Autism Initiatives (UK)

Barnsbury Road

Inspection report

8-10 Barnsbury Road
Walton
Liverpool
Merseyside
L4 9TS

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Date of inspection visit:
11 January 2018

Date of publication:
28 February 2018

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 inspected this service on 11 January 2018.

8 and 10 Barnsbury Road are adjoining semi detached properties which are registered as one service to provide accommodation and personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service is located in a residential area of Walton, Liverpool, close to shops, leisure facilities and public transport links.

At the time of our inspection three people were living in the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Risk assessments were detailed and specific, and contained a good descriptive account for staff to follow to enable them to minimise the risk of harm occurring to people who lived at the home. We saw there were detailed protocols in place around people for when their behaviour escalated and placed them in harm's way.

There was enough staff employed by the service to help people with their day to day support needs, such as accessing the community or support with their personal care. There were systems and processes in place to ensure that people who lived at the home were safeguarded from abuse. This included training for staff which highlighted the different types of abuse and how to raise concerns within the infrastructure of the organisation. Staff we spoke with confirmed they knew how to raise concerns.

There was a process for analysing incidents, accidents and general near misses to determine what could be improved within the service provision. There was personal protective equipment (PPE) available within the home, such as gloves, aprons and hand sanitiser. Medication was well managed and only administered by staff who had the correct training to enable them to do this. Medication was stored securely within the home.

The service was operating in accordance with the principles of the Mental Capacity Act (MCA) and consent was sought and recorded appropriately.. People's mental health needs were assessed appropriately, and people were treated with equality and diversity which was evidenced in the outcomes of their support. Appropriate referrals were made when people were required to be deprived of their liberty.

Staff had the correct training to enable them to support people safely. Staff engaged in regular supervision with their line managers, and had annual appraisals. Consent was also sought and clearly documented in

line with legislation and guidance.

Menus were varied, people told us they had input into the menus. There was access to other medical professionals who often visited the home and were involved with people, and regular meetings with external healthcare professionals took place when needed.

People were treated as individuals, and their choices and preferences were respected by staff. This was evident throughout our observations around the home, and the information recorded in people's support plans. Staff also described how the ensured they protected people's dignity when providing personal care. Staff spoke with people and about them with warmth and sensitivity.

There was a complaints process in place which we were able to view as part of our inspection. There were no on-going complaints and there had been no complaints since our last inspection.

Staff undertook training to enable them to respectfully care for someone who was at the end of their life, however most people who lived at Barnsbury Road were younger adults. The registered manager informed us that if someone's health did decline their wishes would be respected and provisions would be made to support them.

People's support plans were person centred and contained a high level of detail about the person, their likes, dislikes, how they want to be supported and what successful support looks like for them, as well as their cultural beliefs.

The vision of the organisation was person centred and the staff we spoke with told us they liked working for the company. Quality assurance systems were robust and sampled a wide range of service provision. We saw that were issues had been identified they had been subject to an action plan which was reviewed regularly and updated with the latest action points. The service worked in partnership with other professionals such as the Local Authorities, GPs, and the police.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Barnsbury 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. This inspection checked 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 11 January 2018 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection visit, we reviewed the information we held about Barnsbury Road. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who used the service. We had received a high number of notifications regarding incidents that were reported to the police. We viewed information in relation to these incidents to ensure the service was acted appropriately for the person involved. We viewed the provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

People's communication needs meant we were not able to gage a good understanding of their thoughts and feeling with regards to living at the home. However we did speak with one person who lived at the home. One person did not wish to speak to us, and the other person was not home. Additionally we spoke with two relatives and three staff. We looked at the support plans for the three people who lived at the home people and the recruitment files for two staff. We also looked at other documentation associated to the running of the service

Good

Is the service safe?

Our findings

Relatives we spoke with told us that they felt their family members were safe at the home and that staff took care of their needs. Comments included, "I know they feel safe and they view it as their home. I would be able to tell if not." Also, "Yes I think [person's name] is safe at the home." Rotas evidenced there was enough staff employed at the home to support people safely.

Risk assessments were in place for people who lived at the home. For example, we saw a person was at risk from absconding. There was a highly detailed risk assessment in place for this person which included specific action the staff were to take if the person was to abscond. This included who to contact and how to coordinate 'finding' the person again. Important information was included in the risk assessment, such as 'staff are not to chase after the person.' This was assessed as a further risk because the person was likely to run into the road.

We checked how the service was using information to make improvements within service provision and people's support. We saw that an analysis of incidents and accidents had shown that one person experienced an increase in incidents around meal times. The service attempted to reduce these incidents by introducing a new support technique around meal times which meant the person was more involved and less likely to become agitated. We saw a decrease in the number of recorded incidents for this person as a result of this.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisation's safeguarding policy. Staff we spoke with also said they would whistle blow to external organisations such as the Care Quality Commission (CQC) if they felt they needed to. We saw that safeguarding's were discussed within the staff team, and any additional action needed had been implemented. For example, it had been arranged for staff to attend additional training as a result of a safeguarding concern, to help support the person involved more effectively.

We saw that the recruitment and selection of staff remained safe, as there had been no new staff appointed since our last inspection, and Disclose and Baring Service [DBS] checks continued to be completed on all staff who worked at the home.

Medication was well managed. Medication was only administered by senior staff who had undergone specific training which included annual assessments of their competency. We viewed some of the MAR (Medication Administration Records) charts for people and saw that they were filled out correctly. We checked the procedure for controlled drugs, (CD's). These are medications with additional safeguards placed on them. We saw the procedure for administered controlled drugs was in line with the provider's policy and national guidance

The home was clean and odour free and there were provisions for hand sanitiser. Control of Substances Hazardous to Health (COSHH)cupboards were kept locked when not in use, and staff wore personal protective equipment (PPE) when supporting people with personal care. Personal Emergency Evacuation

Plans (PEEPs) were in place for everyone at the home, which were personalised to each person's needs. There was also regular maintenance undertaken on the electric and gas. We spot checked these certificates and saw that they were in date.

Good

Is the service effective?

Our findings

The two relatives we spoke with told us they felt the staff had the correct skills and knowledge to support their family member. One relative said, "The staff are good, I can't fault their knowledge."

We looked at the training matrix which showed that all staff had attended training in subjects such as first aid, safeguarding, medication, autism, and conflict. Other specific training included PROACT-SCIPr-UK®, which focussed on reducing the amount of restrictive practices for people with autism. The organisation was a recognised centre for excellence for this training, as well as also being accredited by the British Institute for Learning Disabilities (BILD). All staff were required to complete an induction which was aligned to principle of the Care Certificate. The Care Certificate is a set of standards health and social care workers can adhere to as part of their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated an understanding of the MCA and the associated DoLS.

Discussion with the registered manager confirmed they understood the need for DoLS to be in place, when an application should be made and how to submit one. We saw that DoLS were applied for following a specific two-stage mental capacity assessment process which clearly documented the reasoning behind the DoLS. Consent was also gained in accordance with people's best interests, and we saw evidence that best interest meetings took place regarding certain aspects of people's care. People using the service were involved as much as possible in these processes.

Each person's individual needs were assessed at the time they moved into the home. We saw that the registered manager had completed pre-assessment information. This involved speaking to staff or relatives at the person's previous home to enable the staff at Barnsbury to provide consistent support and help the person adjust to their new surroundings. We saw that people were supported to achieve their outcomes. For one person, their outcome was to shower and shave independently, which is something they completed every day, unsupported.

Records and health action plans showed that people were supported to attend medical appointments and screening. Decisions which were more personal and sensitive in nature were discussed as part of best interests with the involvement of a wider multi-disciplinary team.

People had access to food and drink whenever they wanted it. People chose when they wanted to eat and were supported to make healthy lifestyle choices. We saw that people's likes and dislikes were documented and menus were chosen taking this into account.

The home was large enough to accommodate people's needs. The accommodation was in a good state of repair.

Good

Is the service caring?

Our findings

The relatives we spoke with told us they felt that the staff were caring. Comments included, "They [staff] are just brilliant." Also, "I'm really happy with the way the staff treat [family member] and us." And, "They are nice people." One person we spoke with said 'yes' when we asked them if they liked the staff.

Staff we spoke with told us how they ensured they protected people's dignity and choices. One member of staff said, "We try to support people to do things they want to do, it is their home." Another staff member said, "I close doors and make sure if people want to express themselves, even if this is during an incident, they are able to do this."

During our inspection we observed the staff work together to help support someone who was having an incident. We saw that the staff used strategies as documented in the persons Positive Intervention Support Plan (PISP) document, to help the person deescalate. The person was given time and space alone to be able to process their thoughts, and the staff respected the persons privacy and during this time, and also promoted their dignity by ensuring doors were closed.

There was advocacy information available for people who wished to make use of this facility. This information was displayed in communal areas where it was easily accessible for people. We saw that there was a variety of information available in easy read formats. This supported some people's understanding and allowed them to make choices independently. Where possible, people had been consulted with regarding their care and support. Family members were also communicated with, and had involvement with their relative.

Visitors were free to come to the home and see their family member when they wanted, and there was space in the home for people to visit in comfort either in the person's room, or in the communal areas.

Good

Is the service responsive?

Our findings

People's support plans reflected that their support was tailored to suite their specific needs. One family member told us, "Since [relative] has lived at the home they have come on loads. They do more for themselves now."

We saw support plans specifically written with people's diverse needs at the forefront of the support. Support plans provided detailed information about people's health, behaviours, communication and the way in which they wanted their support delivered. This information was personalised and an individual personal profile was available which contained information around people's life history, likes, dislikes and personal preferences. For example, one person, who did not communicate in English as a first language, had a dictionary of words they used to communicate in their native language. This was to help the staff learn some of the words to be able to establish what the person was communicating. The staff had researched food and recipes from the person's country, and helped them to prepare meals to encourage a healthy eating regime. This showed that the staff were not only respecting people's diverse needs, they were supporting them to adhere to their cultural beliefs.

Additionally, another person who was epileptic, had a specific epilepsy support plan drawn up around their support needs, and how staff would need to offer support to them if they were to have a seizure. This included when to call the emergency services.

There was no one receiving end of life care at the home. However we saw that there were documents which were in place at an organisational level, which would take into account the needs and wishes of people and their families. Additionally, staff had been trained in 'six steps' which was an end of life training programme.

There was a process in place to respond and deal with complaints. This was displayed in the communal areas of the home. Relatives we spoke with told us the process they would follow if they wished to make a complaint. We saw that there had been no complaints raised since our last inspection. The complaints policy contained details of who people should contact if they wished to complain, including the Local Authority and the Local Government Ombudsman.

Good

Is the service well-led?

Our findings

There was registered manager 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.

We spoke to staff who told us they enjoyed working at the home and the atmosphere was relaxed and friendly. There was a clear ethos of teamwork, which was highlighted in the way the staff worked well together to help get the best positive outcomes for people. We saw this teamwork in action on the day of our inspection due to one person requiring support to help manage their behaviours.

There were audits for the safety of the building, finances, care plans, medication and more regular checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager. Other audits took place in areas such as incident and accidents, and restrictive practice. Spot checks on the quality assurance document submitted by managers, were completed by the quality assurance manager to ensure it had been completed correctly.

We saw that the registered manager was working closely with the Local Authority, social worker, police and other medical professionals to ensure that risks to one of the people who lived in the home were appropriately managed. We saw that when this person put themselves at risk, the registered manager worked in partnership with the professionals involved in their care as well as their family members. This was to ensure the person was kept safe. There was good communication between all involved so the person got the best possible support.

There were policies and procedures in place for staff to follow, the staff were aware of these and their roles with regards to these polices.

The registered manager was aware of their roles and responsibilities and had reported all notifiable incidents to the Care Quality Commission as required. The ratings from the last inspection were clearly displayed in the dining room. The rating for the last comprehensive inspection was also displayed on the provider's webpage.

Team meetings took place every month. We viewed some minutes of these.

There was a process completed annually where staff had the opportunity to voice their opinions about the service.