Autism Initiatives (UK)

Grassendale

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Grassendale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Grassendale is registered to provide accommodation for up to five people who require accommodation and support with their personal care. The home is located in Aigburth, Liverpool. At the time of our inspection four people lived at the home.

At the last inspection the service was rated good. At this inspection we found the service remained good.

We spoke with two relatives and a healthcare professional as part of the inspection. They told us the manager and the staff were kind, caring and compassionate. They said they went 'the extra mile' to ensure people were safe and well cared for. It was clear that they felt people's needs were met and that people were happy with the support they received. They had great confidence in the manager and the staff team in ensuring people received the support they needed.

People's care records contained clear and easy to understand information about people's needs and risks and how to support them effectively. Care plans were person centred with information about people's preferences, daily routines and what was important to them. For those people who were unable to express their needs and wishes verbally, staff had detailed information about the behaviours, gestures and body language they would display to communicate their needs or emotions. This was good practice and enabled staff to connect with the people they were supporting.

The atmosphere at the home was homely and relaxed. Staff spoken with knew people well and were able to tell us about the 'person' as well as the support they needed. They spoke about the people they cared for with genuine affection.

New staff were recruited safely and there was enough staff on duty each day to meet people's needs. The staff team had not changed much since our last inspection and this meant people received their support from staff who knew them well.

Staff had received training and support to do their job role and staff spoken with told us they felt supported. Everyone we spoke with said that the service was managed well and the relatives we spoke with told us nothing was too much trouble for the manager. It was clear they held the manager and the staff team in

high regard.

Medication was managed safely and people had access to a range of health and social care professionals in support of their needs. People had health passports in place which gave other health and social professionals clear information about their physical and emotional needs and the support they required.

People enjoyed a range of person centred activities and we saw that people's preferred activities were included in their day to day support plans and used in a positive way to reduce people's anxiety or distress. There were a range of effective mechanisms in place to monitor the quality and safety of the service. This gave the provider and management team a clear oversight of the service so that they had an informed view of the support provided to people who lived at the home.

During our visit, we had no concerns about people's care or the service itself. We found the home to be well-run. The manager was a visible and proactive role model for staff. They had an excellent knowledge of people's needs and led by example.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Grassendale

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 checked 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.

The inspection took place on 13 March 2018 and the provider was given 24 hours of the inspection. Grassendale is a small care home for younger adults who are often out during the day. We gave short advance notice of our visit, as we needed to be sure that someone would be in when we arrived to carry out the inspection. The inspection was carried out by an adult social care inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection in 2015. We also contacted the Local Authority for their feedback on the home.

We were unable to talk to people who lived at the home directly as they were unable to communicate verbally but we talked to two of their relatives about the care they received. During the inspection we with the registered manager, head of quality assurance and two staff members. We also spoke with a healthcare professional to gain their views on the service.

We looked at the communal areas that people shared in the home and visited a sample of their individual bedrooms. We looked at a range of records including two care records, medication records, staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

The relatives we spoke with told us they felt people were safe and happy at the home.

The manager and staff were able to tell us about people's individual needs and the support they required to keep them safe. People's care files contained information about their individual risks. For example, risks with regards to keeping people safe outside of the home, their health needs and any behaviour that may challenge. Staff had clear and detailed guidance on how to mitigate any risks.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they had concerns about a person's well-being. No safeguarding incidents had been reported by the service since our last inspection.

All of the people who lived at the home attended the provider's day services. We saw that the two services co-ordinated people's care well and worked in partnership with each other. For example where an accident or incident had occurred at the day centre, we saw that staff from Grassendale had followed this up with day centre staff to determine the cause of the accident or incident and any action taken. This was good practice.

People were supported by a consistent staff team, the majority of whom had worked at the home for some time. This promoted people's well-being as it meant that people's support was provided by staff who knew them well. Staffing levels were sufficient to enable staff to meet people's needs in a person centred way.

Two new members of staff had been recruited since our last inspection. We saw that appropriate pre-employment checks had been undertaken to ensure they were safe and suitable to work with vulnerable people prior to them working at the home.

Medicines were stored and managed safely. We checked a sample of people's medicines and found the amount of medication left in the medication cupboard was correct. Where people had 'as and when' required (PRN) medication, there were clear plans in place to advise staff how and when to administer this medication.

The home gas, electrics and fire safety arrangements were all safe and checked regularly. A Legionella risk assessment to identify and mitigate the risks of this bacteria developing in the home's water system was in place and showed the risk was minimal. Parts of the home were in need of refurbishment and a good clean. For example, one of the bathrooms required new bath panelling and redecoration. Some of the grouting in the walk in shower was mouldy and the majority of areas of that required 'overhead' cleaning such as window frames and ceiling light fixtures were very dusty. The home's oven also needed a deep clean.

We spoke with the manager and the head of quality assurance about this. They told us they would ensure a thorough clean of the home and the oven was undertaken. The manager told us that the home was rented accommodation and was due to be refurbished in June 2018 by the landlord. Shortly after the inspection,

we received an email from the manager with a copy of the home's refurbishment plan and its timescales for completion. This demonstrated appropriate action to address these issues was in progress.

Good

Is the service effective?

Our findings

We looked at two people's care records. We saw that they contained detailed information about people's needs including information about their physical health. People had health action plans and hospital passports in place. This documentation identified what medical needs people had, what was important to know about the person and how to support them in a person centred way. This enabled information to be shared with other healthcare professionals about the person's needs if they were admitted to hospital. This was good practice and ensured that healthcare professionals had accessible information about people's needs and care on admission.

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 saw that some people had a DoLs in place which had been renewed as and when required. We did not find evidence that people's capacity was always properly assessed with regards to this. We asked the manager about this. They told us people who had a DoLs in place had, had them in place for several years. We discussed the implementation of the Mental Capacity Act with the manager, and the importance of ensuring that when people's DoLS were reviewed that the person's capacity was also re-assessed as part of this process. The manager acknowledged this and told us that they had plans in place to provide training to staff to enable them to do this. The manager provided evidence of the training to be undertaken with the staff team.

We checked two people's care files for evidence that people's consent and involvement in their care was sought. Records showed that people's right to choose was actively promoted by the service. We saw that some people had their own method of communication and that staff had information on what the person may say or sign (by hand gestures) to show that they consented or did not consent to the support provided. It was clear from the records looked at, that staff knew people well and knew what words they would use or actions they would display to show they were happy, sad or anxious with any decision making on their behalf. This assured us that staff were aware of people's legal right to consent and supported this in the day to day delivery of care.

We looked at staff supervision, appraisal and training records. Records showed that staff had received regular supervision from their line manager and that an annual appraisal of staff skills and abilities also took place. One staff member we spoke with told us they felt well trained and supported in their job. Training records showed that staff had received adequate training to do their job role effectively.

Good

Is the service caring?

Our findings

Relatives told us that staff were kind, caring and went the extra mile to support people. They said the manager was never 'off duty" and always checked that people were settled and happy even when they were off on holiday. One relative said "(Name of manager) is wonderful". Another said the manager went "Above and beyond what could be expected" to make sure people were well cared for.

The manager told us that if people were unwell and had to go to hospital, staff often visited them in their own time to make sure they were okay. The relatives we spoke with confirmed this. One relative told us "The staff are fabulous". The other relative said staff were "Very good" and that when the person returned home for a short break, that the manager always checked on the person's welfare to ensure they were happy and settled. It was clear from our conversations with people's relatives that the manager and the staff team were very highly thought of and that the culture of the service was very caring towards the people who lived there. One relative said their loved one had "Come on leaps and bounds" whilst living at the home.

Most people had lived at the home for a number of years and staff knew them well. Staff we spoke with demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. Most of the people who lived at the home had difficulties communicating their wishes, feelings or needs verbally. We saw that staff had detailed information on the gestures or behaviours people would display when they were hungry, sad, happy or anxious or excited. This was good practice and enabled staff to anticipate people's needs so that person centred care could be provided. We saw that where people became distressed staff had clear person centred guidance on how to respect the person's wishes while at the same time ensuring their safety.

During our visit we observed this in practice. Prior to the person returning home from the day service, the manager had explained to us some of the hand gestures the person would use to communicate with staff. These hand gestures were specific to the person and on their arrival we observed the person use these hand gestures to communicate with staff. From what the manager had told us, we were able to understand that the person felt relaxed and comfortable on their return.

Other alternative methods of communication were also promoted. We saw that people had communication books that contained pictures and symbols of items. For example, pictures of cutlery, condiments, various food types to enable the person to communicate their needs and preferences at meal times. Other strategies were also used to motivate and prompt the person to undertake a task or to remind them of a sequence of events. For example, for one person simply placing the person's bag in a certain room helped the person to understand to go in. It was clear that various communication approaches were developed with each person individually to enable staff to connect with people and supporting them in a positive way.

We visited a sample of people's bedrooms and saw that they were personalised and homely. People's preferences in décor and decoration were evident and the things that they liked or treasured were visible.

This showed that the service cared that people felt at home and in control of their environment

People's care plans contained details of the things that were important to them, the activities that supported their emotional well-being and the social interests that they enjoyed. We saw that staff had clear guidance on the type of individual activities that would help reduced people's anxiety when they became distressed or that would respond to the person's sensory needs. These activities were actively planned into the person's day to day care so that there were various opportunities during the day for people to de-stress and relax.

We saw that one person became anxious in a certain situation. A specific support plan had been devised in consultation with other external professionals and staff at the home. This plan advised staff what steps to take prior to this certain situation occurring to reduce the person's anxiety levels before the situation presented. This included how to communicate with the person and detailed guidance on when to administer the person's 'as and when' required medication to reduce their anxiety. This helped ensure the person experienced the least distress as possible when this situation occurred.

We saw that people's ability to be independent was supported. We observed that one person's one to one support being provided in as unobtrusive way as possible so that it was not obvious that the person was being supervised at all times. We saw that people decided when they wanted to simply just sit quietly alone and that staff respected this.

A health care professional we spoke with told us that they "Absolutely loved" the staff team and "The way they support (Name of person). They do it so well". One of the relatives we spoke with said "You couldn't get any better care".

Good

Is the service responsive?

Our findings

Relatives we spoke with told us that staff responded to people's needs well and that changes in people's well-being were picked up immediately. One relative said "They notice every mortal thing".

We saw that everyone who lived at the home attended the provider's day services known as Kaleidoscope. Kaleidoscope gave people the opportunity to develop a range of skills and enjoy a selection of creative and outdoor activities of their choice with their peers and staff. For example, there were opportunities for people to participate in horticulture, trampolining, swimming, arts and crafts, information technology, photography and conservation.

We reviewed two people's care files and found that people's support plans were person centred and held information about people's likes and dislikes, life history and how to support them in the way they preferred. People's support plans covered all aspects of their physical and emotional health and were written in a way that was easy to understand. When reading them it was easy to gain an understanding of the person to be supported as people's care plans clearly reflected their personality. It was clear that people's wishes and aspirations had been considered and support plans were positive and aspirational.

The service operated under the 'positive behaviour support model" or PBS. PBS is an approach to reducing unwanted behaviours that may cause the person or other distress. The approach focuses on understanding the reasons for behaviour and considering the person's needs as a whole in order to devise a series of personalised methods to support the person. Staff had been trained in this approach and we saw that people's support plans were developed accordingly.

For instance, there was detailed information on what behaviours people would display in various situations and the possible reasons why the person may display these behaviours. This information helped staff to understand what people were trying to communicate. Staff had clear information on the triggers to people's behaviour and the body language or behaviour they would display not only when they were becoming distressed but also when their anxiety was reducing. This enabled staff to adapt their approach to ensure it responded to the person's changing emotions and anxiety levels. This was good practice and enabled the right level of support to be provided at the right time. This approach helped mitigate the risk of the person's behaviour escalating.

There was a complaints procedure in place. The procedure was in easy read format to help people who may struggle to read or understand how they could raise any concerns they may have. The head of quality assurance told us that the complaints procedure had been developed by a group of people who used the provider's services.

The relatives we spoke with had no complaints about the service and were overwhelmingly positive about all aspects of the care their loved one received. The head of quality assurance confirmed that no complaints had been received.

Good

Is the service well-led?

Our findings

We spoke with the Head of Quality Assurance about the quality assurance systems in place. They spoke in depth about how the service was monitored to ensure it was safe and of good quality. We were shown evidence of the comprehensive quality assurance checks in place. These checks included audits of people's care records, health and safety, the recording and analysis of safeguarding incidents and complaints. Unannounced visits to the service by other managers were also undertaken to assess and monitor the quality of the service.

The manager submitted data from each of these checks each month to the quality assurance team. Quarterly and monthly performance reports for the provider and the management team were then produced. This enabled the management team and the provider to have a clear oversight of the service and its performance. Where services required improvement, the head of quality assurance told us that this performance information was used to determine what extra support the service needed to help it improve.

The provider and the staff at Grassendale also recorded and monitored the use of restrictive practices. Restrictive practice is a term used to describe any intervention that may restrict a person's movement, liberty and/or freedom to act independently. For example, the use of physical restraint or the use of a deprivation of liberty safeguard to prevent a person from leaving the home independently. Sometimes restrictive practices are needed to keep people safe but they have to be used in a safe and legal way and should be used as a last resort. We saw that the use of restrictive practices was audited on a monthly basis by the provider to ensure they were safe and used in as least restrictive way as possible. This was good practice. It enabled the provider and manager of the service to pick up on any trends in the use of restrictive practice, to identify where the use of restrictive practice had been avoided and to identify where other strategies had worked.

During our visit, there was a positive, person centred culture within the service. Staff told us they felt supported and there were regular staff meetings as well as daily handovers that took place. This helped to ensure staff were up to date with any changes to the service or people's care. There was also a 'practice discussion forum' which enabled managers across the provider's service to meet to share best practice. We saw that the provider had achieved the standard Investors in People award in July 2016 for staff management.

The head of quality assurance told us that other professionals, staff, people who used the service and their relatives were asked for their views on the service on a regular basis through the use of a survey. The provider also ran a national group for people who used the provider's services to gain their feedback and suggestions on the services they were involved with.

During our visit we had no concerns about the service or people's care. The service was safe, effective, caring, responsive and well-led.