

Autism Initiatives (UK)

Lilford Court

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

About the service

Lilford Court is a residential care home providing personal care to up to 8 people. The service provides support to autistic people and people with a learning disability. At the time of our inspection there were 8 people using the service.

Lilford Court comprises of 2 semi-detached houses, each with its own large garden.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support: Lilford Court is located in a residential area, within easy reach of local shops and amenities. There were enough staff to meet people's care and support needs and support people to take part in activities of their choice. Staff were safely recruited and completed the training required to carry out their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff knew how people communicated their needs and choices.

Right Care: People's needs were assessed before moving to the service. Person-centred care records identified people's preferences, support needs and potential risks. Guidance was provided to manage these risks. People were supported to maintain their health and wellbeing. People received their medicines as prescribed. Some areas of the home were not always clean. The registered manager said they would address this.

Relatives were positive about the care and support provided. People received kind and compassionate care. Staff respected people's privacy and dignity. They understood and responded to people's individual needs.

Right Culture: People and their relatives were positive about living at Lilford Court. They were involved in agreeing and reviewing their care. Relatives said there was good communication with the home. Staff enjoyed working at Lilford Court and felt listened to by the registered manager. A quality assurance system was in place. Actions were completed where any issues had been identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 April 2018).

Why we inspected

The inspection was prompted in part due to concerns received about restrictions in place for 1 person and staff knowledge for supporting autistic people. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see all sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lilford Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Lilford Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lilford Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service. Some people using the service had limited verbal communication. We observed interactions between people and the support staff throughout our inspection. We spoke with 10 members of staff including the registered manager, area manager, practice support manager, senior support workers and support workers.

We reviewed a range of records, including 4 people's care plans and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

We spoke with 4 relatives and 1 advocate by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- Some areas of the houses were not always clean. Banister rails were sticky to the touch, as was a dining table. Grouting in one shower room was discoloured. We discussed this with the registered manager who said they would speak with the staff team.
- Staff used appropriate personal protective equipment (PPE) when providing personal care.
- We were assured that the provider was responding effectively to risks and signs of infection and that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were welcomed to the home. Staff would also support people to visit their relatives' homes. One relative said, "The staff bring [Name] home for visit every week and then collect him again."

Assessing risk, safety monitoring and management

- Potential risks were identified, and guidance was in place to manage these risks. These were regularly reviewed. We saw they were reflective of people's current needs.
- Where people may become anxious, positive behaviour support plans (PBSPs) identified proactive strategies to de-escalate a situation and to support people safely. Any physical intervention techniques agreed for use for each individual were documented. Staff completed training in de-escalation and restraint.
- Regular health and safety checks were completed, and all equipment serviced in line with legal guidelines.

Learning lessons when things go wrong

- A system was in place to review all incidents and identify any changes that could be made for supporting people in future.
- All incidents were recorded and were reviewed by the registered manager. The provider's practice manager also reviewed all incidents to establish any emerging patterns. Records were also written where staff had supported a person to reduce their anxiety without the person's behaviours escalating. These were shared with the whole team to inform their practice and support.
- Following any serious incidents, a post incident review was completed with the staff involved in the incident. This was to identify any support the members of staff may need and also to discuss what worked well during the incident and what could have been done differently.
- Staff said they were well supported by the registered manager and senior support worker following any incidents. One member of staff said, "I feel well supported working here, in a professional and personal way"

and another told us, "We discuss incidents as a team and try to learn from each other."

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to report any safeguarding concerns. All staff completed training in safeguarding vulnerable adults. They were confident any concerns would be acted upon by the registered manager.
- Relatives thought people were safe living at Lilford Court. A relative said, "[Name] is safe and happy, I couldn't ask for any better."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Additional staff had been recruited which reduced the use of agency staff. A support worker said, "We've got a good team now and it's always same staff, which suits the lads."
- Staff were safely recruited, with all pre-employment checks completed before a new member of staff starting work.

Using medicines safely

- People received their medicines as prescribed. Medicines administration records (MARs) were fully completed.
- Person-centred guidance for when 'as required' (PRN) medicines should be administered was in place.
- Staff completed training in medicines management and were observed administering medicines to check their competency.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their role. New staff completed an induction when they started, completing training and shadowing experienced members of staff to get to know people, how they communicated and their support needs.
- Staff completed training to meet people's individual needs, for example epilepsy rescue medication, learning disabilities and autism awareness.
- If people's behaviours changed, the provider's practice support manager would complete an assessment, update the person's PBSP and train staff in any new strategies to reduce the person's anxieties and behaviours. The practice support manager said, "The staff here (at Lilford Court) are receptive and willing to learn. They're good at coming up with ideas and just need guidance for putting things into practice and being consistent across the whole team."
- Regular staff supervisions and team meetings were held. Staff said they were able to voice any ideas or concerns they had and felt they were listened to.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain their fluid and nutrition intake. People's nutritional needs were identified in their support plans. An advocate said, "They (the staff) support [Name] with their diet, but I don't think its restrictive."
- Staff supported people to make choices about what they wanted to eat. A relative said, "They're working on reducing the number of fizzy drinks and sweets [Name] has. I don't know how they've done it to be honest, but they've lost some weight and now ask for crackers and chicken."
- Staff also supported people, where possible, to shop for their own food and be involved in preparing their meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health. People's health needs were identified in their support plans.
- A 'hospital passport' document was used to provide a brief overview of people's support needs in the event they were admitted to hospital.
- People were supported to access local medical services. Regular reviews were held with health professionals, for example psychiatrists. A relative said, "Staff support [Name] to medical appointments and always keep me informed."
- Staff described how they worked with medical professionals to make reasonable adjustments when

people had an appointment. A support worker said, "We can ring the medical centre and they are pretty good. We go to a separate room to wait and can usually go straight in to see the doctor."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of people's needs was completed prior to them moving to the service. This included information from current care providers and their family where appropriate.
- Different members of staff visited the person before they moved to Lilford Court. This meant they got to know the person and the person had already met some of the staff team when they moved in.
- A relative told us, "We were involved before [Name] moved, there were lots of meetings and some staff went to visit [Name] in the old placement."

Adapting service, design, decoration to meet people's needs

- People living at Lilford Court did not need any specific adaptations to their home.
- The service was working with the housing associations to improve the home, for example, having a larger bath fitted. We saw a series of emails from the registered manager to the housing association regarding areas of maintenance needed at the home. These were scheduled to take place within 2 months of our inspection.
- People were able to personalise their rooms where they wanted to.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- A restrictive practice summary document clearly detailed any restrictions in place, for example the external doors being locked. A comment from a DoLS assessor following a recent visit to the home was, "Everything was great. No concern around the restrictions."
- Support workers offered people choices in their day to day lives. Care plans identified how people would communicate their preferences and how support workers should present the options people had so they could make a decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people and their needs well. We observed positive interactions between people and care staff throughout the inspection. People were relaxed with the staff members and staff spoke positively about the people they supported.
- Relatives said the staff were kind and respectful and were positive about the care and support provided. A relative said, "They go the extra mile. Some places do what they have to, Lilford Court don't" and another relative told us, "The staff are so friendly."
- People's cultural and religious needs and wishes were recorded. People were supported with any cultural dietary needs they had.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their daily activities and routines. Each person had a monthly consultation with a named member of staff. This included what people had enjoyed doing in the last month and planning what they wanted to do in the future.
- Where needed, people had an advocate who met with them regularly and represented their views about their care and support to the service. The advocate said, "The staff are responsive if I say [Name's] not happy about something they listen and make changes."
- Relatives said they were fully involved in their relations lives. One relative said, "They treat me as part of [Name's] package; I'm still a cog in their wheel" and another told us, "They involve me in everything."

Respecting and promoting people's privacy, dignity and independence

- Support workers explained how they maintained people's privacy and dignity whilst supporting them. When people wanted some time on their own, this was respected.
- Care plans detailed what people were able to do for themselves and support workers prompted people to be involved in their own care and tasks around the house as appropriate, for example cooking meals. A support worker said, "We encourage people to do things for themselves and prompt them. We ask [Name] to help with the cooking." Another support worker said, "[Name] likes to put the bins out each week and does all the recycling."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person-centred plans identified people's support needs and provided guidance for staff on how to meet these needs. People's support routines for key parts of the day, for example morning and evening, were clearly identified.
- Goals people wanted to work towards were identified, for example, looking after a pet or being involved in making tea. Progress towards the goals was noted most months. We discussed with the registered manager how some goals had been in place for a long time. They said they would review all goals to ensure they were still applicable.
- An annual service summary was written for each person's annual review. This included feedback from the person and people's relatives were invited to take part in the review.
- Relatives we spoke with all said they had been involved in agreeing their relative's care plans. One relative said, "I'm fully involved, and the staff will ask for me for information if they need to" and another told us, "They involve me in everything. [Name] can have some issues now and again and the staff fully involve me in supporting him."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records contained information about how people communicated, including the common words people used and their meaning and how to give people information to ensure they were making their own choices.
- Relatives said the staff team knew how to communicate with their relation. One said, "[Name] has everything on white boards written down, although they don't need this as much now as they are saying more words. We've noticed how staff spoke with [Name], they look at him and talk with him. They interact well with him and he responds to staff."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had a weekly planner providing a structure for the week. They took part in a range of activities of their choice, including going for walks, drives, shopping and film nights. Some people also attended a day service and took part in cookery and arts and craft classes. A relative said, "They're always looking for new

things that may interest [Name] to try."

- People were supported to plan and take part in holidays of their choice.
- Some people had voluntary jobs, which they were keen to describe to the inspector, clearly enjoying their roles.
- Relatives were positive about the things people took part in. One said, "[Name] has the life of Riley; there's lots of things he likes doing - going to the airport, bowling and discos" and another relative told us, "We're really pleased with how it's been turned round (from the previous provider). [Name's] out and about a lot more walking out to the shops and out in the van which he didn't do before."

Improving care quality in response to complaints or concerns

- A complaints policy was in place. No formal complaints had been received in the last 12 months.
- Relatives we spoke with said they were confident to raise any concerns they had with the registered manager and that these would be listened to and resolved. One relative said, "If I have any concerns, 100% I'm able to phone the manager. In the past when I've done this, things have always been addressed" and another told us, "I can speak with staff and the registered manager is always available on the phone, even out of hours."

End of life care and support

- No one currently living at Lilford Court was receiving end of life support. People's care records included information about people's wishes as they got older and at the end of their lives. Where appropriate, people's families were involved in these discussions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A quality assurance system was in place, including regular audits for medicines, health and safety, care plans and reviews of any incidents. Issues were identified and actions completed.
- Some of the monthly care plan reviews had not been completed in August and September. The registered manager told us this was due to 1 senior support worker being off work and having staff annual leave over the summer. They said they would be able to catch up with all reviews going forward. We saw prior to this, checks were regularly completed.
- The registered manager wrote a monthly practice report for the home to summarise what people had been doing, any incidents and staffing. This was reviewed by the practice manager and area manager. Regular managers meetings took place to share any learning across the provider's homes.
- The provider's quality and continuous improvement team completed quality assurance reviews. These covered care records, staff training and supervision as well as speaking with people and support workers.
- Staff knew their roles and who to speak with if they needed advice or if there was an issue or incident. They felt well supported and could raise any concerns if they needed to. A support worker said, "I feel well supported working here, in a professional and personal way."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The feedback we received from people's relatives was extremely positive. They said the staff team were kind, caring and respectful and their relation had gained new skills since living at Lilford Court. One relative said, "I can't believe improvements [Name] has made. They used to react badly to sudden noises but have now got used to that. They have large headphones, and they are more accepting of different situations" and another told us, "We've seen a marked improvement in himself, he's calmer and isn't having as many issues."
- A 'record of change in quality of life' document was used to monitor people's successes, for example 1 person was now able to access public transport, and another was involved in making their own meals.
- Feedback from staff was also positive. Staff felt there was good team communication, and everyone supported each other resulting in good morale amongst the team. Staff said could speak with the registered manager whenever they needed to.
- Regular staff meetings were held, and staff were asked for their input. One member of staff said, "I can speak with [registered manager] if I need to. She will listen to you and will implement our ideas and suggestions if she thinks it will work."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were comfortable with the staff team supporting them. A monthly meeting was held with each person to talk about what they had enjoyed doing in the last month and planning for the month ahead.
- Relatives said communication with Lilford Court was good. They were informed about what their relation had been doing and of any changes in their health or support needs. A relative said, "The communication works and makes things better for everyone."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager knew their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong. Complaints were investigated, lessons learnt actions completed and information shared as required with other agencies.
- This was confirmed by 1 relative who said, "I'm impressed that nothing gets brushed under the carpet. Things happen or don't go as planned, but they have no problem in telling me. They don't make a drama out of it, this is what happened and this is how we're going to deal with it. They're open to my opinion and advice in this."

Working in partnership with others

- The staff team worked in partnership with a range of professionals, including GPs, psychiatrists, day services and advocates.