

# Autism Initiatives (UK)

## Talbot Street

### Inspection report

72 Talbot Street  
Southport  
Merseyside  
PR8 1LX

Tel: 01704501145  
Website: [www.autisminitiatives.org](http://www.autisminitiatives.org)

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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

Talbot Street is a residential care home for up to three vulnerable adults who require residential support. The home is situated in a residential area of Southport, close to local amenities. The home has three separate bedrooms, a shower room and bathroom, two lounge areas, dining area, kitchen area and rear and front garden. The service is part of the organisation Autism Initiatives.

At the last inspection, in March 2015 the service was rated Good.

At this inspection we found the service remained Good.

The home operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We were provided with information in relation to capacity assessments and processes which needed to be in place to make decisions in a person's best interest. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Medication was administered safely by staff who had received the appropriate training. Medication records were accurate and systems were in place to order repeat medication, dispose of medication and record any medication discrepancies. An audit of the administration of medicines was completed each week.

All care files contained individual care plans and risk assessments which were regularly reviewed and updated in order to minimise risk. Care plans were person centred and contained relevant information in relation to a person's wishes, choices and preferences.

Risk assessments were in place for the three people who lived at the home. The assessments offered key information about significant areas of risk and how such situations would need to be managed for the safety of everyone living at the home.

Staff expressed how they were supported in their roles as support workers; they had completed specific training in order to fulfil their roles effectively and explained that there was an open door policy where they could seek support, advice and guidance whenever they needed to.

A formal complaints process was available at the home but relatives explained that any complaints or concerns could be openly discussed with the staff and managers as and when they needed to be.

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 remain safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Talbot 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.

The inspection took place on Tuesday 18 and Wednesday 19 April and was announced.

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 available to support our inspection on the day.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information which was held on Talbot Street. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the service manager, two relatives, one support worker, one senior support worker and the area quality manager. In addition, we spent time looking at records, including three care records, five staff personnel files, staff training records, complaints, accidents and incidents and other records relating to the management of the service.

# Is the service safe?

## Our findings

Safeguarding procedures were in place at the home. Staff were able to explain how they would raise safeguarding concerns, the types of safeguarding concerns they would report and who they would need to contact. All staff had also received the necessary safeguarding training which ensured they were up to date and familiar with safeguarding processes.

The service monitored and assessed staffing levels to ensure sufficient numbers of staff were available to provide the necessary care and support. The home employed a full complement of staff and had sufficient numbers of staff during the day and throughout the night.

Five staff personnel files were reviewed during the inspection. Safe recruitment processes were in place at the home. The appropriate employment checks had been completed before staff began working at the service. Application forms had been submitted, confirmation of identification was evidenced in files, suitable references had been obtained and Disclosure and Barring Service (DBS) checks had been suitably carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

Medication systems and processes were being safely managed. Medication was only administered by staff who had received the relevant training. Medication was stored safely and securely in the main staff office and weekly audits were being carried out to ensure that medication processes were being safely managed. Medication records indicated that people had been administered their medication as prescribed.

Evidence of health and safety audits were made available during the inspection. A 'weekly house audit' tool was routinely completed. This helped to monitor and assess water temperatures, electrical items, infection control and fire and emergency systems. Records also confirmed that fire safety audits were annually completed, appropriate legionella risk assessments were carried out every two years and gas appliances and electrical equipment complied with statutory requirements.

There was evidence of Personal Emergency Evacuation Plans (PEEP) in place for the three people who lived at the home. This meant that procedures were in place to ensure that each person could be safely evacuated from the building in the event of an emergency.

## Is the service effective?

### Our findings

The three people who lived at the home were receiving effective care and support. People were appropriately assessed from the outset and risks were identified and managed accordingly. Those who lived at the home were supported and cared for by trained staff who were familiar with their needs and wishes.

Staff effectively communicated through the use of daily handovers, a staff handover book and notice boards. Such methods of communication enabled staff to familiarise themselves with significant information and risks to help ensure they could meet people's needs.

Staff who were spoken with during the inspection could describe individual care plans, risk assessments and significant information they needed to be aware of. There was evidence of 'Positive Intervention Support Plans' in care files. Such plans outlined additional support which staff needed to be familiar with when complex behaviour was being displayed and explained personalised approaches to reduce levels of anxiety. This meant that staff had the necessary information to provide safe and effective care. One relative expressed "Staff know exactly what support to give; they are very skilled at their jobs.

"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)."

Staff and the service manager could explain to us their understanding of legislation surrounding the MCA and the associated DoLS as well as explaining to us how the service ensured that people were encouraged to make choices and still made decisions in relation to their care and support.

Each person who lived at the home were supported with maintaining a balanced diet. People were actively involved with food and drink purchases and staff were familiar with their likes and dislikes. 'Consultations' regularly took place to ensure those living at the home had full involvement with weekly food and drink purchases but to also ensure that choice and preference was being supported.

Those living at the service had access to external health professionals and there was evidence of regular health check-ups and routine appointments taking place. All three care files had evidence of 'well woman/well man' appointments, annual health screenings, dental check-ups, dermatology appointments as well as routine blood pressure and optician appointments taking place.

## Is the service caring?

### Our findings

During the inspection staff were observed positively interacting with people who lived at the home. Staff were very familiar with individual support needs and were able to provide person centred care. Observation between staff and those living at the home was kind, compassionate and demonstrated genuine care. One relative commented, "The staff are wonderful, they offer brilliant care." Another relative said, "The staff are very caring, we have no complaints at all, I know (person) is very very happy living there, it's (the persons) home."

There was a lot of detail in each of the care files which provided staff with essential information for the three people who lived at the home. Such information included 'Important information about me', activity plans, future plans and goals, relevant health action plans as well as individual care plans and risk assessments which were regularly reviewed and updated.

People who lived at the home were regularly consulted with about different topics. They were encouraged to give their opinions and views on a monthly basis. At the time of the inspection, the three people living at the home were involved in consultations in relation to new furniture which needed to be purchased. Staff would use 'picture strips' for those who could not communicate their wishes. This was an effective way of encouraging choice and preference.

Staff explained that those living at the home were always treated with dignity and respect. Staff commented that they would always knock on their bedroom doors before entering, that people living at the home had choices about different aspects of their care such as activities they wished to engage in, what food and drink they wished to purchase, what time they wanted to go to bed at night, how they wanted to decorate their bedrooms and what new furniture needed to be purchased.

It was evident throughout the inspection that the three people who were living at the home were involved with their care and support as much as they could be. One person who was living at the service was supported with their daily choice of clothing by the use of a 'weather board'. Staff helped the person understand what type of clothing would be suitable by using of different images which would be placed on the weather board. This method of support demonstrated choice, preference and independence.

## Is the service responsive?

### Our findings

The three people who lived at the home were unable to directly communicate their level of involvement in their own care during the inspection. However, it was evident from the inspection that those living there had a great amount of involvement in their care, how the service delivered care and how they were listened and responded to.

Staff regularly communicated with those living at the service with the aid of picture strips and creative methods. This demonstrated how staff involved people in their own care; helped to support and establish choice and preference as well as ensuring that those living at the home were listened to and responded to.

We looked at the care records of the three people who lived at the home. Each care record contained detailed information in relation to the personal history, likes and dislikes, social activities and hobbies, individual support needs and risks. Information was gathered as part of the assessment process and was supported by the relatives of the three people who lived at the home. Relatives helped to create individual care records from the outset which then enabled staff to be responsive to the needs, wants and wishes of each of the three people who lived at the home.

The home had a complaints policy and process in place. At the time of the inspection there were no on-going complaints. One relative said, "I'm aware of how to make a complaint but to be honest if I needed to complain about anything I could just go to staff; they would listen to our concerns."

Activities accommodated individual choice and preference however there was also opportunity for the three people to engage in activities together, if they wished to. Different activities ranged from daily walks, cinema trips, shopping trips, excursions, voluntary work with Autism Initiatives as well as take-away and DVD evenings. One relative commented, "There are lots of different activities; the staff do lots to help them stay independent, there are walks, lunch trips, shopping trips, there is so much variety."



## Is the service well-led?

### Our findings

From the observations which took place and also from the relevant discussions held with staff and relatives it was evident that there was an open and supportive culture within the home which promoted a person centred approach to care and support.

There was a registered manager for the service at the time of the inspection. A registered manager is 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.

The registered manager was aware of their responsibilities as service manager and it was evident from records and audits provided that there were effective systems in place to ensure that safe, effective and compassionate care was being provided. Statutory notifications were submitted in accordance with regulatory requirements and previous inspection report ratings were visible in the home.

There was support from the Head of Quality who worked closely with the registered manager in order to maintain effective quality assurance systems. Together they assessed and monitored accidents and incidents, conducted monthly 'quality assurance monitoring' audits as well as reviewing and analysing routine audits which were being completed. There was also an internal unannounced annual audit which was conducted by the area management team.

Effective quality assurance systems were reviewed during the inspection. Audit systems which were in place ensured that the health, safety and well-being of those living at the home was well managed. We saw evidence of medication audits, care plan audits, fire risk assessments, window restrictor audits and water testing audits. Audits were completed by the registered manager as well as Liverpool Housing Trust (LHT).

Supervisions were not taking place as regularly as Autism Initiatives requested they should be, although it was evident that regular team meetings were being held, an open door policy was in place and staff felt supported in their role. At the time of the inspection supervision and appraisal dates had been scheduled for the remainder of the year.