

# Autism Initiatives (UK)

## Sefton Street

### Inspection report

132 Sefton Street  
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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

Sefton Street is a residential care home for three adults with autism. The home is a large terraced house with three bedrooms, lounge, a walk-in shower and bathroom. The home is within walking distance of Southport town centre. There were three people living in the home at the time of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People we spoke with told us that staff supported them when they needed it. We saw through people's body language and chatter between them and staff that they were comfortable with the staff.

There were robust measures in place to ensure people were safe. Staff had received training in safeguarding adults from abuse and knew what to do if they saw or suspected abuse. Risk assessments were in place specific to their individual needs and any behaviour they may present. They included detailed guidance for staff so people could be supported appropriately.

There was sufficient staff on duty to meet people's needs. Some people required staff support to access the community and take part in activities. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We found that staff had the skills, knowledge and experience to support people effectively and safely. Staff were supported by the manager through regular supervisions and regular training. Staff meetings were held regularly.

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.

We found the home clean with no odours. The home was well maintained and in good decorative order. People's bedrooms were personalised.

Regular checks and tests, such as gas, electricity, water safety and for fire safety were completed to maintain safety in the home.

People's needs were assessed and reviewed regularly to reflect people's current health and support needs. Appointments were made regularly with, for example, the GP, dentist and practice nurse, to help to maintain good health. People were supported to achieve their outcomes to maintain and increase their independence with activities of daily living, including personal care, meal preparation, shopping, laundry and travelling.

People were supported to eat and drink enough to maintain a balanced diet. We saw that people were encouraged to eat healthily and adopt an active lifestyle.

People were 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. People made decisions and choices in relation to their care, support received, daily routines and any activities they wished to take part in. Staff knew the people well and how they communicated their needs and choices, including their preferred daily routine.

People were supported to maintain regular contact and spent time with their families.

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. We found they contained detailed information that enabled staff to meet people's needs. Support plans were completed to show the goals people wanted to achieve. Clear records of people's daily routines helped to ensure staff supported people according to their preference. The use of a 'visual planner' provided reassurance for which staff were supporting a person each day.

People enjoyed a range of activities, with staff support. They accessed their local community to enjoy amenities such as pub lunches, shopping, the gym, museums, and the theatre. The location of the home afforded easy access to local shops, the town promenade and beach.

There was a complaints policy in place. A complaint had been received and had been investigated according to the providers procedure, with a satisfactory outcome.

There was a person-centred and open culture in the home. Staff showed a commitment to provide support which achieved good outcomes for the people living in the home.

Quality assurance audits were completed by support staff and the registered manager which included, medication and health and safety checks.

There was a process completed annually where relatives had the opportunity to voice their opinions about the service. Feedback we saw was positive and complimentary.

There was a registered manager in the home. They were supported by support workers and an area manager. The registered manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the home.

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?

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 remains Good.

# Sefton Street

## 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 was a comprehensive inspection. The inspection took place on 31 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides was a small care home for adults who are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of an adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). 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. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

During the inspection we used a number of different methods to help us understand the experiences of people who lived at Sefton Street. This was because the people who lived there communicated in different ways and we were not able to directly ask some of them about their experiences. We spent a short time observing the support provided to help us understand people's experiences of the service. Our observations showed people appeared relaxed and at ease with the staff.

We spoke with a range of people about the service including a person who lived in the home, two relatives, and three staff members including the registered manager. We looked at the care files for the people living at Sefton Street, two staff recruitment files, staff training records, medication administration record (MAR) sheets and other records relating to the management of the home.

# Is the service safe?

## Our findings

People we spoke with told us that staff supported them when they needed it. We saw through people's body language and chatter between them and staff that they were comfortable with the staff.

There were robust measures in place to ensure people were safe. Risk assessments were in place specific to people's individual needs and any behaviour they may present. They included 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.

Risk assessments were completed to help keep people safe both in the home and when outdoors, for example, travelling in the community and taking part in activities. Staff were aware of what caused people to become anxious and how to support them to keep safe during these times. Staff had received training in safeguarding adults from abuse and were able to tell us what they would do if they saw or suspected abuse.

Accidents and incidents were recorded and were reviewed by the registered manager and practice development team to look for any common themes or trends, if any lessons could be learned from them or if risk assessments required change.

There were sufficient staff on duty to meet people's needs. Some people required staff support to access the community and to take part in activities. Staff were provided to enable them to do this and keep safe. Staff vacancies were currently filled by using the registered provider's 'bank' staff. These staff were familiar with people's support needs.

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

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. Their competency to safely administer medicines was checked regularly by the registered manager.

We found the home clean with no odours. A cleaning rota was in place to maintain good standards of cleanliness. The home was well maintained and in good decorative order. Repairs to the building were reported to the landlord and attended to in a timely way. There had been some redecoration of the home; more upgrading of some areas was planned.

Measures were in place to ensure the environment was safe and suitable for the people who lived there. Regular checks and tests, such as gas, electricity, water safety, fire tests and external checks of firefighting equipment, were completed to maintain safety in the home. We checked these certificates and saw that

they were in date. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone at the home, which were personalised to each person's needs.

# Is the service effective?

## Our findings

People's needs were assessed and reviewed regularly to reflect people's current health and support needs. Appointments were made regularly with, for example, the GP, dentist and practice nurse, to help to maintain good health. People were supported to achieve their outcomes to maintain and increase their independence with activities of daily living, including personal care, meal preparation, shopping, laundry and travelling.

The registered provider had developed a system to help ensure staff received regular training and were given the time to complete it. We saw that all staff had attended training in subjects such as first aid, fire safety, food safety, safeguarding people with autism and medication. All staff were required to complete an induction which was aligned to principles of the Care Certificate. The Care Certificate is an agreed set of standards health and social care workers can adhere to as part of their role.

Staff were supported by the registered manager and a senior support worker through regular supervisions. Staff meetings were held regularly. The Learning and Development team in the organisation facilitated training for staff. The registered manager was informed when staff required refresher training. Training records we looked at showed that staff training was up to date.

People were supported to eat and drink enough to maintain a balanced diet; they were encouraged to eat healthily and adopt an active lifestyle. People's preferences in respect of food and drinks were recorded. Staff supported people to enjoy their favourite meals.

Sefton Street had been adapted to meet the needs of the people who lived there. For example, there was a walk-in shower and a bath to support people's preferences. People's bedrooms were personalised and decorated to their own liking.

People were 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. People made decisions and choices in relation to their care, support received, daily routines and any activities they wished to take part in. Staff knew the people well and how they communicated their needs and choices, including their preferred daily routine.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported by staff who knew them well to make decisions in relation to their care, support received and daily activities. Staff knew how people communicated their needs and choices. Photographs, pictures and a daily planner were used to enable people to make their choices.

## Is the service caring?

### Our findings

There was only one person in the home during our inspection. Our observations showed that staff treated them with kindness and respect. Relatives we spoke with agreed with our observations.

People met each month with their key worker to discuss any issues and make decisions about their support or new activities.

People living in the home were supported to be as independent as possible. Staff spoke positively about people's independence and their achievements. We saw that staff knew people and understood their different communication needs. Staff supported people to make decisions about their care, support and treatment as far as possible. Some people made choices by staff using questions or by offering choices. Where this was not possible staff showed a good understanding of people's likes and dislikes. Records showed people's daily routines; this helped to ensure staff supported people according to their preference.

People who lived in Sefton Street had varying degrees of independence. We saw that staff worked with people to increase their independence by setting goals and targets and supporting people to achieve what staff thought they were capable of achieving. For example, some people were supported to prepare snacks, drinks and meals; other people were supported to achieve personal care routines, such as shaving.

Family members were kept informed of their relatives' welfare regularly by staff, to keep them up to date. People were supported by staff to maintain contact and regularly spent time with their families.

## 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. We found they contained detailed information that enabled staff to meet people's needs. Records were regularly reviewed and updated to ensure they were accurate. Support plans were completed to show the goals people wanted to achieve. Clear records of people's daily routines helped to ensure staff supported people according to their preference. The use of a 'visual planner' provided reassurance for which staff were supporting a person each day.

People's communication needs were recorded. Some people were unable to verbalise their needs and wishes. Staff supported them using 'Makaton' or a similar form of signing and used photographs to assist them to make their choices.

People enjoyed a range of activities, with staff support. They accessed their local community to enjoy amenities such as pub lunches, shopping, the gym, museums, and the theatre. The location of the home afforded easy access to local shops, a theatre and a train station; people enjoyed the promenade and beach for walks. A relative told us, "[Name] is always doing something/going somewhere." Another relative said staff supported their family member to maintain their interests and hobbies.

There was a complaints policy in place. A complaint had been received and had been investigated according to the provider's procedure, with a satisfactory outcome.

## Is the service well-led?

### Our findings

There was a person-centred and open culture in the home. Staff showed a commitment to provide support which achieved good outcomes for the people living in the home. Relatives described the staff as 'fantastic' and 'very good'.

Quality assurance audits were completed by support staff and the registered manager which included, medication and health and safety checks. The registered manager completed a monthly report which gave a comprehensive overview of the service; including incidents, medication, activities, staff training and audit of care documents. Any actions not completed from the previous month was identified by the reports recipients; the registered manager was duly informed and a new action plan raised.

There was a process completed annually where relatives had the opportunity to voice their opinions about the service. However, all relatives had close relationships with staff and contacted the home regularly. Any issues that arose were quickly sorted out. Feedback we saw from the questionnaires was positive and complimentary. Staff and relatives were in regular contact by telephone to keep them updated. Relatives we spoke with confirmed this.

There was a registered manager in 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were supported by support workers and an area manager.

The registered manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the home.