

# Autism Initiatives (UK)

## Redpoll Lane

### Inspection report

29 Redpoll Lane  
Oakwood  
Warrington  
Cheshire  
WA3 6NP

Tel: 01925837004  
Website: [www.autisminitiatives.org](http://www.autisminitiatives.org)

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16 May 2017  
19 May 2017

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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

We undertook this announced inspection on 9, 16 and 19 May 2017.

Redpoll Lane is a semi-detached house located in a residential area of Warrington. It is registered to provide personal care for people who require support by staff on a twenty four hour basis. Each person has their own bedroom upstairs and share a kitchen, bathroom and lounge on the ground floor. There are gardens at the front and back of the house and parking outside.

Staff knew the people they were supporting well and provided a personalised service. Individual personalised care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner.

We could see the people who lived there had good trusting relationships with the staff and were able to make their needs known. It was vitally important that staff responded to each person's needs, concerns and changes in mood in a positive and effective manner. We found that staff were skilled in this respect. They were able to communicate effectively with the people who lived at the home and were able to offer reassurance and support when required.

There was a registered manager in place at the home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were appropriately recruited, trained and supported. They had undergone an induction programme, completed mandatory training and where necessary, had received additional training specific to the needs of the people they were supporting. Internal and external trainers were being sourced by the provider.

Communication was effective and regular meetings were held to discuss concerns. Staff demonstrated a caring approach and understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

Healthcare professionals were involved in people's care and were being called upon for advice when appropriate.

The staff we spoke with had a good understanding of Safeguarding and the different types of abuse. There was a whistle blowing policy and staff knew what to do if they were concerned about any practices they observed placed the person they were supporting at risk of harm.

Safe medication management systems were in place and when we identified the need for timed intervals to be documented for one person's PRN {Pro re nata, as and when prescribed medication}, the registered

manager actioned this immediately.

We found risk assessments were also in place to effectively identify and manage potential risks.

Governance and quality assurance systems were in place with regular audits of the service. A complaints policy and process was in place and a system of recording all compliments and complaints.

People's views were sought in a range of ways from asking relatives and healthcare professionals for their views, involving independent advocates for people and ensuring people were being provided with opportunities to make their own choices and to make decisions. Best interests processes were being followed when appropriate.

## 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.

Staff understood their responsibilities to safeguard people from abuse and there were systems in place to protect people from abuse.

There were risk assessments in place to ensure staff knew what to do to mitigate risks for people.

Medicines were being managed safely.

The staff files we checked demonstrated staff had been recruited safely.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction, training and supervision. There was an appraisal tracker in place.

The principles of the Mental Capacity Act 2005 were being followed with best interests processes followed when appropriate.

Healthcare professionals were involved in people's care and staff were promoting their recommendations.

### Is the service caring?

Good ●

The service was caring.

Staff spoke very fondly about the people they were providing support for and respected their privacy and dignity in their own home.

People were supported to seek independent advocacy services and were encouraged to be as independent as possible.

Choices were provided for people receiving support to enable them to make their own decisions whenever possible.

### Is the service responsive?

Good ●

The service was responsive.

Assessments were in place and care plans involved people and others who knew them well. Preferences, likes and dislikes were clearly documented in the personalised care plans.

People were supported to access activities outside of their home in the community, inside their home and to go on holiday.

There was a complaints policy and procedure in place. Compliments were also recorded which we viewed.

### Is the service well-led?

Good ●

The service was well-led.

Governance and quality assurance systems were in place including regular audits.

Staff meetings and team briefs were being undertaken and attended by staff demonstrating the provider was seeking the views of staff.

The service had a quality assurance audit for families to provide their views about the support being provided.

# Redpoll Lane

## **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 9, 16 and 19 May 2017 and was announced. We visited for a number of hours over the three days to suit the needs of the people who lived there.

The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The membership of the inspection team included one adult social care inspector. We reviewed all the information we held about the service and contacted the Local Authority to gather information prior to this inspection.

The methods that were used, included talking to people who lived there, interviewing staff, pathway tracking, observation and a review of records. During the inspection we spoke with four staff members including the registered manager. We reviewed two staff recruitment records, two care plans and associated records, MARS (medication administration record sheets) and other associated records.

# Is the service safe?

## Our findings

People who were living at Redpoll Lane had communication difficulties and were unable to respond to specific questions. Therefore, we observed interactions during our site visits and found people were safe and secure as they appeared comfortable and relaxed in their own home.

We viewed the incidents log and found a detailed account of incidents which had occurred within the service. The incident records detailed where the incident took place within the home, the behaviours and the approach including techniques used by staff to deescalate the behaviour if needed. Records completed also included body maps where appropriate.

Staff understood the different types of abuse and their responsibilities to protect the people they were supporting from abuse. They could tell us what they would do in situations where they suspected abuse and how to report their concerns. Staff had heard of whistleblowing and were aware how to whistle blow.

We checked the recruitment practices within the service and found a DBS (Disclosure Barring Service) check had been undertaken prior to staff commencing to provide support to people at the service. This meant the necessary checks had been completed to ensure the staff had no criminal convictions which would pose a risk to the people living there.

Risks were clearly documented such as in challenging behaviour, financial abuse, falls, nutrition and medication. The people living at the service needed support to manage their weekly budget. Staff were following a cash tin system whereby money was counted out and back in with receipts for all purchases. We observed this during the inspection and found the staff checked the balance amount in the cash tin with another staff member to counter sign. We reviewed a receipts log and found there were two signatures for all purchases seen. This meant the system in place mitigated the risk of financial abuse.

There were enough staff to support the needs of the people living at the service on the days we visited. We viewed the rota and found staffing ratios increased at times when people wished to go out into the community.

## Is the service effective?

### Our findings

The people who were living in this home were being supported to adapt their home environment to meet their needs. We observed their rooms were homely and how they wished them to be. Specific equipment to assist them in moving inside and outside their home was in place and had been arranged by staff supporting them.

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 make 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 application procedures for this must be made through the Court of Protection for people living in the community. If people living in their own homes are receiving restrictive care that may amount to a deprivation of their liberty, an application must be made to the Court of Protection to ensure that restrictive care is lawful and in a person's best interests. The registered manager had a good understanding of the Court of Protection and was able to provide us with DOLS authorisation confirmations with an expiry date clearly documented. We also viewed best interests decisions and processes for people were in place. For example, one person who needed dentistry work became very anxious prior to the appointment. A best interests process was being followed to ensure all steps considered to be in the person's best interests to alleviate anxiety prior to and during the procedure were documented and agreed.

We checked to see if staff were receiving support by way of supervision, appraisals and training. Staff we spoke with told us they received an induction when they first started work there and also completed shadow shifts so the people receiving support/care became familiar with the new staff member gradually. Staff told us they were undertaking some training every 2 to 3 months including in positive interventions, epilepsy, first aid and safeguarding. The service arranged for a specialist practitioner to provide training including a positive behaviour two day course with an annual refresher course. Other training offered included on support plan goals, speech and language therapy run course called "Thinking about Thinking" and medication administration courses.

Staff confirmed they were receiving regular supervisions every 4 to 6 weeks but appraisals were inconsistent. One staff member told us "we can phone the manager anytime and ask for a supervision". Another staff member told us "you can ask the manager if you need a supervision earlier". The registered manager provided us with an appraisal tracker which had been compiled recently for all staff to receive an appraisal.

People were being provided with the support they required to eat and drink when they wished. We observed one staff member supporting a person to make their own breakfast. Staff provided a choice of foods and recognised two choices was enough information to process. Any more than two choices was too much information for people to process and raised their anxieties. Staff were aware of people's dietary requirements and were offering choices in line with recommendations from health care professionals.



We found health care professionals were involved in people's care such as dentist, General practitioner and Social Worker however, one person was due a review by a professional which was overdue. We spoke with the registered manager who contacted them during the inspection and arranged a review.

## Is the service caring?

### Our findings

We observed positive interactions between staff and the people they were supporting during our inspection. The staff demonstrated a caring approach and knew the people they were caring for well. For example, we observed one staff member sitting with one person who was lying on the sofa in the lounge. The person asked the staff member if they were on shift that night and the staff member responded "yes". The person then wanted to know who was working tomorrow and the staff member responded "we'll look at your board". The person's anxiety then reduced when the staff member directed them to the board. This was dealt with by the staff member within a timeframe to alleviate the person's anxiety straight away.

The staff were respectful of people's specific needs and displayed a calm approach as people moved around their home and front garden as they wished. The atmosphere was relaxed and not restrictive.

Two staff members we spoke with had worked with one person who lived at the service for 15 years. This provided people with consistency of staff who knew them well. One person told us "The consistency of routine is what's important for {service user}. The TV is {service user's} clock, they know when the 6 o'clock news is on it's tea time, that's their reference point". Staff understood how to communicate in the best way. For example, one staff member told us "Dr Dollar" means "Dr Pepper", when one person was asking for a drink.

Another staff member told us one person's mood was evident from the tone in which they were singing. They said "{service user's} communication comes out in their behaviour. {service user} sings and you have to listen to the song, the content and tone, whether it's a happy or a sad song". Staff were therefore, able to adapt the support they provided according to the person's mood.

We saw the language and terminology used in care plans and support documents was respectful and appropriate. We observed staff speaking to people with respect and dignity. One staff member was observed talking to one person in a calm and reassuring voice when they had become frustrated. This demonstrated staff were compassionate.

There was a caring approach amongst the staff we spoke with and they had clearly established good working relationships with the people they supported. Staff we spoke with recognised the importance of treating people as individuals, with dignity and respect. They were knowledgeable and showed awareness and an understanding of the individual preferences and care needs of people they supported. They were able to tell us what worked and what didn't work for different people they were supporting. For example, whether humour worked or not for different people they were supporting. We found people were being encouraged to make their own choices and decisions when possible such as what foods they wanted to eat, activities and programmes on the television.

We looked into whether people were being offered advocacy services. During our inspection an independent advocate was visiting one of the people who lived at the service.

## Is the service responsive?

### Our findings

We found of the people's files we viewed they had been involved in their plan of care with their preferences, likes and dislikes documented within their care files. Their care files were personalised with a photograph and the content included their own preferred words and phrases.

People were seen being provided with the support and care they needed when they needed it in an unobtrusive manner. Staff were present at all times during the inspection but were not actively engaging the person at all times recognised when people needed quiet time on their own in their rooms. Staff were vigilant and responsive to people's needs and recognised when people needed their presence and support.

Risks were being reviewed and care plans updated to ensure the information for staff was up to date for staff to know how to support the person. The registered manager confirmed staff received internal and external training. The service based themselves on a specific model of support where the person was at the centre with communication, understanding, sensory perception, expectation and motivation as considerations of how the person was to be supported.

There were activities daily with every day activities within their home to promote a supported living homely environment such as cooking, watching television and spending time relaxing in their own room within the house creating a calm atmosphere. One staff member told us how one person looked forward to their weekly trip out for a toy, coffee and cake and this was important to them. People were being supported to prepare to go on holiday during our inspection. The approach adopted by staff was person centred as different people needed to prepare in different ways. Staff were therefore, changing their approach to meet the needs of the person.

We viewed the compliments and complaints file and found a compliment by a healthcare professional which stated "lovely news re {service user} a tribute to his expertise of skilled care and the level of support {service user} requires", we viewed another compliment from another healthcare professional which stated "both service user files are always neat and up to date". There was a complaints policy in place renewed April 2017 and a quality audit for families of people being supported for them to provide their views.

## Is the service well-led?

### Our findings

We checked to see how the service was being managed and what the staff thought about the management. All the staff we spoke with told us they found the manager approachable and supportive. One staff member told us the manager asked for their advice about a specific matter related to a person who lived there. The staff member told us the manager recognised the staff member knew the person well as they supported them regularly. This demonstrated the manager respected the staff and their knowledge of the people they were supporting.

We looked into the governance systems and quality assurance of the service. There were regular checks and audits taking place such as monthly financial audits of the people's money who were receiving support. The finance audit was undertaken by the registered manager and checked and signed off by another manager. The registered manager told us the internal Finance Auditor visited the service every six months to undertake their own audit. We viewed weekly fire alarm checks and weekly checks of the first aid box.

We viewed a monthly quality assurance audit with actions and peer to peer audits whereby another manager from another area undertakes an internal audit. This means there were robust audits taking place within the service undertaken by the registered manager and also other managers from within the service. Team meetings were taking place monthly where staff had the opportunity to raise any concerns and a Team Brief also took place in February 2017 and May 2017.

The provider's Health and Safety Manager Audit was seen undertaken in August 2016, audit in restrictive practices and a quality assurance manager audit dated September 2016. The service had been awarded and accreditation certificate by Investors in People Award dated 27.6.17.

The registered manager confirmed they sought people's views by asking healthcare professionals to provide feedback and they undertook a quality audit for families of people being supported for them to provide their views.

We saw organisational policies and procedures such as whistleblowing, Mental Capacity Act 2005, Medication management, Safeguarding, Positive Behaviour Support and Complaints which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.