

Autism Initiatives (UK)

Cumberland Gate

Inspection report

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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

About the service: Cumberland Gate is a residential care home. This service supports people with autism; The service is registered to care for three people; there were three people living at the service at the time of the inspection.

People's experience of using this service:

The service applied the principles of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Cumberland Gate is located in an area that enabled people using the service to participate in their own local community.

Risks that people faced had been assessed and those identified were safely managed. Medicines were managed safely. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm.

Staffing levels were appropriately managed and people received care from consistent, regular staff. Enough staff were employed each day to meet people's needs, keep them safe and give them the opportunity to take part in their chosen activity.

Staff received a range of training appropriate to their role and people's needs and were supported by the acting manager through regular supervision.

People were encouraged and supported to eat and drink well. People with dietary needs were given a choice of suitable meals and snacks. People were supported to access healthcare when needed.

People were offered choice and control and where able, consented to their care and support. Pictures and photographs were used to facilitate effective communication. Staff supported people to be as independent as possible with activities of daily living, such as laundry, cooking, shopping and personal care.

The leadership of the service promoted a positive culture that was person-centred and inclusive. We received positive feedback about the quality of care and support people received and the overall management of the service from their relatives. The interim manager and the staff team showed a desire to improve on the service provided and in turn the quality of life experiences for the people at Cumberland Gate.

Effective systems were in place to check the quality and safety of the service. The environment was safe and in a good state of repair and decoration.

Rating at last inspection: At the last inspection the service was rated Good; (Report published 28 October 2016)

Why we inspected: This was a planned comprehensive inspection to confirm that the service remained good.

Follow up: We will continue to monitor the service through the information we receive. If any concerning information is received, we may inspect sooner.

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 now safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Cumberland Gate

Detailed findings

Background to this inspection

The 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:

The inspection was conducted by an adult social care inspector.

Service and service type:

Cumberland Gate is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission; the registered manager had very recently left the service. A permanent home manager had been appointed but they were absent from work through sickness. The provider had made alternative arrangements and an interim manager was in place, who was supported by the area manager. We were advised that the home manager would be applying to CQC to become the registered manager on their return to work in June 2019.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out supporting people. We needed to be sure that they would be in and available to assist with the inspection.

What we did:

Prior to the inspection we reviewed the information we held in relation to Cumberland Gate. This included the statutory notifications sent to us by the registered provider 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. Providers are required to send us key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections. The provider had completed a Provider Information Return (PIR). The PIR is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We also considered any information received from the public and professionals. We used this information to plan our inspection.

During the inspection we spoke with the acting manager and a support worker. We looked at two people's care files, medicine administration processes, and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings and bedrooms of the people who lived at Cumberland Gate. After the inspection we spoke with two relatives.

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 received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- Staff were confident about how to report safeguarding concerns.
- A relative told us they felt their family member was safe at the service. They said, "I don't lose any sleep."

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed; risk assessments provided detailed information around people's individual risks in order for staff to keep people safe.
- Staff knew people's identified risks well and were able to support people in the home, during an activity and when out in the community in a safe way.
- Risks to people were regularly reviewed and records updated to reflect any changes in identified risks.
- Regular safety checks were completed on the environment and the equipment people used to ensure it remained safe.
- Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.

Staffing and recruitment

- Safe recruitment processes continued to be followed.
- The staff team at Cumberland Gate were experienced working with adults with autism; some had worked at the service for many years. A relative described them as a "Good group."
- Regular assistant support workers (ASWs) were used to cover additional shifts that could not be carried out by the permanent staff team.
- Staff worked to provide a safe environment and to support people on individual activities in the community. Rotas were seen to support this.

Using medicines safely

- Medicines were managed safely by appropriately trained staff. Medication was administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed.
- Guidance was in place for staff to safely administer 'as required' medicines to ensure people were only given medication when needed. Records were kept when this medication was administered and used to inform health care professionals who were involved with people living in the home.
- Routine medication audits were completed.

Preventing and controlling infection

- Staff received training around preventing and controlling the spread of infection and had access to

relevant guidance and information about good infection prevention and control.

- All areas of the home were clean and well-maintained.

Learning lessons when things go wrong

- A record of incidents that occurred was kept and reviewed regularly with senior managers to identify any patterns or trends so that changes or improvements could be made or introduced to people's routines.
- Referrals to the necessary healthcare professionals had been made when their intervention and help was needed.

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 care and support needs were completed in good detail and provided guidance for staff to support people based on their needs and choices.
- Support plans identified goals and were reviewed regularly to identify ways to further develop people's independence.
- Staff knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.
- Training was provided for staff throughout their employment to maintain up-to-date skills and knowledge.
- Staff received regular supervision.
- Staff told us they felt supported on a day to day basis by the senior staff.

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

- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day.
- Staff were knowledgeable of people's individual dietary needs and preferences and meals and snacks were provided accordingly.

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

- The home was maintained to a good standard.
- Redecoration and repairs were attended to in a timely way by the landlord.
- People's bedrooms were furnished and decorated to suit their individual tastes.

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

- People were supported to maintain good health. Regular appointments were made with the local dentists, chiropodist, optician and health clinics.
- Documentation regarding health needs of each person was comprehensive and concise. Hospital support plans and health action plans were completed to inform health care professionals during appointments or hospital admissions.
- Staff responded promptly to people's changing needs. Records showed staff had engaged well with health and social care professionals, to ensure that people's needs were met as effectively as possible.
- Relatives confirmed that their family member's physical and emotional well-being needs were being met.

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 service continued to work within the principles of the MCA; DoLS applications had been completed appropriately and authorised by the relevant authority.
- Staff ensured that people were involved in decisions about their care.

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 received good care and support from staff who clearly knew them well.
- It was clear from observations that staff had developed strong relationships with people. Staff displayed positive, warm and familiar relationships and were seen to be genuinely kind and compassionate.
- Relatives said staff were "Excellent."
- People were supported to maintain relationships and spend time with their family members.

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

- People were supported to make decisions about their support and staff ensured people were provided with 'choice' on a day to day basis.
- Pictures and photographs were used to enable people to make their own choices; picture boards were used to remind people of their activities for a particular day.
- People planned their daily activities using a picture board.
- Staff were familiar with the level of care and support people required as well as being familiar with their likes, dislikes and preferences.
- People had 'consultation meetings' with staff each month to plan and make changes to their activity programme.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed being respectful towards people.
- Staff were aware when people became anxious throughout the day. Staff used appropriate distraction techniques and phrases to reassure people.
- Staff supported people to send cards and presents to family members throughout the year, to celebrate birthdays, Christmas and for example, Mother's Day.
- Locks were fitted to bedroom doors for people who were able to use them safely, to enable them to have some privacy in their bedrooms and keep their possessions secure.
- Records relating to people's care were stored securely within the home.

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

- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- Care records were detailed and contained relevant and up-to-date information regarding people's needs. The service ensured that all relevant records were completed in a timely manner when people's needs changed so that staff had access to the most up-to-date information.
- Family members felt involved in care planning; they told us they were always kept informed of any changes or concerns. One person told us, "I am kept up to date as much as possible."
- People were supported to access a range of activities in the community on a regular basis. Activities were planned around people's needs and preferences. These included visits to family members.
- Relatives were happy with the activities their family members took part in from week to week.
- The service continued to meet the communication needs of people with a disability or sensory loss in line with the Accessible Information Standards.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people. However, no complaints had been made. The manager and staff were in regular contact with relatives.
- Relatives reported they had no issues with the support or the service provided. One person said, "It's never a problem to ring up; the staff are open to taking on board my issues and comments."

End of life care and support

- At the time of the inspection no-one using the service was in receipt of end-of-life care.

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

- The managers and staff promoted a culture of person-centred care by engaging with everyone using the service and family members.
- People received person centred and high-quality support.

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

- Although the service had a registered manager they were no longer managing the service; the provider had made alternative arrangements and an interim manager was in place who was being supported by the area manager.
- The interim manager understood their role and what was required to ensure the service provided good care to people.
- The provider understood their responsibilities; notifications had been submitted to CQC as required; the rating given for the last inspection was displayed in the service.
- Staff received supervision and support from the interim manager to develop their practice.
- Information relating to people who used the service was stored securely and treated in line with data protection laws.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service continued to involve people and family members in discussions about the care.
- The service worked closely with other agencies to achieve good outcomes for people. This included working with day services, commissioners and health and social care professionals.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement.
- Regular handover and staff meetings provided opportunities to discuss current practice and support and any changes that were needed.