

Autism Together

Tower House

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

This unannounced inspection was carried out on 30 and 31 January 2018 by one social care inspector.

Tower House is part of a wide range of services provided by the registered charity Autism Together. The service manages the charity's supported living services on the Wirral. The service provides support for people who live in their own homes in shared accommodation or single tenancies. The service supports approximately 70 people to manage their tenancy agreements for the place they live in. The service provides varying degrees of personal care and support for people with autism. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two registered managers, who had both worked for the organisation for many years. 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.

We last inspected the service in April 2015 and gave it an overall rating of good. At this inspection we found that the service remained good.

We spoke with the people supported by the service and their relatives who gave us positive feedback about the service and the staff providing the support. We saw that people were supported to live independent lives and spend their time doing things they enjoyed. They were supported by staff who treated people as individuals and knew the people they were supporting well.

Medication was stored, administered and recorded safely and people told us they received their medicines on time and with the support they needed. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required.

Staff were safely recruited and received regular supervisions and appraisals to support them in their roles. The service had an effective system in place to monitor, record and book training for staff to ensure they had the skills and knowledge they needed to support the people with their specific needs. We saw that staff were up-to-date with their training and they told us they received the training they needed to do their jobs well.

Staff we spoke with understood the requirements of the Mental Capacity Act 2005 (MCA) and we saw that the service was following the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The service also had policies and systems in place to support this practice.

Care plans were person-centred, regularly reviewed and contained appropriate risk assessments to help keep people safe and give staff the information they needed to effectively manage any risks.

We saw that the senior management at the service had a variety of methods to assess and monitor the quality of the service. These included regular audits of the various locations where people lived and regular staff meetings to share learning points and gather feedback from staff.

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 ●

Tower House

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 was 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 unannounced inspection was carried out on 30 and 31 January 2018 by one adult social care inspector.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider 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 also contacted the local authority to gather their feedback about the service. They told us the service was open and transparent in reporting any concerns and worked in partnership with the local authority.

During the inspection we spent time at the service's office and we visited people at their homes. We met and spoke with 10 people who were supported by the service. We also spoke with five people's relatives by telephone. We spoke with 15 members of staff who held different roles within the service. This included the Quality and Development Manager and the two registered managers.

We looked at a range of documentation including eight people's care records, medication records, 10 staff recruitment and personnel files, staff training records, accident and incident information, health and safety records, safeguarding and complaints records, audits, policies and procedures and records relating to the quality checks undertaken by staff and other management records.

Is the service safe?

Our findings

We asked people and their relatives if they felt safe with the support provided by the service. They told us, "Yes, I feel safe living here with the support of staff", "I trust the staff, they help keep me safe" and "Oh absolutely, [Relative] is very safe, it's a massive relief for us [the family]."

We saw that staff were up-to-date with training on safeguarding vulnerable adults and they were able to tell us what they would do if they ever had any concerns. The service had policies and procedures in place, which were easily-accessible, to guide staff in relation to safeguarding and whistleblowing concerns. No whistleblowing concerns had been raised since the last inspection and we had received a small number of safeguarding notifications from the service. We saw that the service managed these concerns appropriately and took action to keep people safe. For example, seeking medical attention if needed or providing staff with additional training.

We looked at the risk assessments for people supported by the service. We found that they were managed well and covered all aspects of people's lives. The risk assessments we saw were regularly reviewed and contained detailed information for staff on how to effectively manage any risks. For example, some people had behaviour management plans in place. These identified particular situations or stimuli that could cause people to behave in a way that could put themselves and/or others at risk. The plans gave staff clear guidance on how to reduce the risk associated with these situations.

We found that medication was stored, administered and recorded safely and people told us they received their medicines on time and with the support they needed. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. The medicines were also audited by staff on a weekly basis.

We saw that accidents and incidents were monitored and recorded by senior staff and appropriate actions were taken so that future incidences could be reduced or avoided. For example, in one instance the senior management team held a meeting to discuss a particular series of issues with one of the people the service supported and agreed a plan to help manage these issues.

We saw that staff were recruited safely, with all the required checks carried out prior to them starting work. We also saw that people received the level of support that had been planned, such as 1:1 or 2:1 support. We were told that the service rarely used agency staff, as the service was able to call upon staff with the relevant skills, training and experience who worked in other services provided by Autism Together. We saw that the organisation had a dedicated team that worked hard to ensure that all services had the right staffing levels to meet people's needs.

Is the service effective?

Our findings

The people we spoke with told us that the staff knew how to support them in the ways they needed it. All of the relatives we spoke with told us they felt the staff were well-trained and had the skills they need to do their jobs. One relative said, "The staff are very good, when [Relative] needs support they're there."

The service had an effective system in place to monitor, record and book training for staff to ensure they had the skills and knowledge they needed to support the people with their specific needs. We saw that staff were up-to-date with their training and they told us they received the training they needed to do their jobs well.

Staff had regular supervisions and appraisals with senior staff to support them in their roles. This provided an opportunity for any issues or training needs to be identified and addressed. All of the staff we spoke with told us they felt well-supported in their roles.

Staff were aware that some people benefitted from making adaptations to their homes to help them feel more comfortable and enjoy themselves. For example, we saw that one person had been supported to install some sensory equipment in their lounge.

We saw that people were supported to regularly access health care in order to manage their health needs. Staff helped people to remember when they had appointments and, where necessary, attended appointments with them for support. The staff we spoke with were knowledgeable about people's health needs. For example, staff were able to tell us about some changes in one person's behaviour that they needed to be watchful of and how they then needed to support this person to access other health professionals for support.

People were supported to plan, purchase and prepare the food and drink that they wanted. Care plans clearly outlined the amount of support a person required in this area, along with any specific dietary needs such as diabetes management.

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 Mental Capacity Act 2005 (MCA). People who normally live in their own homes can only be deprived of their liberty through a Court of Protection order. We found that the service had taken appropriate action with the local authority in order to meet its legal obligations relating to the deprivation of people's liberty under the MCA. Staff we spoke with understood the requirements of the MCA and we saw that the service was following the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The service also had policies and systems in place to support this practice.

Is the service caring?

Our findings

The people we spoke with told us that the staff were friendly and caring. One person said, "I get on well with the staff, I know them and they know me."

We saw that staff had positive relationships with the people they supported; they cared about them and they knew them well. In some cases staff had even developed longstanding friendships with the people they supported.

The service recognised that different people preferred different methods of communication. We saw that staff were able to interact with people using a variety of different types of communication, such as the picture exchange communication system (PECS) and pictorial communication boards helping people to communicate their choices.

We saw that the service offered people emotional support when they needed it. One person told us, "If I'm ever feeling anxious I know I can speak with staff and they help to reassure me." We noted that there was a poster in this person's home advising them that they could contact staff using the number displayed if they were feeling anxious and wanted to talk.

We saw that people's confidentiality was maintained in their homes, as care records were locked away in rooms used as offices. Staff were careful that none of the people living in the home could access information about the other people.

Staff respected people's dignity and privacy. They understood that they were supporting people in their homes and people had the right to choose how they spent their time. This included people spending time on their own. We saw that for some people 'alone time' was part of their regular care plan and for others this

We saw that staff encouraged people to be independent as much as possible and in a variety of ways. Some examples included people shopping for what they wanted eat and drink, learning to cook, managing their own laundry and managing their own medication. One relative told us, "[Relative's] independence has come on leaps and bounds, some of things [Relative] is able to do now are unrecognisable."

Is the service responsive?

Our findings

The people we spoke with told us that they received the support they needed from staff and they were able to choose how they spent their time. One person said, "If I say to [Staff Member] I'd like to do something in particular, they help me to make it happen." People's relatives told us that they were involved in the care planning process, on a regular informal basis and through formal annual reviews.

We saw that people's support plans were responsive to people's changing needs and were reviewed every three months. A more holistic review of people's care plans was carried out on an annual basis. The care plans we looked at were detailed and person-centred. They contained thorough assessments and guidance for staff about how to effectively meet people's support needs. For example, health and medication needs, personal care and daily routines that were important to people. People's care plans provided clear information about the individual level of support people needed, such as staffing ratios in different settings, along with the ways in which the person wished to be supported.

Copies of people's care plans were kept at the office and at people's homes. Condensed versions of people's care plans were also kept at people's homes, which enabled staff who may not have supported someone before to quickly understand their support needs.

Many of the people the service supported accessed Autism Together's Community and Vocational Services (CVS), which offers people with autism meaningful, realistic and achievable training, on the job work experience and valuable life skills through a variety of different activities. Some of the options available included Information and Communication Technology (ICT), horticulture, animal husbandry and performing arts.

We saw that staff supported people to enjoy hobbies and interests that were important to them. For example, attending their football team's matches, going to the cinema, playing snooker at the local club, swimming and trampolining.

Information about how to complain was available to people supported by the service and their relatives. We saw that there was a complaints procedure in place. We looked at the service's complaints information and saw that some formal complaints had been received. We found that the service was open and honest in its responses to complaints. It acknowledged when mistakes had been made and took reasonable steps to put things right. For example, by reviewing and amending people's care plans or providing additional staff training if required.

Is the service well-led?

Our findings

The service was managed by a Quality and Development Manager and two registered managers, who had both worked for the organisation for many years. 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. We saw that there were clear lines of accountability throughout the service, with experienced and dedicated staff providing frontline support and leading the service.

We found that there was a positive culture amongst staff at the service which focused on providing people with the right support for their needs and encouraging their independence as much as possible.

Staff who had different roles at the service told us that they felt well-supported by their managers. We also noted that many of the staff we spoke with had worked for the service for some time and had successfully achieved internal promotions during this time.

Quality assurance processes are systems that help providers 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 service had a variety of methods to assess and monitor the quality of the service. These included regular audits of the various locations where people lived and regular staff meetings to share learning points and gather feedback from staff. The audits we looked at were carried out regularly, completed thoroughly and reviewed various aspects of the service provided. These included autism practice, finance, medication, support plans, risk assessments, health and safety, daily records and staff communication records. We saw that any action that had been identified was followed through and completed.

We saw that there were regular meetings held across the service. This included staff meetings and meetings for the people supported by the service, which took place on a monthly basis. The meetings were recorded for future reference and provided people with an opportunity to raise any issues and provide their feedback. For example, we saw that the people living in one house told staff they were unhappy with the TV because it was old and small. Staff supported the people living at this house to combine their money and purchase a better TV. The service also gathered feedback from people's relatives via an annual questionnaire. The response rate was low but the feedback received was very positive.

The service had policies and procedures in place that staff were able to easily-access remotely if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed.