

Autism Together The Lodge

Inspection report

Raby Hall
Raby Hall Road
Wirral
Merseyside
CH63 0NN

Tel: 01517375906

Date of inspection visit:
22 March 2019

Date of publication:
10 April 2019

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

About the service: The Lodge is registered to provide accommodation for up to three people who require accommodation and support with their personal care due to living with Autism. The home is located on Wirral, Merseyside. At the time of our inspection three people lived at the home.

People's experience of using this service: People's support plans contained clear and easy to understand information about their needs and risks and how to support them effectively. Support plans were person centred and contained information about people's preferences, daily routines and what was important to them.

The people in the home were limited in being able to express their needs and wishes verbally, staff had detailed guidance on the behaviours, gestures and body language the person would use to communicate their needs or wishes. Some people used Makaton and others used objects of reference to make their needs known.

Medicines were managed safely and people had access to a range of health and social care professionals in support of their needs.

During our visit, we had no concerns about the support people received and the registered manager and small, consistent staff team were committed to providing a good service.

In June 2017, CQC published best practice guidance called 'Registering the Right Support'. This good practice guidance sets out the values and standards of support expected for services supporting people with a learning disability and or autism. During our visit, we found that the service had not been designed in line with this best practice guidance. The service was situated on the edge of a campus style setting with other services for people who have a learning disability. However, we could see that the service focussed on the values set out in the 'Registering the Right Support' guidance which advocates that people's choice, independence and ability to live as life as ordinary in their own home should be promoted in service delivery.

Rating at last inspection: The service had previously been rated as Good in September 2016.

Why we inspected: The service was inspected in accordance with our ratings programme.

Follow up: We will continue to monitor the service and will inspect again in accordance with our inspection principles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspection manager.

Service and service type: The Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced. We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that they would be in.

What we did: We reviewed information we had received about the service since the service was last inspected. We assessed the 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 used all this information to plan our inspection.

During the inspection we met with all the people who lived in the home. We spoke with one care staff and the registered manager.

We reviewed a range of records. This included two people's care records and medicine record and various records relating to the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to understand how to protect people from harm and abuse. Policies and procedures were in place and were discussed with staff to clarify their understanding.
- Safeguarding information was available and on display on the wall in the home. This information was also in 'easy read' format to make it accessible to more people. There were descriptions of different types of abuse

Assessing risk, safety monitoring and management

- Risk assessments clearly identified people's needs and actions to take to support them and maintain their safety.
- We saw that detailed risk assessments were completed in relation to physical conditions that people had. These explained to staff what action they should take in an emergency.
- We looked at some of the records relating to the safety of the building and had no concerns.

Staffing and recruitment

- There had been no new staff recruited to work in the service since the last inspection.
- We looked at the rotas and saw that staffing levels were consistent support was provided by a small committed staff team.

Using medicines safely

- Staff were trained to administer medicines and had observed practice sessions on a yearly basis to ensure that this was done safely and in accordance with the provider's policy.
- The registered manager and house manager completed audits to ensure that medicines were managed safely.

Preventing and controlling infection

- There were aprons and gloves for staff to use when required to support people with personal care.
- The home was clean and well maintained.

Learning lessons when things go wrong

- The staff demonstrated that they learned lessons from incidents. One person had a fall in the lounge and the layout of the lounge was changed to avoid a reoccurrence of the same nature.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- Staff had been developing their skills in supporting people living with communication and used learning from best practice.

Staff support: induction, training, skills and experience

- We looked at the support that staff received and saw that it was good. All staff received training when it was due. The provider maintained oversight of the training that staff completed and prompted the registered manager when training was due to be undertaken.
- All staff had regular access to the registered manager or the house manager to discuss any issues or concerns.

Supporting people to eat and drink enough to maintain a balanced diet

- The staff supported people to the supermarket to buy food for the home. One person sometimes helped in the kitchen and enjoyed making cakes for everyone to eat.

Staff working with other agencies to provide consistent, effective, timely care

- The staff demonstrated that they worked closely with health care professionals to meet people's needs safely.

Adapting service design, decoration to meet people's needs

- The home looked like any ordinary family home and was nicely decorated and well maintained.

Supporting people to live healthier lives, access healthcare services and support

- The service demonstrated that they ensured that people received good health care. One person had been unwell and the service worked closely with health care professionals to ensure that they received the care that they needed.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had a clear understanding of the MCA and how to apply it safely. The service always assumed capacity when supporting people.
- Everyone living in the home had a DoLS in place to keep them safe as the people were unable to leave the home without staff supporting them. These were managed carefully.
- We saw mental capacity assessments and best interest documentation in all the care files that we looked at. The assessments were decision specific as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans demonstrated clear details of the way people preferred to be supported, their needs, likes and dislikes. Most of the people who lived at the home had difficulties communicating their wishes, feelings or needs verbally and each person communicated their needs in different ways.
- We saw that staff were familiar with each person's preferred method of communication. They had detailed information on the gestures or behaviours people would display when they were hungry, sad, happy or anxious or excited. This was good practice and enabled staff to anticipate people's needs and feelings so that appropriate support could be provided.
- During our visit, we saw that the conversations between staff and people who lived at the home were spontaneous and natural and they looked relaxed and comfortable in each other's company.

Supporting people to express their views and be involved in making decisions about their care

- During our inspection the home had a relaxed atmosphere and we saw that people were supported to maintain independent living skills such as taking their own dishes into the kitchen.
- People's care plans contained details of the things that were important to them, the activities that supported their emotional well-being and the social interests that they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- One person who lived in the home chose to spend most of their time in their bedroom. The staff had identified that the people living in the home liked a quiet atmosphere and this was respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw that people's support plans were person centred and staff had clear guidance on how to meet their individual needs. Care plans covered all aspects of their physical and emotional health, their likes and dislikes and contained information about the person's personality, life history and how the person preferred their support to be provided.
- Some people experienced behaviours that were challenging. We found staff were provided with detailed information on what behaviours people would display in various situations or when they became anxious or upset. The possible reasons why the person displayed these behaviours was outlined which helped staff to understand what people were trying to communicate when they behaved in a certain way.
- We saw that people had access to lots of activities. One person had chosen not to engage with the provider's day services. One person was 'semi-retired' and only attended day services for two days a week. Another person attended different activities everyday as that was what they liked to do.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which was openly displayed in the home. The procedure was available in easy read format to help people who may struggle to read or understand a written policy about how to make a complaint.

End of life care and support

- The service was not currently supporting anyone with end of life care. The registered manager told us that the service aimed to be as adaptive as possible to support people for as long as they were able.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We saw records to show there were regular team meetings held in the home.
- The registered manager had submitted notifications to CQC when they were required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware that that the service did not fully comply in full with 'Registering the Right Support' best practice guidance. The location was not in accordance with current best practice guidelines for services supporting people with learning disabilities and or autism. However, there was evidence the provider had reviewed the experience of people using the service considering this guidance. Appropriate adaptations to the premises had been made to ensure that people's comfort and independence was maintained. This meant the provider had ensured that people were able to live as independent a life or as ordinary a life as any citizen.
- Prior to the inspection the provider had demonstrated to CQC that they fully understood the 'Registering the Right Support' guidance and were looking at the future provision that their service would provide.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- During our visit, we found the manager and staff member to be inclusive and approachable. The culture of the service was positive and person centred and we saw that the people in the home appeared very happy.
- The service had good partnership links with local healthcare providers, social work teams, and community services. This ensured that people had access to the support they needed to have a healthy and meaningful life.

Continuous learning and improving care

- We could see that the registered manager was continuously looking to improve the service the service provision and adapt to the changing needs of the people living in the home.

Working in partnership with others

- The service had good links with the local community and the staff team worked in partnership to improve people's wellbeing. For example, one person enjoyed walking to the local pubs for a drink or a meal and positive relationships had been developed.

