Autism Initiatives (UK)

Parkbourn

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

Parkbourn is a service registered to provide accommodation for people who require personal care. The service accommodates eight adults with learning disabilities. The service is provided by Autism Initiatives, a charity that provides various types of support for people who have autism. Parkbourn is located in a residential area of Maghull, Merseyside. The property comprises four domestic properties that have been converted into one building.

This was an announced inspection which took place on 23 & 24 March 2015.

A registered manager was in post. 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.

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Parkbourn. This was because the people who lived at Parkbourn communicated in

Summary of findings

different ways and we were not always able to directly ask them their views about their experiences. We spent time with four people who were living at the home, conducted general observations, talked with staff and relatives and reviewed a number of records. Our observations showed people appeared relaxed and at ease with the staff.

Staff had received safeguarding adults training and had a good awareness and understanding of abuse and the procedures to follow should they wish to report an alleged incident. Relatives we spoke with told us the staff made sure their family member was kept safe.

Risks to people health and safety had been assessed and plans were in place to ensure people's safety and to maximise their independence. Staff told us how they managed risks and how they supported people with individual choices. This included areas such as, accessing the community and supporting people with behaviours that may challenge.

We observed staff supporting people in a way they liked and met their needs. Staff interactions with people was warm and respectful and demonstrated a good knowledge and understanding of people's individual needs, choices and preferences.

Staff had a good knowledge of people's needs and people's care files held 'person centred' plans. These are care plans which record detailed information about the individual. Care documents recorded strategies to support behaviours that cause concern through positive intervention support planning to enhance people's quality of life. Care documents were updated regularly to ensure the information was accurate so that people received the support needed.

Some care documents were signed by people, however we saw there was a lack of recorded evidence to support people's and or/their relative's inclusion in the planning and delivery of their care. Relatives told us they were involved in their family member's care and staff were 'good at keeping in touch'.

People received the support they needed to optimise their health. This included appointments with external health care professionals such as GP, dentist, optician and hospitals; these were documented in the care files we looked at. A relative said, "I am always told if (family member) needs to see a doctor."

There we sufficient numbers of staff were available to support people with their personal needs and social activities. Staff communicated well with the people they supported and visual aids and signs were available. Relatives' comments about the staff included, "The staff are very good", "Staff put in so much time and effort" and "Can't praise the staff enough."

Recruitment checks had been carried out to confirm staff were suitable to work with vulnerable people.

Medicines were administered safely to people. Staff received medicine training and had their medicine practice checked to ensure they had the skills and knowledge to safely administer medicines.

Measures were in place to regularly check the safety of the environment. We saw regular health and safety checks of the environment had been undertaken and this included checks for fire prevention equipment.

People who lived at Parkbourn needed support when making decisions around their daily life and care needs. The manager discussed us how people who lived at the home, relatives and external health professionals were involved in decisions to support people's care welfare. This followed good practice in line with the Mental Capacity Act (2005) Code of Practice.

People at Parkbourn had access to a three week menu (in word and picture format) which was displayed. People's nutritional needs were monitored by the staff.

With regards to food stores there was little choice available in the fridges, for example snack foods. The manager agreed to review the arrangements around when foods were purchased to ensure stocks were kept constant.

Staff received specific training and support to meet the care needs of the people who lived at Parkboun. This included Autism Initiatives Five Point 'Star' framework to help understand and support people with autism, training around behaviours that might challenge and communication strategies.

We spoke with the manager regarding the environment. Areas such as, bathrooms and some communal rooms and hall ways were bare and there was some broken

Summary of findings

plaster work that required repair. The manager was aware of the need to have the plaster work repaired and they informed us new furniture was going to be purchased for one of the lounges.

People had access to an activities programme within the home and through Autism Initiatives day services.

Staff had access to a whistle blowing policy thus ensuring an open culture existed.

A process was in place for managing complaints and an easy read version of the complaints procedure was displayed in the home for people to see. The manager informed us no complaints had been received. Relatives told us they would know how to raise a complaint or concern.

Quality assurance systems were in place to monitor performance and drive forward improvements. This included a number of internal and external audits (checks) on how the service was operating and also seeking feedback from people and their relatives. Where improvements had been needed these had been shared with the staff and actioned.

Our discussions with the manager and staff showed that the culture of the home was based around treating people as individuals and promoting an awareness and understanding of autism.

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?

Good

The service was safe.

Risks to people health and safety had been assessed and plans were in place to ensure people's safety and to maximise their independence. Staff told us how they managed risks and how they supported people with individual choices. This included areas such as, accessing the community and supporting people with behaviours that may challenge.

Recruitment checks had been carried out to confirm staff were suitable to work with vulnerable people. We found there were sufficient numbers of staff available to support people in accordance with their needs.

Staff received safeguarding adults training and had a good awareness and understanding of abuse and the procedures to follow should they wish to report an alleged incident.

Medicines were administered safely to people. Staff received medicine training and had their medicine practice checked to ensure they had the skills and knowledge to safely administer medicines.

Measures were in place to regularly check the safety of the environment.

Is the service effective?

Good

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions.

People had access to a three week menu (in word and picture format) which was displayed. People's support plans recorded what people liked to eat and their nutritional needs were monitored by the staff. Food stocks appeared low during the inspection and this was brought to the manager's attention at this time.

Staff were supported through the home's training programme, supervision and appraisal. Staff told us they received a good standard of training.

Is the service caring?

Good

The service was caring.

Relatives were complimentary regarding the standard of care provided. A relative referred to the staff as 'family' and spoke highly about the 'warmth of care'.

Staff interactions with people were warm and respectful and demonstrated a good knowledge and understanding of people's individual needs, choices and preferences.

Staff were attentive, caring and respectful in their approach, taking time to listen to people and to respond in a way they understood.

Staff assisted people with tasks and activities which involved daily life skills. Staff ensured good outcomes for people by enabling them to lead on the task in hand and being there to offer support.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People's care records showed they had been supported to attend routine appointments with a range of health care professionals.

People received the support they needed to optimise their health.

People's care needs were recorded in 'person centred' plans. These are care plans which record detailed information about the individual. Care documents recorded strategies related to positive behaviour support to enhance people's quality of life.

A process was in place for managing complaints and an easy read version of the complaints procedure was displayed in the home for people to see.

Is the service well-led?

Good

The service was well led.

A registered manager was employed by the home. Staff were complimentary regarding the manager who they described as 'supportive' and 'approachable.'

Staff were aware of the whistle blowing policy and would use it if required.

Systems were in place to monitor the quality of the service and to drive improvements. We saw this included a number of internal audits (checks) undertaken by the home and also external audits by senior management. An Autism Initiatives Quality Assurance Framework provided an over view of how to support and develop the processes for monitoring the quality of the service.

Arrangements were in place to seek the opinions of people and their relatives, so they could provide feedback about the home.

Our discussions with the manager and staff showed that the culture of the home was based around treating people as individuals and promoting an awareness and understanding of autism.

Parkbourn

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.'

The inspection took place on 23 & 24 March 2015 and was announced. The provider was given 48 hours' notice because at the location people who use the service are out during the day and we needed to be sure that someone would be in. The inspection was carried out by a Care Quality Commission Inspector of adult social care services and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection the provider completed a provider information return (PIR) which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Prior to the inspection we reviewed the information we held about the service, looked at the notifications the Care Quality Commission had received about the service. We contacted the local authority who contract with the service to obtain feedback about them.

The registered manager was present during the inspection and we also met with four people who lived at the home and four care staff. We looked at the care records for three people (to review people's care), four staff recruitment files, the staff duty roster for the month of the inspection, staff training records, medicine charts and other records relevant to how the quality of the service was monitored. We spoke with two relatives; we looked around the home and conducted general observations in the communal areas. The areas we viewed included bathrooms, the lounges, dining rooms and rear garden. We looked at a person's bedroom with their permission.

Good

Is the service safe?

Our findings

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Parkbourn. This was because the people who used the service communicated in different ways and we were not always able to directly ask them their views about their experiences. We spent time with four people who were living at the home, conducted general observations, talked with staff and relatives and reviewed a number of records. People appeared relaxed and at ease with the staff. Relatives we spoke with told us the staff made sure their family member was kept safe. This was in respect of care and support.

The manager outlined with us the staffing levels in the home and these were confirmed when talking with staff. We saw a six week staffing rota and this recorded different shift times to ensure there were sufficient numbers of staff to support people during the day and at night. During the day four care staff were on duty with the manager and one carer at night.

The staffing numbers on the day of the inspection were in accordance with the staff rota. There were four staff on duty with the manager and a domestic member of staff. A 'skeleton' staff team remained at the home whilst people were attending day services. People returned to the home late afternoon and there were sufficient numbers of staff available to support them with their personal needs and social activities. We saw flexibility around the provision of extra hours for staff support should this be needed.

The manager said they adjusted the staffing numbers in accordance with people's needs and 'bank' staff were used to cover holidays and staff sickness, for example. This helped to ensure people received support from a consistent staff team. Relatives told us the staffing numbers were good and their family member received the support they needed to ensure they were safe and well cared for.

We looked at three people's care records and we saw people's dependencies had been assessed to help ascertain the level of support they needed to ensure their safety. Staff told us how they managed risks and how they supported people with individual choices. Risk assessments were centred around the individual and aimed at promoting people's independence with staff support where needed. These covered areas such as, physical and emotional support, medicines, accessing the community and taking part in daily activities/tasks. Risk assessments and behavioural management plans were in place for people who presented with behaviours that might cause concern. These gave staff guidance to keep themselves and people who lived in the home safe in the home and when out in the community. Accidents were reported and actions were taken to help keep people safe.

Procedures were in place to support people with their finances and we saw regular checks were carried out to ensure people's financial records were up to date and accurate.

Each person had a plan which contained current information about their health needs, support needs and their communication to help assure the provision of safe care and support.

We looked at four personnel files for staff. Recruitment checks had been carried out to confirm staff were suitable to work with vulnerable people. This included an application form, photograph for identification purposes and references. Disclosure and Barring Service (DBS) checks had also been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

We spoke with staff about safeguarding adults and the staff had a good awareness and understanding of abuse and the procedures to follow should they wish to report an alleged incident. Staff told us they would not hesitate to report an incident if they felt someone at the home was at risk of harm. They told us they had received safeguarding training and we saw records which confirmed this. This consistent approach helped to ensure people's safety. Contact numbers for the local authority and relevant agencies were displayed for staff to refer to should they need to report an incident. Incidents affecting people's safety were recorded and reviewed to lessen the risk of re-occurrence.

Arrangements were in place to assess the safety of the environment. The furnishing and décor of the home took account of potential risks, for example, the absence of ornaments, objects which could be thrown. We saw regular health and safety checks of the environment had been and this included checks for fire prevention equipment. A

Good

Is the service safe?

personal emergency evacuation plan (PEEP) had been developed for each person living at the home and staff had received first aid training, health and safety and fire training.

We found the home to be clean and cleaning rotas were up to date to evidence the areas cleaned. The manager informed us they completed visual checks of the home to monitor the standard of cleanliness. Staff supported people with their laundry and we saw they had access to gloves, aprons and coloured bags in accordance with good infection control.

We spoke with the manager about the safe management of medicines in the home and we reviewed six medicine administration records (MARS).

Medicines were kept secure in a locked wall cupboard. The majority of medicines were administered from a blister pack (medicines dispensed in a sealed pack). We checked a sample of medicines in stock against the medication administration records. We were told that all medicines in the home were administered by two staff to ensure extra checking and safety. We observed this during our inspection. Following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring and our findings indicated that people had been administered their medicines as prescribed.

The registered manager told us that medication practices were audited (checked) to ensure medicine practices were safe. We saw a number of medicine audits completed by the staff and also senior management. Appropriate actions had been taken where issues had been identified. Staff competencies around the 'the medication cycle' were also checked to ensure staff had the knowledge and skills to administer medicines safety to people.

The NICE guidance for managing medicines in care homes was available for staff referral. NICE (National Institute for Health and Care Excellence) provides national guidance and advice to improve health and social care. A medicine policy was in place for staff referral and staff told us they received medicine training. We saw records which confirmed this. People had an 'About Me' plan of care for their medicines and a protocol was in place to support staff to administer PRN (as required) medication to people. The signs and symptoms a person may display when in pain were clearly recorded, so that staff knew when to give the medication.

Good

Is the service effective?

Our findings

From talking with people who lived at the home, relatives, staff and our observations we could see people were fully supported with daily living and their personal and social care needs. Staff had plans and strategies in place to support these actions and to promote people's independence. Relatives said, "The staff put so much time and effort into the care, it's really good" and "You could not ask for better care."

We spent time with people when they returned to the home in the afternoon. Staff supported people with making drinks, preparing the evening meal and aspects of personal care. This support was in accordance with people's individual need and wishes.

Information was recorded in a hospital support plan, so that people's needs were effectively communicated should a person require hospital admission. The information was ready to read and included information such as, communication, medicines, health and support.

People received the support they needed to optimise their health. This included appointments with external health care professionals such as GP, dentist, optician and hospital; these were documented in the care files we looked at. A relative said, "I am always told if (family member) needs to see a doctor and can always go with the staff to the hospital."

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We were told that people who lived at Parkbourn needed support when making decisions around their daily life and care needs. The manager discussed us how people who lived at the home, relatives and external health professionals were involved in decisions to support people's care welfare. This followed good practice in line with the MCA Code of Practice. Where a person had needed hospital treatment we saw evidence of a 'best interest' meeting held by relevant parties and record of the decision made. The manager informed us staff sought consent from people and their relatives and involved them in decisions around daily life and support. This however was not always recorded. The manager agreed to look at ways of recording this. Relatives told us they were involved in decisions about their family member's support.

The manager had applied to the relevant Local Authority for authorisation of deprivation of liberty for people at the home. Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. One authorisation had been granted. We found the manager knowledgeable regarding the process involved if a referral was needed.

We looked at how meals were organised and how people's nutritional needs were met. A three week menu (word and picture format) was in place and displayed in the kitchens. These showed a range of hot and cold meals; during the week the main meal of the day was served at lunchtime whilst people were at day services. Staff told us they consulted with people about their meal choices and preferred foods and our observations confirmed this. People's support plans recorded what people liked to eat. People were weighed to monitor weight gain or loss. For a person who had lost some weight the staff were monitoring their diet. A food chart was in place to record the amount eaten and the manager confirmed the person was now eating well. The person's health pathway had not been updated to reflect the extra nutritional support. The manager said this would be actioned.

With regards to food stores there was little choice available in the fridges, for example snack foods or cold meats. The manager advised us that the food shop was due and provisions did appear to be low at this time. The manager agreed to review the arrangements around when foods were purchased to ensure stocks were kept constant.

We looked at the training and support programme for the staff. The manager worked in conjunction with the organisation's learning and development department who were responsible for overseeing the staff training programme and staff personal development plans. Personal development plans were in place and linked with staff training. The staff training plan included training in 'statutory' subjects such as, health and safety, moving and handling, safeguarding, fire safety, medication, infection

Good

Is the service effective?

control and first aid. Dignity training was provided and a dignity champion was appointed to oversee the dignity training and for monitoring standards of respect and dignity.

Specific training had been given to meet the care needs of the people who lived at Parkboun. This included Autism Initiatives Five Point 'Star' framework to help understand and support people with Autism. Staff told us they attended this training along with specific training around supporting people with behaviours that might challenge, communication strategies and how to safely support people outside of the home. Staff had received training for a current clinical procedure which was required to maintain a person's health. A relative told us how professional staff were in the delivery of this specific support.

Easy read information and signage was available through the building with signs and pictures (line-drawings). Most pictures were quite small, as was the font used on easy-read notices, so they may well be quite difficult for people to read. We talked with the manager about more use of photographs taken within the service, as this might make signage and pictorial information more relevant and accessible to people

NVQ (National Vocational Qualifications)/Diploma in Care was on-going for staff as part of their formal learning and development.

New staff received a12 week induction and staff confirmed the induction was thorough and covered a range of subjects including autism. Staff told us they worked alongside more experienced staff, as they became familiar with the service and the needs of people they supported.

We saw systems were in place to provide staff support. This included monthly staff meetings, supervisions and an annual appraisal. Staff told us they received a good level of support from management.

We spoke with the manager regarding the environment. We found bathrooms and some communal rooms and hall ways appeared stark; there was also some broken plaster work that required repair. Although we appreciate people with autism benefit from soft colours we found the internal décor and furnishings tended to detract from its outward appearance of being a domestic property. The manager was aware of the need to have the plaster work repaired and they informed us new furniture was going to be purchased for one of the lounges. The gardens were well maintained and the manager informed us bulbs had been planted. People at the home had use of a summer house, potting shed and garden furniture.

Good

Is the service caring?

Our findings

People were unable to express their opinion of staff, but seemed relaxed and comfortable in their presence. Staff welcomed people when they returned from the day centre and there was a genuine interest in their wellbeing and 'whether they had enjoyed their day'. Staff interaction with people was warm, respectful and demonstrated a good knowledge and understanding of people's individual needs, choices and preferences.

People at the home articulated their needs and wishes in different ways and staff understood and responded accordingly. Staff were attentive and caring in their approach, taking time to listen to people and to respond in a way they understood. Support was provided in a timely manner; people were not left waiting for assistance which could raise their anxiety. We observed staff assisting people with tasks and activities which involved daily life skills. Staff ensured good outcomes for people by enabling them to lead on the task in hand and being there to offer support when this was needed. The support was in accordance with people's support plans.

Staff were appointed a key worker role. This role provides the opportunity for a staff member to spend time supporting one person to help get to them know and to build up a relationship of trust. A relative told us this role worked well.

When one person became somewhat distressed, a member of staff was quick to try and divert them by going upstairs to find another activity. This support was provided in a caring way and time was taken to reassure the person and provide the necessary level of support to reduce their anxiety.

From observation, staff demonstrated that they interacted with people in a respectful way. Staff clearly knew people well and were able to respond to their moods in an appropriate way. Staff told us how they worked closely with the people they supported. One staff member described how they worked alongside people, they described this as, 'power with', and 'not power over people'.

Staff told us about the importance of good communication and listening to people, focussing on the positive rather than the negative. Care documents recorded in good detail how people communicated and made their needs known.

Relatives were complimentary regarding the staff and standard of care. A relative referred to the staff as 'family' and spoke highly about the 'warmth of care' provided. Comments included, "The staff are very good", "Staff put in so much time and effort", "Can't praise the staff enough" and "The staff provide a real home." Relatives told us the staff were 'good at keeping in touch' and advising them of any change to their family member's health and welfare.

Personal life histories were recorded along with details about people's preferences and choices. The manager told us the importance of this information in building good relationships with the people they supported and their relatives. Staff told us about people's individual needs, wishes and choice and how they accommodated these. A number of staff had worked at the home for some time; this consistency meant staff has a good knowledge of people's complex needs and how to support them.

The pre inspection informed completed by the manager states: "All our support is based upon the 5 star approach, this incorporates individuals, communication, understanding, motivation, expectation and sensory perception. This is recorded throughout all our documentation to ensure a consistent supportive approach". This approach was supported by our observations, talking with staff and relatives and reviewing care documents.

Staff were present in the communal areas to offer people support and also on a 'one to one' basis. This we observed when a person became agitated and a staff member needed some allocated time to reassure them.

The service had access to local advocacy services to support people as needed.

Good

Is the service responsive?

Our findings

People were not able to tell us how they were involved in planning their care however care documents made reference to people's involvement and their relatives. Some care documents were signed by people, however there was a lack of evidence to support people's inclusion in the planning and delivery of their care. Care reviews were undertaken and the manager informed us relatives were invited to take part. There was also little recorded evidence to support this though relatives informed us they took part in reviews and any changes to their family member's support plan was discussed with them. We spoke with the manager how this could be better evidenced. Staff told us they discussed people's care on a daily basis and how changes were made in response to people's needs and wishes. Care documents were updated regularly to ensure the information was accurate so that people received the support needed.

Staff told us about people's care needs and how understanding people's communication took place over a period of time. The time given they told us was an essential part of understanding and getting to know how people wished to be supported. Communication was clearly recorded in people's care files, along with behaviours that might cause concern, triggers that might cause anxiety or distress and people's preferences and choices around daily living. Staff gave examples of people's behaviours and the required support. Goals were set for particular activities and tasks; staff focused on these as part of developing people's independence in and outside of the home. These goals were agreed with the person concerned and their relative. Records described how these goals were progressing or achieved. A relative told us how their family member's general health and wellbeing had improved since living at the home which they felt was due to staff intervention.

A staff member described how positive intervention was used to support behaviours that may cause concern through positive intervention support planning and intervention strategies were recorded in support plans and people's 'About Me' folders. A staff member told us about signs in people's demeanour that enable them to turn a possible negative episode into a positive outcome by providing the right response.This is an important part of understanding and working with people to help them lead a positive life.

Staff told us about the importance of respecting people's routines and choice. For example, we saw how staff accommodated the wishes of a person who liked to receive personal care late in the afternoon, as they found this therapeutic and relaxing. One person liked to eat on their own and spend time in their room. These actions formed part of people's daily routine and staff supported them accordingly.

We looked at three people's care files; these contained 'person centred' plans. These are care plans which record detailed information about the individual. They included information about people's health, preferred routines, behaviours, likes and dislikes, wishes, aspirations, medicines, food, social activities and how people wanted to be supported to develop their life skills. Care documents recorded strategies related to positive behaviour support to enhance people's quality of life.

A staff member said that a number of methods were used to assist people in making choices, for example, pictures, videos, making lists or writing things down. They went on to say the staff liaised with day services to help determine people's preferences; this process was helped by the fact that two day centre staff also did shifts at Parkbourn. These methods helped people to make their needs known and to encourage their independence.

Staff made efforts to ensure care plans reflected people's history, preferences and aspirations by getting to know them well, offering alternatives and offering explanations through use of pictures. For example, one person was moving to a different day service because it focused on craft activities, which they enjoyed.

People who lived at Parkbourn attended day services run by Autism Initiatives five days a week. For one person who did not attend the day services, staff arranged alternative activities, which during our inspection, included shopping and going out for a walk which was their choice at this time. These activities were arranged in accordance with the person's preference and support plan.

Each day service has a different focus, for example, arts, crafts and horticulture pursuits, so people attended the one which best matched their interests. Other activities

Good

Is the service responsive?

outside the day service included visits to the hairdresser/ nail salon, personal shopping, walks, pubs, cafes, cinema, local village fetes and taking people on holiday. An optional sensory and relaxation environment was available at the home and people who had the use of a car to take them to different places with staff support. We talked with the manager regarding further development around people's preferred activities to ensure the activities programme was stimulating.

People had contact with families and the use of social media sites was available to promote contact with families who did not live locally and for people to access different services and activities. Relatives told us they were welcomed by the staff when they visited and there were no restrictions on when they could visit.

A complaints policy and procedure was in place with an easy read version of the complaints procedure displayed in the kitchen/dining areas. The manager informed us they had not received any complaints/concerns and the manager told us the procedure they would follow should a concern/complaint be received. The manager told us they had good working relations with relatives and were available at any time to discuss any issues. This was confirmed when talking with relatives. Relatives we spoke with were aware of how to make a complaint; they told us they had no concerns at this time and would not hesitate to speak with staff if they did. We spoke with a person who was able to confirm they were happy at the home and did not have any worries.

Good

Is the service well-led?

Our findings

The service had a registered manager who also held another senior position within the organisation. The manager told us they ensured sufficient managerial hours were spent at Parkbourn and in their absence senior support staff took responsibility for the home. We saw the manager was supported by a full complement of staff and they were clear as to their roles, responsibilities and the lines of accountability across the organisation. Staff were complimentary regarding the manager who they described as 'supportive' and 'approachable' with an 'open door' policy. A relative told us, "The home is managed very well indeed."

Our discussions with the manager and staff showed that the culture of the home was based around treating people as individuals. They told us about the importance of understanding the world from the point of view of someone who has autism. Staff reported the training provided them with a good understanding of autism and this was central to establishing good communication with people, providing people with the required support and reporting on their progress.

We asked the manager to tell us about established systems to monitor the quality of the service and to drive improvements. We saw this included a number of internal audits (checks) undertaken by the home and also external audits by senior management. We met with a Head of Quality Assurance who was visiting the home and provided us with an overview of Autism Initiatives Quality Assurance Framework.

Audits seen included health and safety reports of the environment and, for example, service contracts for gas, electric, hot water and fire prevention. The repair work around the broken plaster was raised with the manager who agreed to get this actioned.

The manager completed a self-assessment document which provided an over view of the home. We saw this covered areas such as, medicines, staff meetings, menus, activities and dignity. The findings were fed back to staff and required actions taken in a timely manner. The service's monthly quality assurance report provided an overview of the service under safe, effective, caring, responsive and well led. Detailed information was recorded under these domains and linked to current practices and people's support needs. Medicine management was audited through standardised training, supervision and observation of staff.

We saw unannounced visits were undertaken by an area manager, the aim of which was to 'get a feel of how efficient and smooth running' the service is 'by observing staff practice and interaction with service users' The use of restrictive practices and incidents/accidents in the home were audited. The findings of all audits were fed back to senior management, as these provided detailed reports on key areas of service delivery.

Staff informed us they were told about how the service was operating and this included sharing information on a daily basis at staff hand overs and attendance at monthly staffing meetings.

Minutes from staff meetings were structured and covered issues such as, people's support needs, safeguarding, health and safety and sharing good news. Managers' meetings and managers' development days were also held.

Autism Initiatives provide a newsletter for people who have an interest in the organisation. This reported on areas such as, the organisation's achievements and plans for the future. The manager told us about the 'service user forums' which enabled people to share their views about the service and be part of future developments and also the work based ventures which people can be part of. No one from the home was currently taking part in these at the time of our inspection.

Satisfaction surveys had been sent out to relatives prior to the inspection therefore there was no current analysis regarding satisfaction of the service. A quality report from last year provided positive feedback and relatives we spoke with told us they were happy with the service. Relatives' comments at this inspection included, "You could not have better" and "Excellent all around."

The manager told us formal meetings such as service user voice meetings were not held with people who lived at Parkbourn. Staff felt chatting with people on a 'one to one' basis was more productive and better suited to people's needs. Relatives told us they could arrange to have a meeting at the home at any time if they so wished.

Good

Is the service well-led?

Staff told us they felt they could speak up if they had concerns and they would be listened to. Staff had access to a whistle blowing policy thus ensuring an open culture existed. . A member of the care team said, “I would report something if I felt it was wrong.”

The manager sent us notifications in accordance with our regulations to report on incidents that affect people’s safety and wellbeing.