

Clear records of people's daily routines helped to ensure staff supported people according to their preference. The use of a 'visual planner' showed people's routines to provide reassurance and as a memory aid for what was planned for the day.

Visitors were free to come to the home and see their family member when they wanted, and there was space in the home for people to visit in comfort either in the person's room, or in the communal areas.

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes. We found they contained detailed information that enabled staff to meet people's needs. Support plans were completed to show the goals people wanted to achieve.

People in the home enjoyed a range of activities, with staff support. People accessed the community to enjoy amenities such as pub lunches, walks in the countryside, swimming and gardening.

There was a complaints policy in place but no complaints had been received since the last inspection in 2016. The policy was displayed in the home.

The registered provider had appointed a new manager to the home. They had submitted an application to the Commission to be the registered manager for Gladstone Road.

There was a person-centred and open culture in the home. Staff showed a commitment to provide support which achieved good outcomes for the people living in the home.

Quality assurance audits were completed by support staff and senior care staff which included, medication and health and safety.

There was a process completed annually where relatives had the opportunity to voice their opinions about the service. Staff and relatives were in regular contact by telephone, email and instant messaging to keep them updated.

The manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the home.

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.

Gladstone Road

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 was a comprehensive inspection which took place on 10 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day and the manager was not based at the location. We needed to be sure that they would be available.

Gladstone Road is situated in the residential area of Seaforth. The service is operated by Autism Initiatives and provides care and support for three people with a diagnosis of autism and learning disabilities. The home is located close to public transport links and leisure and shopping facilities.

The inspection team consisted of an adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

During the inspection we used a number of different methods to help us understand the experiences of people who lived at Gladstone Road. This was because the people who lived there communicated in different ways and we were not able to directly ask them their views about their experiences. We spent a short time observing the support provided to help us understand people's experiences of the service. Our observations showed people appeared relaxed and at ease with the staff. We spoke with two staff, including the manager. After the inspection we spoke with two relatives get their views about the service and received comments from a health care professional.

We spent time looking at records, including two care records (person centred plans), three staff files, medication administration record (MAR) sheets, staff training plans and other records relating to how the home was managed.

Is the service safe?

Our findings

Relatives we spoke with told us that they felt their family member was safe at the home and staff took care of their needs. We saw through people's body language that people were comfortable with the staff.

There were robust measures in place to ensure people were safe. Risk assessments were in place specific to their individual needs and any behaviour they may present. They included detailed guidance for staff so people could be supported appropriately. Records also contained charts for staff to complete that identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe. Staff spoken with told us they recognised certain signs when people in the home became agitated and were confident they could support people safely.

Risk assessments were completed for travelling in vehicles, personal care and any activities people took part in. Staff had received training in safeguarding adults from abuse and were able to tell us what they would do if they saw or suspected abuse.

Healthcare professionals were positive in their comments about the staff. They said they worked within the guidelines provided by professionals, to ensure care was delivered safely and in a coordinated manner.

There was sufficient staff on duty to meet people's needs. People required individualised staff support to access the community and take part in activities. Staff were provided to enable them to do this and keep safe. Staff vacancies were currently filled by using familiar agency staff until permanent staff were able to start work at the home.

We looked at how staff were recruited and the processes undertaken. We found copies of application forms and references and found that Disclosure and Barring (DBS) checks had been carried out at the start of a person's employment and every three years thereafter. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum.

We found the home clean with no odours. A cleaning rota was in place to maintain good standards of cleanliness. Control of Substances Hazardous to Health (COSHH) cupboards were kept locked when not in use. The home was well maintained and in good decorative order. People's bedrooms were personalised.

Measures were in place to ensure the environment was safe and suitable for the people who lived there. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone at the home, which were personalised to each person's needs.

Repairs to the building were reported to the landlord and attended to in a timely way. Regular checks and tests, such as gas, electricity, water safety, fire drills, weekly fire alarm tests and external checks of fire

fighting equipment, were completed to maintain safety in the home. We checked these certificates and saw that they were in date.

Is the service effective?

Our findings

Relatives we spoke with told us they felt the staff had the correct skills and knowledge to support their family member.

From the training plan we saw and from conversations we had with the staff at Gladstone Road we found they had the skills, knowledge and experience to support people effectively and safely. The provider had developed a system to help ensure staff received regular training and were given the time to complete it. We saw that all staff had attended training in subjects such as first aid, fire safety, food safety, safeguarding people with autism and medication. All staff were required to complete an induction which was aligned to principles of the Care Certificate. The Care Certificate is an agreed set of standards health and social care workers can adhere to as part of their role.

People's needs were assessed and reviewed regularly to reflect people's current health and support needs. We saw that people were supported to achieve their outcomes. For example, people had outcomes set to increase their independence when completing their morning bathing routines and in aspects of daily living like laundry and preparing breakfast.

People were supported to maintain healthy lives. Records and health action plans showed that people were supported to attend medical appointments and screening. Appointments were made regularly for the GP, dentist and optician to help to maintain good health.

Feedback from healthcare professionals described how the staff worked together to deliver effective care and support.

People were supported to eat and drink enough to maintain a balanced diet. We saw that people were encouraged to eat healthily and adopt an active lifestyle. This had resulted in some people achieving some weight loss thereby maintaining a healthy weight. Records were kept to evidence this.

Staff were supported by the manager and senior support workers through regular supervisions and an annual appraisal. Staff meetings were held regularly.

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 service was working within the principles of the MCA. Staff had received training to provide them with an understanding of the requirements of the Mental Capacity Act. The manager had made applications for DoLS to the local authority.

People were supported by staff who knew them well to make decisions regarding activities of daily living. People made decisions and choices in relation to their care, support received and daily activities. Staff knew the people in the home well and how they communicated their needs and choices, including their preferred

daily routine. This information was well documented to assist new staff.

The home was decorated and maintained to a good standard. People's bedrooms were decorated to individual taste.

Is the service caring?

Our findings

Relatives we spoke with told us they felt that the staff were caring. One person said, "The staff here look after [name of relative] well; there are no problems."

People living in the home were supported to be as independent as possible. Staff spoke positively and with compassion about people's independence and their achievements.

We saw that staff knew people and understood their different communication needs. Staff supported people to make decisions about their care, support and treatment as far as possible. Individual choices were made by staff using simple questions or by using photographs to make simple choices. Where this was not possible staff showed a good understanding of people's likes and dislikes. Clear records of people's daily routines helped to ensure staff supported people according to their preference. The use of a 'visual planner' showed people's routines and assured them what was taking place. For people who needed reassurance or confirmation as to which support staff were on duty at a particular time photographs were used to indicate this. Photographs were also taken of any visitors in the home to help reduce people's anxiety.

Independent advocacy was available for people who needed to make use of this facility. Family members were also communicated with frequently by staff, to keep them up to date and had involvement with their relative. People were supported by staff to keep in touch with their family members by telephone or with visits to their homes.

Visitors were free to come to the home and see their family member when they wanted, and there was space in the home for people to visit in comfort either in the person's room, or in the communal areas. Family members were kept informed of their relatives' welfare regularly by staff, by their preferred method of communication. For example, by email, telephone calls or instant messaging.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes. We found they contained detailed information that enabled staff to meet people's needs. 'About Me' documents had been completed and contained life histories, personal preferences and routines and detailed information in areas such as communication, indicators of engagement, positive behaviour and intervention. Support plans documented how staff should support people. This ensured staff worked in a consistent way.

Support plans were completed to show the goals people wanted to achieve. People's aspirations and any religious beliefs were also documented. The documents were regularly updated to reflect people's change in need or preference.

Health care professionals involved with some of the people living in the home spoke positively about the support given to people. They said the staff team provided a person centred approach to supporting people and were open to trying new approaches to the particular support required.

We saw people in the home enjoyed a range of activities, with staff support. People accessed the community to enjoy amenities such as pub lunches, walks in the countryside, swimming and gardening. A relative told us, "The team work hard to provide fresh ideas within the context of the routine and safe environment, that an autistic individual needs. They are fighting for [relative's] happiness and their hard-work shows itself in every facet."

Those people who were able to met with their key worker each month to discuss any changes they wanted to make to their weekly routine, meals, activities or anything new they wanted to try. These meetings were documented and any progress towards the changes were recorded.

Relatives we spoke with told us they had no complaints about the care provided but would not hesitate to raise any issues when they needed to do so. The provider had a complaints policy in place but no complaints had been received since the last inspection in 2016. The policy was displayed in the home.

There was no one receiving end of life care at the home. However we saw that there were documents which were in place at an organisational level, which would take into account the needs and wishes of people and their families. Some people had funeral plans in place which indicated their wishes or their relative's preferences.

Is the service well-led?

Our findings

At the time of the inspection the registered provider had appointed a new manager to the home. They had submitted an application to the Commission to be the registered manager for Gladstone Road. 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 was the registered manager for another home the registered provider had, which was located near to Gladstone Road. They told us that they spent two days a week at Gladstone Road. The manager was supported by two senior support workers. A senior support worker was available each day to support the staff team. A relative told us, "My impression of the staff team is one of sheer motivation and dedication. Their approach is professional, organised and reassuring."

There was a person-centred and open culture in the home. Staff showed a commitment to provide support which achieved good outcomes for the people living in the home. For example, supporting people to be independent with personal care and arranging for them to take part in activities they enjoyed.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. A number of audits were completed by support staff and senior care staff which included, medication and health and safety. The manager completed a report on all aspects of the service every month. For example, the number of accidents/incidents, the use of PRN (as required) medication, staff supervision, appraisal and training and the updating of care records.

There were policies and procedures in place for staff to follow, the staff were aware of these and their roles with regards to these policies.

People's care records and staff records were stored securely which meant people could be assured that their personal information remained confidential.

The service worked in partnership with other agencies, such as healthcare professionals in learning disability services and social work professionals from people's funding local authorities. We received positive comments from them to evidence this.

There was a process completed annually where relatives had the opportunity to voice their opinions about the service.

The manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the

home.