

Autism Initiatives (UK)

Gladstone Road

Inspection report

29 Gladstone Road, Seaforth
Liverpool
L21 1DG
Tel: 0151 949 1972
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 

Overall summary

This unannounced inspection of Gladstone Road took place on 28 October 2015.

Gladstone Road is situated in the residential area of Seaforth. The service is operated by Autism Initiatives and provides care and support for three people with a diagnosis of autism and learning disabilities. The home is located close to public transport links and leisure and shopping facilities.

There was a registered manager in post; however they were not present at the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The relatives of the people who lived at the home and staff told us people were safe. There were systems and processes in place to protect people from the risk of harm. These included thorough staff recruitment, staff training and systems for protecting people against the risks of abuse.

Summary of findings

Relatives told us staff were respectful towards them and their family members and we observed that staff were caring and supportive to people throughout our inspection.

We observed there were enough suitably trained staff to meet people's individual care needs. We saw that staff spent time with people and provided assistance to people who needed it. Staff were available to support people to go on trips or visits within the local and wider community.

Staff understood the need for them to respect people's choice and decisions. Assessments had been made and reviewed regarding people's individual capacity to make specific care decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family members where appropriate and relevant health care professionals. This showed the provider was adhering to the Mental Capacity Act 2005. This is legislation to protect and empower people who may not be able to make their own decisions.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). 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. At the time of this inspection, there were two applications which had been authorised under DoLS for people's freedoms and liberties to be restricted. We checked records as saw the process had been carried out effectively.

People's health and social care needs had been appropriately assessed. Care plans provided detailed information for staff to help them provide the individual care people required. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people. There was a procedure in place for managing medicines safely.

There were effective systems in place to monitor and improve the quality of service through feedback from people who used the service and their families, staff meetings and a programme of audits and checks.

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

People's relatives told us that they were safe.

Staff had been recruited properly. There were satisfactory checks undertaken to help ensure staff were fit to work with vulnerable people.

Sufficient staff were on duty for safe care to be carried out.

Medication was administered and stored correctly.

Risk assessments were in place to support people to remain safe.

Appropriate safeguarding procedures were in place and staff were aware of their application.

Good



Is the service effective?

The service was effective

Staff were properly inducted and receive on-going training and they were supervised and appraised regularly.

Staff understood and applied the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards and had made appropriate referrals.

The premises were large and well-appointed and suited the people living there.

Good



Is the service caring?

The service was caring.

Staff were caring and approachable but remained professional throughout all interactions with the people living at the service.

People were able to laugh and joke with staff and they appeared very at ease with them. People's privacy and dignity were respected and every effort was made by staff to ensure that people were as independent as possible.

Staff took it upon themselves to ensure the people who lived at Gladstone Road engaged in activities which were meaningful to them.

Good



Is the service responsive?

The service was responsive.

People were happy with their care and family members we spoke with had no complaints about the service they received.

There were systems in place to make sure changes in people's care needs were managed and responded to, including regular care plan reviews with people's involvement.

Staff were aware of people's individual health needs and supported people appropriately.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was a registered manager in post. There was a clear management structure in place to support the service. The home was homely, and the culture of the organisation was supportive.

Documentation was good, readable and up-to-date. The quality of the service was regularly checked and action plans put in place to rectify any issues found

Good



Gladstone Road

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. The 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 the 28 October 2015. The inspection was unannounced.

The inspection was conducted by one adult social care inspector. Before the inspection took place we looked at our own records, to see if the service had submitted statutory notifications.

During the inspection we were unable to talk with the people living at Gladstone Road as they chose not to talk with us, or were unable to, but we did make observations during the visit. We talked with three staff in detail including the area manager and the senior carer.

Following the inspection visit we telephoned two relatives of the people who lived in Gladstone Road, to get their views about the service.

We observed care and support in communal areas, viewed the three care files for the people living at Gladstone Road, all of the staff training records, four recruitment files, and other records relating to how the home was managed.

Is the service safe?

Our findings

Some of the people who lived at the home were unable to verbalise due to their complex needs, and one person chose not to speak to us. We did, however speak to people's family members. All of the family members we spoke with told us that they felt their relative was safe in Gladstone Road. One person said, "Oh yes, I know [person's name] is safe while he is there."

We asked staff how they made sure people who lived at the home were safe and protected. One staff member explained the safeguarding procedure to us and how they would report any concerns. They said "I would look for any signs of possible abuse and report this straight away." Staff understood the different kinds of abuse. Staff knew what action they would take if they suspected abuse had happened within the home. Staff were aware of, and had access to, the provider's safeguarding policies and they had received safeguarding training. The area manager and deputy manager were aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received.

There was a whistleblowing policy in place and staff confirmed they understood this and would not hesitate to raise concerns to the area manager.

Staff knew how to manage risks associated with people's care. Records and staff knowledge demonstrated the provider had identified individual risks to people and had put actions into place to reduce the risks. For example, one person would get very agitated when there was a change to the décor or the atmosphere in the house. We saw an example of the risk assessments in place for this person which detailed how staff were to support that person to manage these changes. We could see they had been effective because the person had fewer incidents of challenging behaviour, even when we could see a change had taken place, such as a room being painted, which had happened a few weeks earlier.

Records showed incidents and accidents had been recorded and where appropriate, people had received the support they needed. The system in place had recently been improved so any trends or patterns that emerged could be responded to. For example, there had recently been an increase in challenging incidents from a person who lived at the home. When the area manager analysed

the incident forms and looked at the persons records, it was identified the person had recently had their medication changed. The staff team contacted the GP and pharmacist for advice, and were told this could be a side effect due to the change in medication and were given advice which they documented in the persons file.

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the home. Staff spoken with told us they had to wait until their DBS and reference checks were completed before they could start work. We also looked at staff recruitment files to confirm checks had been carried out to ensure staff were 'fit' to work with vulnerable people.

We looked at staff rotas and could see there were enough staff to meet the needs of the people who live in the home. We could see evidence of staff picking up extra shifts. When we asked staff about this they told us it was to ensure the people who live in the home were supported by staff who knew them and their routines rather than agency staff who had not built a relationship with the people living at the home.

Staff told us they could meet people's individual needs. One member of staff told us, "There is always two of us on during the day, and most of the time at least two of the service users are out." They said "If we need more staff we can be flexible around their [people who lived at the home] needs."

Systems were in place to make sure people received their medicines safely. Medicine administration records (MAR) sheets confirmed each medicine had been administered and signed for at the appropriate time. We checked three MAR sheets at random for people living in the home and counted their medications. We found all totals matched and had been appropriately recorded. Staff were received the correct level of training to be able to assist people with their medications, we were able to see this on the training matrix and we viewed certificates in staffs files. The medication records contained a detailed plan for each person, including what type of medication they take and what the medication is used for. The plan also contained any possible side which could occur from taking the medication. Each person's medication plan had their photograph on. the staff explained why this was important, so they knew which person had what medication. All of the

Is the service safe?

people in home had PRN [give when required medicines prescribed We looked at PRN and found these were supported by a care plan to explain to staff in what circumstances these were to be administered.

All of the safety checks required to keep the homes environment safe in good working order had been completed, such as the gas, electric and fire alarm check. We spot checked the certificates for these, and could see they had all been recently issued.

Is the service effective?

Our findings

Family members told us the service people received was good and their relatives received care and support from staff when needed. One relative said “It is brilliant, the staff are very knowledgeable.” Another said “They get his [persons] humour, so they can respond to him.”

Staffing levels and the consistency meant the staff team knew what people wanted to do on a day to day basis and what support people required. The area manager and the senior carer told us that some of the staff had been working with the people in Gladstone Road for over ten years. The senior carer told us this was really important for getting the best out of the people who lived there because they are ‘used to the same faces and feel at ease’.

We saw staff had a good understanding of the needs of each person and had the skills and knowledge to support people effectively. For example, we observed staff supporting someone to get ready for the day services. The staff knew where to leave everything so the person could find it, as it was important to them that everything happened in sequence.

The atmosphere within Gladstone Road was calm and relaxed and we saw people laughed and

chatted to staff and each other. Staff we spoke with told us they felt confident and suitably trained to support people effectively. Staff told us they completed an induction when they started at the home and they completed all their training during their induction period and had regular refreshers. We could see from looking at the training records all staff training was up to date. Staff told us they had regular supervision and appraisal meetings about their individual performance, and they felt supported by their colleagues and managers.

Staff explained to us the importance of getting consent from the people who lived at Gladstone Road before carrying out any personal care task. The staff member said, “I would explain to the person first to make sure they knew what I was going to do.” The staff member explained they would do this whether the person could communicate verbally or not, and they would use facial expression and body language to communicate this to the person to ensure they understood. We saw an example of how the staff used picture boards to gain consent from a person living at Gladstone Road. The picture board contained a

sequence of events, represented by pictures which the person understood. The staff explained that this is shown to the person who signalled they are happy with the decision or not.

We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 area manager showed us one application they had recently submitted to the ‘Supervisory

Body’ to deprive someone of their liberty. The provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS).

We looked at daily menus and could see evidence people were given a choice of food and drinks on a daily basis. We saw people were provided with their choices and they ate their meals at times when they wanted. Staff told us if people did not want the choices on the menu, alternatives would be provided. We saw that every weekend the house had a ‘chippy’ tea, and people were supported to choose what they wanted from the menu at the local chip shop this activity helped promote communal identity for people.

Records showed people had received care and treatment from health care professionals such as psychiatrists, physiotherapists, GP’s and occupational therapists. Appropriate referrals had been made in a timely way to ensure people received the necessary support to manage their health and well-being. We saw evidence in people’s

Is the service effective?

health plans that staff were writing detailed notes when people attended various appointments, including the outcome of these appointments and when the next one was scheduled for.

Is the service caring?

Our findings

A relative of the one of the people living in Gladstone Road told us “I couldn’t get anywhere better for [person’s name]” Another said “I love that house and the staff.” Other comments were “The staff are marvellous, they know [family member] inside out.” Someone else said “I’m very pleased” They also said “[family member] loves all of his staff, I would know if he didn’t.”

We saw people were laughing and looked happy. Staff spent time with people, discussing day to day things such as the weather, what people wanted to do and what they wanted to eat. Staff were also talking with people about the activities they had enjoyed that day and what their plans were later in the week. Staff told us they set people individual future goals, with their permission and agreement, to maintain people’s levels of independence. We could see evidence in people’s files that this was taking place. One staff member said, “We have regular meetings and discuss what people want to do, and to review the goal sheets. These happen every month.”

Staff were polite and respectful when they talked with people. The relatives we spoke with said staff treated them with respect. One of the people who live in Gladstone Road could do most things for themselves, they just required some prompts with personal care. This was documented in their care plan to help ensure they supported the person to best promote their independence and feelings of confidence and self-worth.

Staff told us they cared for people in a way they preferred. Each care plan contained information in relation to the individual’s background, needs, likes, dislikes and preferences. These records also contained people’s personal goals and objectives and how they wanted to spend their time. All of the staff were able to demonstrate a good knowledge of people’s individual choices. We saw one person who the staff supported to complete a part time paper delivery job. We heard the staff member assuring the person they were doing a good job. The person was responding positively to the staff member [and we could see the person’s wellbeing was enhanced.

One family member gave us an example of when the staff go ‘above and beyond’ to care for people. They explained the staff member has supported them to continue a family tradition by supporting the person to spend occasionally weekends at home. The staff members have a well-planned strategy to stay with the person in their family home. We could see the risks associated with the activity were managed well. The staff told us they enjoyed doing this as it was important to the person and their family. The Person’s relative told us this was “Wonderful”.

People were able to participate in regular meetings to discuss any concerns they had. Staff told us this gave people an opportunity to discuss anything such as hobbies, interests or how they wanted to spend their time.

We could see that One person was passionate about their particular hobby and pastime. We heard that staff had been working on a project to make more space in the house so the person could carry out their hobby. The staff had cleared the space and had started to unpack the items from the boxes ready for the person to put together. One staff member told us “I can’t wait until it is done, he [person who lives at the home] will absolutely love it.” We could see that the staff had worked hard, and had taken it upon themselves to do this for the person concerned; staff had even stayed longer hours, unpaid, to help finish the project

There was no one who had an advocate in the home, however we could see there was information provided for people with regards to where they could find access to advocacy services, and we could see decision making had been discussed with the people before they came to live at the home.

Staff we spoke with were able to explain to us in detail why it was important to treat people with respect. The staff told us how they respect people’s privacy and dignity by knocking on their doors and waiting to be invited in before they enter. Also the staff explained how they encourage people to do as much for themselves as possible in relation to personal care, one of the staff members told us “I’ll make sure I have wet the flannel and put the soap on, then I will pass it to him [person who lives at the home] to wash themselves.

Is the service responsive?

Our findings

People were actively encouraged and supported with their hobbies, interests, personal goals and ambitions. We looked at people's care plans and could see what hobbies they enjoyed.

We could see that one person went out most days and they had a job in the local area. Other people from what we could see often visited their family members or accessed the community.

People's ambitions were recorded in their activity planners which documented what support people needed to achieve their goals. We looked at three care plans and found they contained detailed information that enabled staff to meet people's needs. Care plans contained life histories, personal preferences and focussed on individual needs. They included appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. Records also contained charts for staff to complete that identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe.

Staff spoken with told us they recognised certain signs when people in the home became agitated. Staff were confident they could manage people's behaviour by observing them closely until their anxieties reduced.

Staff responded quickly when people's needs changed. For example, one person had a specific medical condition, and there was information in the person's care plan which detailed how to support the person if they needed urgent or emergency support. We could see the staff had responded to the person's changing care needs which included managing the person's environment so that they could be better observed by staff. We could see that there had been discussions with regards to getting a monitor in the person's room; however we could see that following a best interest meeting, a less intrusive option was decided on.

We could see that people were supported to go on holiday and to choose where they went. For example, one person chose to go on a holiday which extended their interest in a particular hobby and pastime. The choice of holiday was well documented including how the person had been supported to reach that decision.

Records showed the provider had not received any formal complaints in the last 12 months. Family members we spoke with told us the managers were approachable and if they had any concerns, they would speak with the managers or the person's key worker. The area manager told us they held regular group meetings, one to one meetings and had an open door policy so people were given opportunities to raise any issues. A relative said, "I would have no issue complaining if I had to, I know they would listen."

Is the service well-led?

Our findings

There was a registered manager in post; however they were absent from the service at the time of the inspection. The area manager had notified us of this change. The area manager had a plan in place for supporting the home while the manager was absent. We could see throughout the day the area manager was a visible and regular presence in the home and demonstrated that they knew the staff, the families and the people living in Gladstone Road very well.

The culture of the home was one of 'homeliness' and we observed this throughout the day. One of the family members we spoke with said, "We're kind of like a big family really."

The service promoted a positive culture and people were involved in developing the service as much as possible. As some of the people who live at the home cannot verbalise, they use Makaton to communicate with the staff. We saw documented evidence that this had taken place.

We asked staff about the support and leadership within the home. Staff said they were confident to raise concerns they had and praised the area manager for their openness. Staff told us they had regular supervision meetings to discuss their performance and training needs, an annual appraisal and team meetings. Staff told us the service supported

whistleblowing and staff felt confident to voice any concerns they had about the service. Staff we spoke with were motivated and fully understood what was required of them.

There were effective systems in place to monitor the quality of the service. We looked at the quality assurance checks that had been completed over a period of time. Some of these audits identified areas for improvements. For example, we could see a few weeks previous the care plans were audited and were identified as missing some pieces of information. Action plans were formulated and followed to make sure this was amended. We also looked at records which confirmed that audits had been conducted in areas such as health and safety, including accident reporting, manual handling, premises, food safety, medication, laundry and peoples risks assessments.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The area manager and senior member of staff understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.