

Autism Initiatives (UK)

Ashdown Close - Southport

Inspection report

37 Ashdown Close
Southport
Merseyside
PR8 6TL

Tel: 01704549889
Website: www.autisminitiatives.org

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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

The inspection took place on 12 December 2017 and was announced.

Ashdown Close is a 'care home' for two people with autism. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The property is situated in a residential area, close to public transport links, shops and other community facilities. There were two people living in the home at the time of the inspection.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good. The service met all relevant fundamental standards.

People living at Ashdown Close were not able to tell us whether they felt safe living at the home. However, we found the provider had robust measures in place to ensure people were safe.

Medicines were managed safely and people received their medicines as prescribed.

Staff had been trained to administer medicines in order to ensure errors were kept to a minimum.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were recruited, trained and supported to ensure they had the right attributes and skills to offer effective care to the people living at Ashdown Close. Staff received a programme of mandatory training, which was updated as required. There was sufficient staff on duty to meet people's needs.

The home was well maintained and in good decorative order. Measures were in place to ensure the environment was safe and suitable for the people who lived there.

People's needs were assessed prior to their admission to the home. Care plans were completed to demonstrate the support required. Referrals were made to health care professionals when changes in health care needs were identified.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The staff showed kindness towards the people in the home. The people who lived at Ashdown Close used non-verbal communication. Each person's ways of communicating had been recorded.

People were supported to maintain their independence with activities of daily living (personal care, laundry, shopping). People accessed community services such as pubs for lunch, swimming pools, walking groups,

visits to parks and shops.

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes.

The provider had a complaints policy in place but no complaints had been received.

We found there to be a person-centred and open culture in the home. Staff reported that managers were "easy to approach" and "very supportive".

There was a manager in post who had applied to the Commission to become the registered manager. Their application was on-going. 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.

Quality assurance and governance processes were in place to assess the safety and quality of the service. The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. The rating from the previous inspection of Ashdown Close was displayed in the office; a more visible location in the home is preferable.

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 has improved to Good.

Ashdown Close - Southport

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 12 December 2017 and was announced.

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

The inspection was carried out by an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. We collated information we had about the home and contacted the social care professionals responsible for placing the young people in the home to seek feedback. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

During the inspection we used a number of different methods to help us understand the experiences of people who lived at Ashdown Close. This was because the people who lived at Ashdown Close communicated in different ways and we were not always able to directly ask them their views about their experiences. We spent a short time observing the support provided to one person who lived in the home to help us understand their experiences of the service. Our observations showed the person appeared relaxed and at ease with the staff. We spoke with two staff, including a manager. The home manager was unable to support us with the inspection. After the inspection we spoke with two relatives.

We looked at the care records for two people, as well as medication records, three staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits. We undertook general observations and looked round the home.

Is the service safe?

Our findings

People living at Ashdown Close communicated in different ways and therefore were not able to tell us whether they felt safe living at the home. However, we found the provider had robust measures in place to ensure people were safe. We saw through people's body language and facial expressions, that they were comfortable with the staff. Risk assessments were in place specific to their individual needs and the activities they took part in.

Relatives told us they felt their loved ones were safe in the home. 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 the managers. Training records confirmed staff had undertaken safeguarding training and this was on-going. They demonstrated that they knew how to keep people as safe as possible, but without overly restricting what each person wanted to achieve. For example, in aspects of daily activities there was guidance on what the person could do with support to keep them safe such as making drinks, snacks and meals.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum; staff's competency to administer medicines was checked regularly.

There was sufficient staff on duty to meet people's needs. People required one to one staff to access the community and take part in activities. Staff were provided to enable them to do this and keep safe.

We looked at how staff were recruited and the processes undertaken. We found copies of application forms and references and found that Disclosure and Barring (DBS) checks had been carried out. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

The home was well maintained and in good decorative order. Measures were in place to ensure the environment was safe and suitable for the people who lived there. Repairs to the building were recorded and attended to in a timely way. Regular checks and tests, such as gas, electricity, water safety, fire drills, weekly fire alarm tests and external checks of fire-fighting equipment, were completed to promote and maintain safety in the home. Accidents were recorded and reviewed each month to look at any ways to prevent reoccurrence. The incident reports were reviewed by the provider's 'Practice Development team'.

Is the service effective?

Our findings

People's needs were assessed prior to their admission to the home. Care plans were completed to demonstrate the support required. We saw these were regularly updated to reflect people's current health and support needs. Referrals were made to health care professionals when changes in health care needs were identified. Appointments were made for the GP, dentist, and learning disability consultant.

Staff were recruited, trained and supported to ensure they had the right attributes and skills to offer effective care to the people living at Ashdown Close. Staff received a programme of mandatory training, which was updated as required. New staff received an induction, which included shadow shifts with experienced staff. Supervision and staff meetings were held to support staff in their role.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 provider had followed the requirements in the DoLS. The MCA DoLS requires providers to submit applications to a 'supervisory body' for authority to deprive a person of their liberty. Applications under the DoLS had been authorised, and the provider was complying with any conditions applied to the authorisation. Staff had received training to provide them with an understanding of the requirements of the Mental Capacity Act.

People were supported to make their own decisions and choices in relation to their care and support received whilst living at Ashdown Close.

The home took an individualised approach to meal provision. People were supported to eat and drink enough to maintain a balanced diet.

When a person first moved in to Ashdown Close they chose the colours and furnishings for their bedrooms if they were able to. TVs had been secured to the wall to minimise the risk of harm. Flashing lights and vibrating pillows were in place for a person with sensory loss to alert them to the fire alarm.

Is the service caring?

Our findings

We saw that the staff showed kindness towards the people in the home. The people who lived at Ashdown Close used non-verbal communication. Each person's ways of communicating had been recorded. Pictures were used in daily 'timelines' to demonstrate a person's routine for that day.

The staff had been supported and trained by a family member to learn British Sign Language (BSL) to enable effective communication for another person. A 'WhatsApp' group was set up to support staff with any questions/ issues.

Staff were carefully recruited with the specific needs of people in mind. For example, a manager facilitating a person's transition into Ashdown Close identified staff working at another location as being a good match to work with them.

Families were active in seeing and checking on their family members and visited regularly. Management kept them updated regularly as appropriate.

People were supported to maintain their independence with activities of daily living (personal care, laundry, shopping). They went out for social events and to attend health appointments.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes. These documents were regularly updated to reflect people's change in need or preference. The service had an excellent transition process for people moving into Ashdown Close, which helped ensure a successful start to their placement.

We saw people in the service enjoyed a range of activities. One person was still in education; another enjoyed working at a social enterprise scheme. People accessed community services such as pubs for lunch, swimming pools, walking groups, visits to parks and shops.

The provider had a complaints policy in place but no complaints had been received. The service was in touch with families regularly and saw some family members most weeks. The service also acknowledged that people would not be able to raise concerns in a conventional way. One person met with their 'key worker' to give them opportunity to discuss any issues they had or make any changes to their support.

Is the service well-led?

Our findings

There was a manager in post who had applied to be registered with the Commission. Their application was being processed. They had completed their interview with a Registration Inspector and were awaiting the outcome.

We found there to be a person-centred and open culture in the home. Staff reported that managers were "easy to approach" and "very supportive". The staff we saw all seemed to get along with each other. Staff told us they all worked as a team and supported each other.

Relatives were able to provide feedback and comments about the service.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. A number of audits were completed by the manager and nominated senior care staff which included, medication, accidents and health and safety. The manager submitted a report on all aspects of the service each month that was discussed at monthly meetings. Additional audits were completed by the area manager and quality manager throughout the year.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding people living at Ashdown Close.

From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection of Ashdown Close was displayed in the office. We informed the area manager during our feedback that the ratings should be displayed in a more visible part of the home, so that visitors could see it.