

Autism Initiatives (UK)

Minshull House

Inspection report

Meadow Lane
West Derby
Liverpool
Merseyside
L12 5EA

Tel: 01512263868

Date of inspection visit:
19 September 2017

Date of publication:
19 October 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 19 September 2017 and was announced.

Situated on the doorstep of Croxteth Country Park and a short drive from Liverpool City Centre Minshull House offers autism-specific short breaks care for up to five adults in the West Derby suburb of Liverpool. The home has five ensuite bedrooms, with one bedroom on the ground floor. The home has a lounge, dining room and large kitchen. The ground floor is fully accessible for wheelchairs and has fully accessible bathing facilities. There is a large garden area at the rear and side of the building.

There was a registered manager in post; they provided an effective lead in the home and was supported by a clear management structure. 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.

There were three people staying at the service on the day of our inspection.

Medication was stored safely and securely. Staff had completed training in medication administration. They also undertook practical competency assessments to ensure they were administering medication safely. However support plans for giving people 'as required' medication had not been completed. The registered manager rectified this during the inspection. We have made a recommendation about this.

People were kept safe because there were arrangements in place to protect them from the risk of abuse. Staff understood what abuse was and the action to take if they should have to report concerns or actual abuse.

People's nutritional needs were monitored by the staff. People received food of their choice.

Each person who used the service had a person centred plan. The plans we looked at contained relevant and detailed information. This helped to ensure staff had the information they needed to support people in the correct way and respect their wishes, their likes and dislikes.

A range of risk assessments had been undertaken depending on people's individual needs to reduce the risk of harm. Risk assessments were in place and gave staff guidance to keep themselves and people who lived in the home safe, whilst in the home and when out in the community.

Sufficient numbers of staff were employed to provide care and support to help keep people safe and to offer support in accordance with individual need.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff

were only able to start work at the home when the provider had received satisfactory pre-employment checks.

Staff received an induction and regular mandatory (required) training to update their practice and knowledge. Records showed us that staff were up-to-date with the training.

Staff told us they felt supported in their roles and responsibilities.

Staff had good knowledge of people's likes and dislikes in respect of food and drinks. We saw that people had plenty to eat and drink during our inspection.

People who stayed at the service took part in activities both in the home and in the community. Some people attended school, college or a day centre.

During our visit we observed staff supported people in a caring manner and treated people with dignity and respect. Staff understood people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

A procedure was in place for managing complaints and family members we spoke with were aware of what to do should they have a concern or complaint.

Systems were in place to check the quality of the service and ensure improvements were made. This included carrying out regular audits on areas of practice.

The building was fully accessible for people with mobility difficulties and those who used a wheelchair. We found it was clean and well maintained.

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 not always safe.

Medicines were stored safely and securely when not in use. Support plans for giving people 'as required' medication had not been completed.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. Staff said they were well supported through induction, supervision, appraisal and the provider's training programme.

People were able to choose what they wanted to eat.

Staff had a good understanding of people's care needs.

Good ●

Is the service caring?

The service was caring.

We observed positive interactions between people living at the home and staff.

Staff treated people with dignity. They had a good understanding

Good ●

of people's needs and preferences and the ways they communicated.

Is the service responsive?

The service was responsive.

People chose the activities they wanted to participate in during their stay at Minshull House and staff respected their choices.

Care plans provided information to inform staff about people's support needs, routines and preferences.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Good ●

Is the service well-led?

The service was well led.

Systems were not in place to enable the registered manager and provider to monitor the quality and safety of the service.

The service had a registered manager.

People living in the home and relatives were able to share their views and were able to provide feedback about the service.

Good ●

Minshull 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 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.

This inspection took place on 19 September 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home.

During our inspection we used a number of different methods to help us understand the experiences of people who were staying at Minshull House. This was because the people who were staying at Minshull House communicated in different ways and we were not always able to directly ask them their views about their experiences.

We spent time observing the care and support provided to people who were staying in the home to help us understand their experiences of the service. Our observations showed people appeared relaxed and at ease with the staff. We looked at the care records for two people, three staff personnel files, staff training records, staff duty rosters and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, dining room lounge and the garden.

During the inspection we spoke with a total of three staff, including the registered manager. We also sought feedback about the service and spoke with two relatives after the inspection by telephone.

Is the service safe?

Our findings

Relatives we spoke with told us they had no doubts that their family members were kept safe during their stay at Minshull House. One relative told us how the entire staff team had completed specific training about their family member's health condition so they were reassured staff would administer medication when needed.

During this inspection we looked at how medicines were administered to people. We checked the medicine administration records (MARs) for each person in the home and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines.

We saw other relevant information was kept with the MARs, such as a list of staff signatures (to recognise which staff had administered the medication, a list of people's allergies and an information sheet about any foods which may react with certain medicines. However a person required PRN (as required) medicine. We found that an individual protocol to advise staff when and why a person may require the medication was not completed. This meant that the person may not have received their PRN medicines at the appropriate time consistently from all staff to be of benefit to them. The registered manager told us that there had been no need to administer PRN medicine to the person so far during their stay. By the conclusion of the inspection the registered manager had completed the PRN protocols needed.

We recommend that the service reviews and updates its practices to ensure people receive their medicines safely.

We found medicines to be stored safely and securely when not in use. Whilst there was no direct sunlight and no sources of heat into the room where medication was stored the temperature of the medicines room was not recorded daily. Medicines need to be stored in temperatures under 25°C. If not stored at the correct temperature they may not work correctly.

We checked the medicine administration records (MARs) for each person in the home and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines. We checked a number of medicines and found the stock balances to be correct. A stock balance record was kept for each person and was checked regularly by staff.

Staff who administered medicines had received medicine training and had undergone competency assessments in 2017 to ensure had the skills and knowledge to administer medicines safely to people.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked three staff files. We found copies of application forms, identification and references and saw evidence that checks had been made to ensure staff were entitled to work in the United Kingdom and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they

were suitable to work with vulnerable adults. We did see that the provider repeated the DBS check every three years to ensure staff remained suitable to work with vulnerable adults.

We looked at how staffing was arranged when people came for short breaks at Minshull House. The registered manager told us that each person received one to one staffing during the day. Any additional staffing was dependent on the funding approved by the person's local authority. The staffing levels at night time depended on people's individual needs.

On the day of our inspection there were three people having a short term break in the home. There was the registered manager, and three support staff on duty. The registered manager told us they had 39 hours 'non-support' time for managerial duties, which they shared with their deputy (senior support worker).

The registered manager told us they did not use agency staff. The provider employed their own bank staff who provided additional cover when required.

We looked at two care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. They were personalised to the person's needs and anxieties. We saw risk assessments in areas such as wandering, aggression and anxiety, stairs, community presence and transport. These assessments were reviewed each time a person came for a short break in Minshull House. This was to help ensure that any change in people's needs was reassessed to ensure they received the appropriate support.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to managers. Training records confirmed staff had undertaken safeguarding training and this was on-going. Staff were aware of the term 'whistleblowing' and told us they would not hesitate to report any concerns they saw.

We found the home to be clean and tidy with no unpleasant smell. We visited people's bedrooms and communal living areas and bathrooms. Bathrooms and toilets were very clean and contained hand washing and drying materials. Feedback about the cleanliness of the home was very positive from relatives. Support staff carried out the cleaning of the home. Disposable gloves plus hand sanitisers were available in the home for staff to use, and we saw they were used throughout the day.

Arrangements were in place for checking the environment to ensure it was safe. Health and safety audits were completed on a regular basis. Fire checks were carried out each week to help ensure doors, fire alarms, emergency lighting and fire fighting equipment were in good working order. The home had a process in place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the housing provider. We saw the general environment was safe.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were up to date. This helped ensure good safety standards in the home.

Is the service effective?

Our findings

Relatives we spoke with told us they were very happy with the care and support their family member received. They told us the staff were knowledgeable regarding their individual needs. One relative said, "The staff are highly trained. The quality of care is second to none." Another relative told us, "I am really impressed with this service. The staff understand [name of family member] needs well."

We looked at the training and support in place for staff. Staff we spoke with told us they enjoyed their job. They said they felt supported to do their job and 'equipped' through relevant training courses they had attended. Staff said, "We get good training; I am always going on one course or another." Another said, "We get good support from the manager."

The registered manager told us training courses were organised by the provider's learning and development team, based at head office. The home manager kept a training matrix which showed which staff were required to update their mandatory training; this was then discussed with individual staff in supervision meetings. This helped to ensure that they had the skills and knowledge to meet people's needs.

Records seen showed staff had completed training in 'mandatory' subjects such as food hygiene, moving and handling, fire safety, health and safety, first aid, safeguarding of vulnerable adults, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), medication and Understanding Autism. Staff completed additional training courses related to the specific health needs of people who used the service, for example, epilepsy awareness.

We saw that care staff had completed the Care Certificate where required to. The Care Certificate is a set of standards that social care and health workers work with in their daily working life. It is the new minimum standards introduced by the government that should be covered as part of induction training of new care workers. Staff we spoke with confirmed they had completed the Care Certificate as part of their induction.

Staff we spoke with told us they received an induction, appraisal and regular support through supervision. Induction started with a week of 'core skills' training covering mandatory subjects and planned observation shifts.

Staff said they received supervision. Evidence showed us these meetings were planned in advance and took place each month. Staff told us staff meetings were held monthly, where they had the opportunity to raise questions and discuss issues.

We looked at three staff personnel files. We saw that staff had received an appraisal in 2017 and had regular supervision throughout the year. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs.

The PIR completed stated, "Four staff members are currently near the end of QCF Level 2 in Health and

Social Care Foundation Apprenticeship One staff member is currently completing QCF Level 3 in Health and Social Care." We saw evidence during the inspection which confirmed the registered manager, the senior support worker and a support worker had achieved their NVQ level 3 in Health and Social Care.

The staff took a personalised approach to meal provision. Care records contained people's likes and dislikes and indicated any dietary needs. Staff we spoke with were knowledgeable regarding people's dietary needs and their individual likes and dislikes for both food and drinks. This led them to offer a choice of people's favourite meals and snacks. On the day of our inspection we saw people had their choice for lunchtime meal or had eaten out. People were offered drinks and snacks throughout the day. A relative told us, "When [name] is going to stay at Minshull House, staff ring them up to get a list of food they want to eat during their stay. This is really important to them to get the exact type or brand of food they are used to."

As this service provided short breaks, the management of each person's health needs was usually managed by their family at home. However, the records did provide medical details to help in the event of a medical emergency. People had 'health passports' and these documents were updated each time a person stayed at the service to ensure their medical history was accurate. The registered manager told us when the service opened 12 months ago they had made contact with local health services in the area.

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). DoLS are not required when people stay in a short break service.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act. These guidance documents helped identify and protect the interests of people who lacked the ability to consent on various issues. People's care records contained information about people's preferred method of communication and how they made their needs known. Information was recorded about the signs and their own particular words people used. We saw that staff had a good understanding of people's communication; for example they understood the signs one person used which enabled them to support them effectively.

The home had been adapted to enable people with mobility difficulties to access it without difficulty. The front of the building was accessible and doorways were wide to enable people using wheelchairs or walking aids to mobilise easily throughout the home. The home had an ensuite bedroom on the ground floor; Bathrooms contained equipment to assist people to bathe safely. Adaptations to the home, for example easily detachable curtains and TV's encased on walls, prevented unnecessary damage to the home and kept people safe from harm if people displayed behaviour that challenged.

Is the service caring?

Our findings

During our inspection we used a number of different methods to help us understand the experiences of people who stayed at Minshull House. This was because the people who were staying there communicated in different ways and we were not always able to directly ask them their views about their experiences.

We observed the care provided by the staff in order to help us understand people's experiences of care and to help us make judgements about this aspect of the service. We spoke with the relatives of people who lived in the home and asked them for their views about the support provided.

We received positive feedback about the caring nature of the staff. For instance, a relative told us, "Staff are fantastic. The staff treat [name of relative] with respect." Another relative said, "There's a lovely calm atmosphere in the home."

We observed the interactions between staff and people using the service and saw there was an obvious rapport and understanding. Staff showed they were very caring towards people; we saw they had a good knowledge of their interests and family life which prompted conversations throughout the day.

We saw that staff knew the needs of the people who stayed at the service well. During discussions with staff they were able to describe people's individual needs, wishes and choices and how they accommodated these wishes in the way they supported people. This information was clearly recorded in people's person centred plans. Information also included people's likes and dislikes, their daily routines and their dietary needs. Staff told us they had read the care records to find out about people so they supported them in the right way.

Staff had been trained in how to respect people's privacy and dignity, and understood how to put this into practice. Throughout our inspection, we saw that staff respected people's privacy and dignity when they were supporting people. We spent time in the communal areas and observed positive staff interactions with people who used the service. Everyone in the service looked relaxed and comfortable with the staff.

We saw evidence that staff at the service regularly kept in touch with people's relatives via phone calls and the registered manager regularly sought feedback from people and their families about the support provided. People and their relatives were asked to fill in information sheets at the end of each stay.

Is the service responsive?

Our findings

We found that care plans and records were individualised to meet people's preferences and reflected their identified needs. They contained good detail and there was evidence that plans had been discussed with people and their relatives, if needed.

People's care records contained personal development and support plans. These documents described activities for independent living and the tasks people were able to do for themselves. People who used the service were encouraged and supported by staff to be as independent as they could. This showed that staff supported people to continue to use the skills they would do in their home setting to promote their independence in day to day living.

We could see from the care records that they were reviewed and updated each time people came for a short break. These plans were used to guide staff on how to involve people in their care and provide the care and support they needed and requested.

Staff worked with people and their relatives to establish effective methods of communication so that individuals could be involved in their care, especially those people who used non-verbal communication. For example, if a person did not communicate verbally, other communication methods were used such as pictures and signs. Care plans detailed the most effective ways to communicate with each person. We saw staff were aware of signs for one person in the service during our inspection. They were able to communicate their needs and staff fully understood what they were asking for. This showed that the staff member had read the information recorded in the care record.

People chose the activities they wanted to participate in during their stay at Minshull House and staff respected their choices. Some people continued to attend their college, school or their day service during their stay. A relative told us, "[Name] goes out a lot when they stay at Minshull House; they go out to the cinema and go shopping. They really enjoy going." Another relative said, "Staff support [name] to mirror the activities they are used to doing when they are at home. They take their computer with them." Each bedroom had its own television. People could access the internet. The provider had also installed 'Netflix' movies & television for people to use.

The registered manager told us the service had a minibus to use for day trips. They said they had been on trips to Liverpool and Southport and would soon be arranging a trip to Blackpool lights. They told us some people brought their lap tops and X boxes with them to use during their stay.

The home was situated in its own grounds. A large garden at the rear gave space for people to play games; football goals were available to use. There were raised beds which people had planted vegetables and fruit which were eaten by people using the service, along with herbs used when cooking meals.

A number of bird boxes were situated in the large well established trees at the front and side of the building. The registered manager had set up cameras so people could see the activity in the nests. A squirrel assault

course was set up for people to watch the local wildlife.

Some people used pictures and activity boards which were in their bedrooms to remind them of their routine and activities for the day.

The service had a complaints policy in place and processes were in place to record and investigate any complaints received. This helped to ensure any complaints were addressed within the timescales given in the policy. The registered manager told us they had good relationships with relatives, so any issues would usually be discussed informally with staff and sorted out straightaway. We spoke with relatives who told us they had no complaints about the service.

Is the service well-led?

Our findings

There was a registered manager in post. We found they provided an effective lead in the home and were supported by a clear management structure. Their working time was split between direct support time and protected 'management time'.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. We saw evidence that a weekly house audit was completed, as well as a monthly 'self-assessment' quality assurance audit completed by the registered manager. The registered manager informed us that the information submitted on the monthly audit was discussed at the monthly managers meeting.

The registered manager described how they first met new people who wanted to use the service for a short break. They told us they visited the person's home, met them and their family and then offered a series of visits to the home so that new people could gradually get to know the service, the staff and the environment.

The registered manager told us about the way they planned the stays to take into account people's needs and compatibility. They were aware of when they needed to bring more staff into the service. They took factors into consideration when taking bookings for short breaks such as, what level of disability they had and whether they preferred a calm environment. They used this information to help offer various choices and dates for when someone wanted to stay. They said they would also work during a stay of a person they were familiar with who needed additional support as they may present behaviour that challenged. Relatives we spoke with told us they were happy with the planning of the family member's breaks.

Staff team meetings took place each month to ensure staff were kept informed of any changes in the organisation or at Minshull House, and to discuss the care and welfare of the people who stayed at the service. We saw minutes of these meetings held in March, April and July 2015.

The service had been in operation for eleven months. We asked the registered manager if any questionnaires had been sent out to families. They told us they intended to send questionnaires out in October 2017, when the service had been open for one year; however informal feedback was regularly given by relatives at the end of each person's stay. In the PIR completed by the registered manager it states, "We have recently introduced a Home Contact Information Form which shows to parents and carers that we value their feedback and that we want to provide support that is caring to the person that they care about. Any views they have are recorded and stored within the Working File. All information relating to persons supported is stored confidentially." Relatives we spoke with gave us positive feedback about the service.

Relatives we spoke with told us the registered manager attended reviews and meetings with people's daytime activities or other services the person received. Relatives told us this was of great benefit to the person as it meant all services involved contributed to reviews and supported a person in a consistent way.

Service contracts were in place for fire prevention, equipment gas and electrical appliance testing.