

Autism Together

Autism Together - 32 York Street

Inspection report

32 York Street
Bromborough Pool
Wirral
Merseyside
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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

York Street provides accommodation and support for two adults who have autism. The home is run by the Autism Together, a charity who provide services for people with autism in the local area.

The house is a terraced house based in a residential area of Bromborough. It fits in with the local neighbourhood and is in keeping with the principle of supporting people to live ordinary lifestyles in their local community. Shared space includes a lounge, dining room, kitchen and bathroom. Each of the people living at the house has a large bedroom of their own, with a smaller third bedroom used as an office and staff sleep-in room.

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

We spoke with the two people who lived in the home and their relatives who all gave positive feedback about the home and the staff who worked in it.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

The registered provider understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

Care plans were person centred and driven by the people who lived who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 15 March 2017 and was unannounced. It was carried out by an Adult Social Care Inspection manager. The manager was given 48 hours' notice because the location is a small care home for adults who may be out during the day; we needed to be sure that someone would be in.

Before the inspection we contacted Wirral Council's Quality Monitoring and Contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about, and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with the manager, and two other members of staff. We met with the people who lived at the home, and following the inspection we contacted two relatives by telephone. We observed staff providing support for people in the lounge and the dining room. We looked at medication storage and records. We looked at staff rotas, training and supervision records. We looked at maintenance records. We looked at care records for the two people who lived at the home.

Is the service safe?

Our findings

We asked two relatives if they felt that their family members were safe living at the home. One told us "Yes, it's very safe for him." The other relative said "He is as safe as he can be. I trust the staff. They do a good job."

We saw that staff had up to date training in safeguarding and what to do if they were concerned about the people living in the home. There had been no safeguarding concerns since our last inspection. Staff were very aware of the identified risks for the individual people who lived in the home. These risks were clearly monitored closely.

We saw that the service was staffed by a consistent staff team who had all worked for the provider organisation for a long time. We looked at the rotas and saw that staffing levels were maintained and the people who lived at the home always knew who would be supporting them. We saw that no new staff had been recruited since the last inspection.

We looked at medicines management in the home and saw that it was good. The medicines were audited weekly. We saw that people's choice was taken into account so that their medicines were administered in the way that they wanted but safely in accordance with the service's policies.

We saw that the home was clean and well maintained. We checked the premises safety certificates and saw that they were up to date. The people who lived in the home had a cleaning rota and the staff supported them to maintain good standards in the home.

Is the service effective?

Our findings

One person told us "I think the staff are generally good." A relative told us "I have no problems with the staff. They know what to do and when to do it."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We spoke with the registered manager and staff and found that they had a clear understanding of the MCA and DoLS. We saw that they considered people's choices at all times. We saw that one person who lived in the home was making what the staff considered to be an "unwise decision" but the person had the capacity to make this decision so the decision was respected.

The staff were trained regularly and this was demonstrated by the providers on line records. Staff had training in all of the required areas and in additional areas to meet the needs of the people whom they supported. Staff had regular supervision from their line managers and we could see that training was discussed at each session.

We saw that the people chose what they wanted to eat, did the food shopping and cooked the food themselves, supported by the staff.

We saw that people had regular access to health care and their care files showed that people's mental health was closely monitored by health professionals working in conjunction with the staff team.

The home was on a quiet street in a small neighbourhood. We were told that the people who lived in the home were involved in the maintenance, particularly the garden.

Is the service caring?

Our findings

One relative told us how the staff went "over and above" in their opinion to support their relative when they had been ill. One person expressed to us that they wished to live alone and we observed the staff reassure them and explain that everything was being done to help them achieve their goal.

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. As we entered the home we were made aware of certain likes and dislikes so we could be mindful of people's needs whilst we were conducting the inspection. This demonstrated that staff had clear knowledge of people's needs and were mindful of how these were met.

We saw that people's confidentiality was maintained in the home. Records were locked away in the office. Staff were careful that neither of the people could access information about the other person in the home.

We saw that the care and support provided was person centred and led by the person receiving the care. Staff were very much guests in the people's home and this was very apparent.

Is the service responsive?

Our findings

One person told us "I've not had to complain but I know how to and would if I needed to." A relative told us "This home is much better than the last place he lived in."

Individual care files were in place for the people living at 32 York Street and we looked at the two of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to-day lives. There was clear person-centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. It was obvious that the people had written the plans with the staff's support.

We saw that the people led busy, varied lives. Activities included paid work placements, voluntary work placements, going to do various physical activities such as trampolining and the gym. The provider also owned a barge that one person enjoyed spending time on. One person told us about their work placements and how much they enjoyed them. We saw that staff were responsive to people's needs and recognised when these changed and how to act accordingly.

We saw that there was a complaints procedure in place and people told us that they knew about it. The relatives we spoke with told us that they had no complaints with the service and found the staff very approachable and they were able to discuss any concerns at any time.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager who had been in post for a number of years. The service was also supported by two team leaders who along with the registered manager supported some of the provider's other homes.

We looked at the arrangements in place for quality assurance and governance. 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. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed.

We saw that there was clear partnership working with outside organisations including community nurses and local psychiatric care services. Staff meetings were regularly held and the minutes were displayed on the notice board in the office which staff signed to indicate that they had read them.

There was a positive person centred culture apparent in the home and obvious respect between the manager, staff and people who lived in the home. The registered manager told us that they or the team leaders visited the home on at least a weekly basis but also liaised with staff on the telephone as and when required.