

Autism Initiatives (UK)

All Hallows

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 

Overall summary

This inspection took place on 20 November 2015 and was a short notice inspection. This meant the staff and provider knew 24 hours before the inspection we would be visiting. This was because as a small home for people with learning disabilities, people are usually out during the day and we wanted to arrange a time when it would be convenient to speak with people who lived at the home.

All Hallows is a care home which provides care for up to six adults with autism and associated learning disabilities. It is a large detached property, in the Bispham

area of Blackpool. Accommodation is provided in six single bedrooms. There is a garden at the rear of the home. The home is close to shops and local amenities. At the time of our inspection there were six people who lived at the home.

The service was last inspected in April 2014. The service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

During this inspection, there were procedures in place to protect people from abuse and unsafe care. This minimised risks to people. People indicated they were safe and happy at All Hallows. Relatives said they felt their family member was safe and well looked after at All Hallows.

We looked at how the home was being staffed. We saw there were enough staff to provide safe care and support in the home and the local community.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working in the home. Staff had the skills, knowledge and experience needed to care for people.

Staff managed medicines safely. They were given as prescribed and stored and disposed of correctly. People were supported to be able to manage their own medicines if they were able to do so safely. People felt staff gave them their medicines correctly and when they needed them.

The home and equipment had been serviced and maintained as required. The home was clean and hygienic when we visited with no unpleasant odours.

Staff understood the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). We saw staff were working within the law to support people who lacked capacity to make their own decisions.

People were offered a choice of healthy and nutritious meals. Staff made sure people's dietary and fluid intake was sufficient for good nutrition. One person said, "The tea is good. I like it."

People had health action plans which provided information about the person's health needs. They also had a hospital passport to provide information to hospital staff if people went into hospital. We saw people had regular health checks to assist them to remain healthy.

We saw there were a variety of activities available geared towards people's likes and dislikes. A relative told us, "There are lots of different activities for [my family member] to do."

We observed interactions between individuals and staff. Staff 'listened' to and observed non-verbal communication and to any changes in behaviour which helped them understand if a person was unhappy.

We asked relatives if they knew how to raise a concern or to make a complaint if they were unhappy with the care their family member received. They said they felt confident any member of staff would deal with any concerns appropriately.

There was a transparent and open culture that encouraged people to express any ideas or concerns. Senior staff sought people's views and dealt with any issues of quality quickly and appropriately.

Summary of findings

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.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people had a safe level of independence.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Good



Is the service effective?

The service was effective

Procedures were in place to enable staff to assess people's mental capacity, where there were concerns about their ability to make decisions for themselves, and to support those who lacked capacity to manage risk.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Good



Is the service caring?

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People indicated they were happy at the home and liked the staff. Relatives were complimentary about the care and support their family member received.

Staff respected people's privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

Good



Is the service responsive?

The service was responsive

People experienced a level of care and support that promoted their wellbeing. Staff encouraged them to enjoy a varied and interesting activities and a good quality of life.

People's relatives and advocates were aware of how to complain if they needed to. People were able to make their feelings known to staff. Staff 'listened' to and observed non-verbal communication and any changes in behaviour.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

Good



Summary of findings

Is the service well-led?

The service was well led.

A range of quality assurance measures were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

People where possible, their relatives and staff were encouraged to give their views on how people were supported

There were clear lines of responsibility and accountability. Staff understood their roles and were committed to providing a good standard of support for people in their care.

Good



All Hallows

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 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 20 November 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports.

We spoke with a range of people about the service. They included the registered manager and seven members of staff. The six people who lived at the home were not able to communicate verbally. However we observed non-verbal communication and interacted with people to gain their views. We also spoke with three relatives.

We looked at care records of two people and the medicine records of four people. We also checked the previous four weeks of staff rotas, recruitment and staff training records and management records.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

People who lived at All Hallows were adults with autism and associated learning disabilities. They had limited communication and were not able to tell us verbally about their experience of living in the home. However we used alternative communication where possible and talked with people about the home. People indicated they liked living at All Hallows. One person told us, “Yes it is good. I like it, the staff are good.”

People who had formal ways of communicating and their relatives said people were safe and cared for at All Hallows. Relatives told us their family members were well looked after and were safe. They said they had no concerns about their safety at all Hallows. One relative said, “[My family member] would let us know if they were not happy with anything.” Another relative told us, “We are satisfied [our family member] is safe and the care is of a high standard.”

There had been no safeguarding alerts raised about the service in the previous twelve months. Care procedures were in place to protect people who lived at the home from abuse and unsafe care. Staff we spoke with said they would have no hesitation in reporting abuse. They told us how they would deal with unsafe care or a suspicion of abuse. They said they would make sure the person was safe and then report the concerns immediately.

We looked at the risk assessments in place. Risk assessments including nutrition, safety in the home and the community and management of behaviours that challenged had been completed. These supported people to be as independent as possible. These provided guidance for staff and assisted them in providing safe care. They minimised risks to people so people were safe but had the most freedom possible. Accidents or incidents, complaints, concerns, whistleblowing and investigations were discussed and evaluated for lessons learnt.

Staff were familiar with the individual needs and behaviours of people. They were aware of any specific areas of risk and provided the least restrictive way of managing these. There was also clear information about how to effectively manage any behaviour that challenged. Any incidents of behaviour that challenged were analysed and evaluated for any lessons learnt. From this care plans, risk assessments and management strategies were updated. A relative told us there had been an incident

which could have been managed better. This was picked up by registered manager promptly and dealt with appropriately. This made the relatives confident senior staff analysed incidents and looked at ways to improve staff responses to these. If any changes to care were needed staff recorded these so risks were reduced which helped keep people safe. A relative told us, “The staff communicate any issues to ourselves and any issues are dealt with promptly.”

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. People were highly dependent and needed a lot of staff support. People we spoke with and relatives were pleased with the staffing levels they or their family member received. One person indicated they were able to go out and about with staff. A relative said, “There are always enough staff to take [my family member] on their outings.” We saw there were enough staff to support people safely and provide individual attention and activities in the home and the local community.

The staff we spoke with told us there were enough staff to meet people’s needs. They said they had time to support people on outings, holidays and activities and to support people who chose to stay at home.

We looked at the recruitment and selection records of two members of staff. People were protected from potential staff barred from working with vulnerable people. This was because the registered manager followed the recruitment procedure. We looked at the application forms. These were fully completed and gaps and discrepancies in employment histories followed up. This provided the management team with employment details for each prospective member of staff. References were in place from previous employers.

The staff files we looked at showed us a Disclosure and Barring Service (DBS) Adult First Check and full DBS had been received before new staff were employed. These checks are made by an employer to make sure a person is permitted to work with vulnerable adults. Members of staff told us they had not been allowed to start work until all references and DBS checks had been received.

New staff received a comprehensive organisational induction as well as an induction about the home and people who lived there. This assisted them with the skills

Is the service safe?

needed to begin working with people. Where staff had no care qualifications or experience, they also completed 'The Care Certificate'. This is a national certificate of fifteen sets of care standards. These support health and social care workers to develop introductory skills competences and standards of care. New staff were monitored and supported and had regular formal reviews.

We looked at how medicines were managed. Medicines were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed a member of staff giving medicines. We saw medicines were given safely and recorded after each person received their medicines.

Staff said people could manage their own medicines if they were able. One person was beginning to administer their own medicines. A risk assessment had been completed to look at what support the person needed to do this safely. From this guidance was in place to show step by step how

this would be monitored and support gradually reduced. There were internal audits and audits by the pharmacist. This assisted in making sure people had received their medication as prescribed

People had personal evacuation plans in place. These assisted the staff team to plan the actions to be taken in an emergency. Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained as required. Fire and legionella checks were carried out. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines.

The home was clean, tidy and smelt fresh. There was a rolling programme of maintenance and the lounges had been recently redecorated and refurbished.

Is the service effective?

Our findings

People indicated they enjoyed the food. One person said, "My tea is good, I like it. Another person helped themselves to some newly baked cake, smiling broadly as they ate it. Staff were familiar with people's non-verbal communication and gestures. They used picture menus to show people different drinks and meals to choose from. They also encouraged people to get involved in the preparation of meals.

We looked at care records and food served. We saw specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. We spoke with staff who were familiar with each person's dietary needs and likes and dislikes. They made sure people's dietary and fluid intake was sufficient for good nutrition and varied enough for them to enjoy. The home had received a five star rating, on their last food hygiene inspection, the highest rating for food hygiene. The scheme is run by local authorities in partnership with the Food Standards Agency.

Mealtimes were flexible. Some meals were eaten as a group others separately according to what people were doing each day. We observed the evening meal being served where everyone ate together. Staff supported people who required some help in a friendly and respectful way, involving them in discussions throughout the meal.

Relatives told us their family member's needs were met by the staff team. They were confident staff were well trained and knew what they were doing. One relative said "Staff know all about each resident and what they like and don't like. They also know how to manage any little quirks."

Staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. Staff told us they had completed a variety of training. This included; health and safety, moving and handling, food safety, infection control, first aid, safeguarding, positive behaviour support, the mental capacity act and deprivation of liberties and medication administration. We looked at the staff training information which showed training was frequent and relevant to people's support needs. This assisted staff to develop and refresh their skills and experience to support people effectively.

We looked at staff records and saw staff received frequent formal supervision and annual appraisal. This is where individual staff and those involved with their performance, discuss their performance and development and the support they need in their role. They are used to assess performance and focus on future objectives, opportunities and any resources needed. A new member of staff confirmed she had a comprehensive induction period and regular reviews to support her and monitor her performance. Staff told us the management team supported them and encouraged them to improve and develop skills.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management team had policies in place in relation to the MCA and DoLS. We spoke with the management team to check their understanding of MCA and DoLS. Relevant staff had been trained to understand when an application should be made. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. The management team showed us copies of DoLS applications they had recently made.

Staff determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves. Also to support those who lacked capacity to manage risk.

Relatives told us and staff had recorded when people had regular health checks. Relatives said their family member could see a doctor whenever needed and staff acted on

Is the service effective?

and monitored any health issues. They added they were kept informed of any health changes. Staff had recorded (GP's) and other healthcare professionals had visited, the reason for the visit and any treatment given. A relative said, "I am confident the staff look after [my family member] and know when he is not well."

People had a health action plan which provided information about the person's health needs, the professionals who supported those needs, and their

various appointments. They also had a hospital passport to assist if people went into hospital. All Hallows staff always tried to be with people if they went into hospital. However the hospital passport contained information for staff unfamiliar with the person. This included how to support them, assist with meals and to give medication. Also how to communicate with the person and how they communicated, particularly in relation to pain, comfort, fear, sadness and happiness.

Is the service caring?

Our findings

We spoke with people who were able to discuss their care with us. One person told us, “The staff are good. We go out, riding my bike, to eat, shopping and to my family.” Where people were unable to answer questions we observed the interaction from staff and support they received. We saw staff understood people’s body language, non-verbal communication and gestures. This assisted communication between them.

We spoke with relatives. They were complimentary about the care and support their family member received. They said staff were caring, supportive and welcomed any comments or ideas from relatives. They told us their family members were treated with kindness, respect and dignity. One relative told us, “We remain very happy with the care and support that [our family member] receives.”

We observed care and staff interactions with people. Staff talked with people and engaged them in activities frequently. We saw people were comfortable and relaxed and gave signs of enjoying staff engaging in activities with them. One person told us their Christmas plans and the presents they would get. We also spoke with people’s relatives. They were pleased with the care their family member received. Our observations and information from relatives assisted us in gaining information about people’s experience in the home.

The staff team helped people to express their views and took into account people’s needs. We saw good interactions and communication between staff and people who lived at the home and their relatives. We saw staff

sitting down and chatting and laughing with people. We saw people laughed, smiled and enjoyed interactions with staff. People received the support they needed and staff were attentive and patient. They checked if people needed any help. Staff responded to requests for support quickly and in a kindly way. We saw them explaining what they were going to do before attempting any support.

Staff understood people’s needs around privacy and dignity. Staff spoke with people in a respectful way, giving people time to understand and reply. They knocked on bedroom and bathroom doors to check if they could enter.

Staff took into account people’s individual needs and wishes and were person centred in their approach. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual’s unique qualities, abilities, interests, and preferences in the way they were cared for. We saw people were encouraged to be involved in care planning as much as possible, as were their relatives.

Information about independent advocates was available if people required their guidance and support. People had advocates involved with them to assist with making decisions. This meant people could access and be represented by someone independent of the home to act on their behalf if needed.

We gathered feedback from external agencies including the local authority contracts and commissioning team. They told us they were satisfied with the care provided and had no concerns about the home. These responses helped us to gain a balanced overview of what people experienced living at All Hallows.

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There were frequent outings and social activities as well as work opportunities. There was an energetic and lively atmosphere when we visited with people involved in activities or 'chatting' with staff. A relative said, "The atmosphere is always pleasant and welcoming."

One person showed us around the house. They showed us the newly refurbished lounges and bathrooms. They had been involved in the painting and showed us the painting they had done. Clearly they were pleased with this achievement. Everyone had input into the choice of décor, furniture and colours of paint chosen for the redecoration. We asked people if they liked the newly decorated lounges and bathrooms. They indicated yes clearly by gestures and smiles.

Staff spent time engaging with people giving them the opportunity to 'discuss' their day. Staff offered choices using pictures or objects to assist with communicating questions or plans where needed. We saw people were able to choose when to get up if they wanted to be active or to relax and when to sleep. Staff told us one person had chosen to changing one day of their activities as they were no longer enjoying these.

We saw people were free to move around the home as they wanted. They were able to spend time in their bedrooms, all communal areas of the home and garden and were supported to access the local community. When they arrived back at the home after their day activities, we saw five people involved in activities in the lounges or in their bedrooms and one person out on activities. They were relaxed and smiling.

Relatives we spoke with told us they were always made welcome when they visited their family member. One relative said "I am always kept involved and welcomed in. There are often social events we are invited to." Another relative told us, "They help us to keep in touch with our [family member] and organise visits to us."

Staff supported people to engage in activities and interests in the home and the local community. We saw photographs of the activities people were involved in. People indicated they enjoyed these. These included

gardening, cooking, swimming, cinema and theatre visits, and sports activities. They were also involved in community activities and voluntary work. A relative told us, "There are lots of different activities for [my family member] to do."

We discussed the holidays people had recently been on and were planning. People had one holiday a year as a group together and also had individual holidays. We saw people had holidayed in this country and abroad. One person indicated he had enjoyed his holiday. People's relatives confirmed their family members also enjoyed the holidays. A relative commented, "[My family member] seems to enjoy their trips to the theatre and cinema and in particular the annual holiday."

Person centred care records were in place providing information about people. These were updated frequently and staff had recorded where people were involved in decisions. We spoke with the registered manager about how they developed and updated care plans. She told us care records were frequently updated with the person and where appropriate, their relatives. We spoke with staff who explained about their key worker system and how they supported people with developing their skills and opportunities. We saw they also discussed the support of individuals at the regular staff meetings.

We looked at the care records of two people following our discussions and observations. There was informative information about the way each person's care was provided, their daily routines, likes and dislikes and their methods of communication.

The records also included a formal reflection and review form where staff evaluated actions, looking at what worked well and what had not assisted the individual in different situations. This had enabled staff to increase the things that went well and to reduce incidents of behaviour that challenged.

We saw people were free to move around the home as they wanted. They were able to spend time in their bedrooms, all communal areas of the home and garden and were supported to access the local community. When they arrived back at the home after their day activities, we saw five people involved in activities in the lounges or in their bedrooms and one person out on activities. They were relaxed and smiling.

Is the service responsive?

Records were regularly reviewed and amended as people's needs changed. A relative told us, "The staff communicate any changes or issues to ourselves. Any ideas or issues we raise are dealt with promptly."

We observed interactions between individuals and staff. Where people did not have a formal method of communication, they were able to make their feelings known to staff. Where staff saw an individual was not happy in a particular situation, they made changes to the activity or routine. They observed their responses to the changes to see if this improved their reactions.

We looked at the complaints procedure and saw people had been given pictorial information on how to complain. We asked one person what they would do if sad or unhappy with something. They indicated they would tell the registered manager or their family.

People had support from relatives who said they were able to discuss ideas or express any concerns on their behalf. They said they felt confident any member of staff would deal with any concerns appropriately. One relative said, "[My family member] remains settled and happy. I have no concerns about the care whatsoever."

There was a thorough procedure in place for responding to complaints. Staff were aware of the actions they needed to take regardless of whether the complaint was verbal or written. Where complaints were made, these were investigated and were resolved where possible to the complainant's satisfaction. The registered manager said there had been no complaints made over the last year but staff routinely asked relatives if they had any concerns.

Is the service well-led?

Our findings

We saw the registered manager and staff team regularly talked with people. Where people had no formal method of communication, staff used photos and objects to help gain their views. They also read their non-verbal communication and reactions to particular activities or events. This assisted staff to check what people wanted. Records reflected that staff took people's views into account. Relatives felt their family members' needs and wishes were listened to and acted on and were well supported. One relative said, "The staff are excellent. They watch to see whether [our family member] is enjoying an activity and let us and other staff know."

The home had a clear management structure in place. The registered manager had developed and sustained a positive culture in the service. We saw she had a relaxed and confident style and gave instruction or guidance in a clear, supportive way. Staff told us she had high standards and supported staff to develop and extend these. We saw and they told us they were motivated and supported people in the way people required. Relatives told us the staff team were knowledgeable and familiar with the needs of the people who lived at All Hallows.

The registered manager showed us how she sought people's views in a variety of ways, both formal and informal. We saw staff talked with people to gain their views either by formal methods of communication, the use of photo's or objects or by observing people's body language. Relatives were encouraged to be involved with their relatives care and support.

We saw people's relatives had recently completed a satisfaction survey about the care provided. The responses to these had been positive. One relative had written, "For many years I was living with the nightmare of what would happen as [family member] is living with you at All Hallows. You look after them with understanding and love." Another relative had written, "I am fully satisfied. All your efforts are appreciated."

The registered manager told us she had an effective and caring staff team. In turn staff said they were given good guidance and were well supported by the registered manager who was approachable. One member of staff said, "She is very supportive and willing to look at different ways of working."

Staff meetings were held every three weeks to involve and consult staff and to discuss future plans. Staff told us they were able to discuss ideas or any issues. One member of staff said, "We support each other and bounce ideas off each other."

There were procedures in place to monitor the quality of the service. Audits were being completed frequently by the management team in the organisation. Audits included monitoring the home's environment and equipment, care records, medication procedures, financial records and staff records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other services involved in people's care and support.