

# Autism Together

# Helen House

## Inspection report

Raby Hall Road  
Bromborough  
Wirral  
Merseyside  
CH63 0NN

Tel: 01517375926  
Website: [www.wirral.autistic.org](http://www.wirral.autistic.org)

Date of inspection visit:  
06 June 2019

Date of publication:  
27 June 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: Helen House is a residential care home for people who have autism. The main part of the building is being redeveloped and is currently not occupied. Accommodation and support is provided for three people within one part of the home, in three self-contained flats.

People's experience of using this service: The three people living at Helen House were supported by individualised, consistent and long-standing staff teams. There was evidence that people had really benefitted from this approach. People were supported to make as many decisions as possible in their lives and support. They were supported to communicate their decisions and to express themselves. Some staff had supported people for over ten years; however, whilst knowing the person well they did not assume what decisions they would make and asked people before they supported them.

As much as possible people were in control and took ownership of their own flats. One person told us, "I like my flat." Another person said, "My flat is nice." Staff treated people with dignity and respect and told us they recognised that they were visitors in the person's home.

Some areas of people's support were not in line with the principles of Registering the Right Support. Helen House is on a campus setting with other services for people who have autism. However, this was mitigated by the application of the principles of Registering the Right Support in the individualised approach to people's day to day support, staff team and accommodation. People had as much control as possible over their lives.

People and their family members told us they felt the home was safe. People had individualised risk assessments that provided guidance for staff on how to keep people safe. Staff received training and regular refreshers on how to support people during risky situations and how to safely de-escalate these situations. Staff told us they found this training useful.

People told us that they were happy with the support they received. One person told us that they really enjoyed joking with support staff. Another person told us, "[Its] nice living here" It was clear that people had good relationships with and were comfortable with the staff supporting them.

Each person had a personalised support plan that was meaningful to them and offered guidance for staff on how to best meet people's needs. Support plans contained details of what was important to a person, including important relationships, along with short- and long-term goals. They also contained details on how to support people when they are anxious, a sensory profile highlighting what is to be avoided that a person does not like; and details such as how a person understands time. This level of thought and detail helped staff to meet people's needs and maximise their control over their life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

Staff praised the support they received from the registered manager and other senior staff. There was ongoing training provided, regular supervision, team meetings and an annual appraisal of staff performance. One staff member told us, "It feels like the organisation care about me. I feel listened to."

Rating at last inspection: At our previous inspection published in October 2016 we rated the service as Good. During this inspection we saw that this rating had been maintained.

Why we inspected: This was a scheduled inspection based on previous rating.

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](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led	<b>Good</b> ●

# Helen House

## 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: This inspection was carried out by an adult social care inspector.

Service and service type: Helen House 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 two managers who were 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 unannounced.

What we did: We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We spoke with two people who used the service and one person's relative about their experience of the care provided. We spoke with four members of staff including the registered manager, service manager and support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Each person had an individualised risk assessment that gave staff guidance on identified risks and how to reduce them. We saw that these risk assessments had been regularly reviewed and updated.
- The areas of the building that were in use were safe and maintained.
- Staff received training and regular refreshers on how to support people during risky situations and how to safely de-escalate these situations. Staff told us they found this training useful.
- A system was in place to help ensure that people had access to their monies in a safe way.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in how to safeguard people from the risk of harm and abuse; when we spoke with staff they knew what actions they would take if they believed a person was at risk. The provider had safeguarding policies and procedures in place that provided guidance for staff.
- Information was available for people on what they can do if they feel they are being abused. This was available in an easy read format.
- People and their family members told us they felt the home was safe.

Staffing and recruitment

- The provider had a centralised system across their services to ensure that new staff were recruited safely in line with best practice.
- Each of the three people had individualised one to one support provided by a consistent long-standing staff team that they were familiar with. This meant that people had choice in how they spent their day.

Using medicines safely

- People's medication was administered safely. Staff who administered people's medication had received appropriate training.

Preventing and controlling infection

- People's flats were clean and maintained. There was effective infection prevention and control procedures in place. Staff had received training in infection prevention and control.

# 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.

This meant 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

- The three people at Helen House had been supported by the service for a long time. We saw that people's needs and wishes continued to be assessed as part of regular reviews of their person-centred plans. These reviews provided guidance for staff on how to best support people in line with their needs and preferences.

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.

People's support was being provided within the principles of the MCA.

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

- People were supported to make as many day to day decisions as possible for themselves. When people didn't have the capacity to make a significant decision the principles of the MCA were followed to ensure the decision was in the person's best interests.
- Any restrictions that were in place for a person's safety had been assessed and reviewed to ensure they were the least restrictive option and were in the person's best interests.
- Staff were knowledgeable about the principles of the MCA.

Staff support: induction, training, skills and experience

- The provider had a program of induction training for new staff and refresher and further development training for longer standing staff.
- Staff we spoke with told us they had benefited from the training provided.
- Staff had regular supervision meetings and an annual appraisal of their work their line manager. One staff member told us, "Our support is brilliant."

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

- Each person had their own kitchen and was supported as much as possible to choose what they ate and to get involved in the preparation of meals.
- We saw that people were supported to eat a balanced and nutritious diet that they chose. Staff told us that they ate at the same time as people to help create a homelier and more everyday mealtime experience.

Adapting service, design, decoration to meet people's needs

- Each person's flat had been adapted and decorated to meet their needs and preferences.
- We saw examples that showed people were in control and took ownership of their environment. One person told us, "I like my flat." Another person said, "My flat is nice."

Supporting people to live healthier lives, access healthcare services and support; working with other agencies to provide consistent, effective, timely care

- Each person had a health care plan called, "All about my health" which detailed people's healthcare needs. We also saw that staff knew people well and kept good records of their daily health and health related appointment. We saw with any concerns staff were responded to promptly.



## 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

- People told us that they were happy with the support they received. One person told us that they really enjoyed joking with support staff. Another person told us, "[Its] nice living here"
- It was clear that people had good relationships with and were comfortable with the staff supporting them. One person showed us a small gift that a staff member had brought them back from holiday.
- Staff treated people with dignity and respect and told us they recognised that they were visitors in the person's home. They spoke about people in a respectful and everyday manner.
- Staff told us that it was important to them that they built positive relationships with the people they supported. They told us that they enjoyed their roles supporting people at Helen House. One staff member told us, "I love this job I should have done this years ago."

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

- We saw that people were at the centre of decisions made in relation to their lives and support. They were supported to communicate their decisions and to express themselves.
- Some staff had supported people for over ten years. However, whilst knowing the person well they did not assume what decisions they would make and asked people before they supported them.
- Learning on how people communicated was recorded in people's care files. One person had a communication plan that contained key phrases that a person may use and what staff have learnt over time that the person was trying to communicate. Another person has a pictorial person-centred plan which was meaningful to them.
- We saw that staff members were familiar with people's communication style and were sensitive to the times when people needed additional information, were anxious or needed reassurance.

Respecting and promoting people's privacy, dignity and independence

- People's care plans had information on how staff could promote People's independence. We saw that as much as possible people were in control of their lives and environment.
- People's private space was treated with respect and people's confidential private information was kept securely.

## 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 ensure people have choice and control and to meet their needs and preferences

- Each person had a personalised support plan that was meaningful to them and offered guidance for staff on how to best meet people's needs. People had long standing staff teams who knew them well. However, the support planning process was regularly updated and reviewed and formed part of staff discussions in team meetings. These helped ensure that people's needs, and preferences were met.
- Support plans contained details of what was important to a person, including how to support them when they are anxious, a sensory profile highlighting what is to be avoided that a person does not like; and details such as how a person understands time. This level of thought and detail helped staff to meet people's needs and maximise their control over their life.
- People were supported with their life goals. One person had an interest in Chinese culture and had been supported to explore Chinese foods, watch Chinese movies and participate in the Chinese New Year celebrations. They had told support staff that they wanted to go and visit China. Their support staff were supportive of this idea and helped the person to put together a plan to help this happen; this included opening a savings account that the person had used to make good progress towards this goal and learning key phrases. The person was enthusiastic when they told us of the progress they were making towards their goal. One staff member told us, "I enjoy helping people achieve things in their lives."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- If appropriate people had a communication care plan which gave staff information on how that person communicated and how to communicate effectively with the person. We saw that staff adapted their communication style to meet the needs of the person; including the use of pictures and symbols, gestures and touch.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support plans contained details of relationships that were important to people and details of how to support them to maintain these relationships.
- People's lifestyle reflected their choices and their support plans. People had opportunities to maintain relationships and build new ones; they went out most days and were involved in everyday activities in their community such as going to the cinema, bike rides, visiting local parks, bowling and eating out. People at times were supported to use public transport. People had been supported to go on holiday, one person had

been on a camping trip.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, details of which was openly displayed. The procedure was available in easy read format to ensure people knew how to make a complaint or raise a concern. As a provider, complaints were responded to appropriately in line with their policy.

End of life care and support

- Nobody at the service was receiving end of life care and support.

# 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

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

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

- Staff told us that each of the three teams supporting people were clear about their roles. They told us they felt well supported by the provider.
- Each team of staff supporting people at Helen House had regular team meetings. Staff told us that these were very useful and were used as opportunities to communicate as a team and share what has gone well in people's lives and what they were working on.
- The registered manager was clear about their role in supporting the three teams of staff at Helen House to deliver personalised support to people. They told us, "Having the same staff really helps, people are really benefitting from a small stable staff team who know them well."

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

- Some areas of people's support were not in line with the principles of Registering the Right Support. Helen House is on a campus setting with other services for people who have autism. However, this was mitigated by the individualised approach to people's day to day support, staff team and accommodation. People had as much control as possible over their lives.
- Some guidance for staff on how to best support people was not consistently written in an everyday and respectful manner. We recommended that the registered manager considered how this information could be recorded in a more person-centred and everyday style.
- The registered manager and other senior staff had enabled each person to have a dedicated staff team who focused on delivering individualised support to them, using person-centred support planning, regular communication and teamwork.
- Staff praised the support they received from the registered manager and other senior staff. One staff member told us, "It feels like the organisation care about me. I feel listened to."
- The registered manager had shared appropriate information with the CQC as required.

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

- People were involved in planning their lives and support in both every day and longer-term goals.
- 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; working in partnership with others

- Whilst there was a stable and long-standing staff team supporting the three people at Helen House; the staff teams were not complacent and explored how they could improve the care and support provided for people.
- The registered manager was open and receptive during our inspection. They worked in partnership with people's families and attended local registered managers meetings.