

Autism Initiatives (UK)

Cambridge Road

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 

Overall summary

This inspection took place on 8 December 2015 and was announced. We gave the provider 48 hours' notice that we would be coming. This is to ensure the people we would need to speak to were available. This service was last inspected in October 2013, and was fully compliant.

Cambridge Road is situated in a residential area of Bootle. It is conveniently situated for local amenities and public transport. The home consists of three separate houses, two for single occupation and the other for two

people. The two people living in one of the houses have their own bedroom and have access to communal areas which include a lounge, an office, a kitchen and a bathroom.

There was a registered manager in post. 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.

Summary of findings

People and relatives of people living at the home told us they felt safe.

There were appropriate safeguarding procedures in place to protect people from harm. These included thorough staff recruitment, staff training and systems for protecting people against the risks of abuse.

There were procedures in place for managing, storing, checking and administering medicines.

We observed caring and warm interactions between staff and the people who lived at the home. Staff were able to explain how they ensured people's dignity, privacy and choice was upheld.

Assessments had been made and reviewed regarding people's individual capacity to make specific care decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family members where appropriate and relevant health care professionals. This showed the provider was adhering to the Mental Capacity Act 2005. This is legislation to protect and empower people who may not be able to make their own decisions.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. At the time of this inspection, there was one application which had been authorised under DoLS for people's freedoms and liberties to be restricted. We checked records and saw the process had been carried out correctly.

People's health and social care needs had been appropriately assessed. Care plans provided detailed information for staff to help them provide the individual care people required. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to the person.

There were effective systems in place to monitor and improve the quality of service through feedback from people who used the service and their families, staff meetings and a programme of audits and checks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



People who lived at the home and their family members told us they felt safe whilst at the home.

There were suitable procedures in place for the management of medications.

Risk assessments were in place for people who lived at the home. These had been reviewed recently.

Staff were appropriately recruited and checks were carried out to ensure they were able to work with vulnerable people.

Staff were able to explain their roles with regards to safeguarding and whistleblowing.

Is the service effective?

The service was effective

Good



Staff were properly inducted and received on-going training and they were supervised and appraised regularly.

Staff understood and applied the principles of the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards and had made appropriate referrals.

The property was well maintained and suited the people living in there.

Is the service caring?

The service was caring

Good



We observed warm and caring interactions between people who lived at the home and the staff.

Relatives told us the staff were caring towards their family member.

Staff were able to explain how they protect peoples' dignity and privacy.

Is the service responsive?

The service was responsive.

Good



People were happy with their care and family members we spoke with had no complaints about the service they received.

There were systems in place to make sure changes in people's care needs were managed and responded to, including regular care plan reviews with people's involvement.

Staff were aware of people's individual health needs and supported people appropriately.

Summary of findings

Is the service well-led?

The service was well led.

There was a registered manager in post. There was a clear management structure in place to support the service.

The manager understood their role with regards to reporting and clearly led by example.

Documentation was clear and up-to-date. The quality of the service was regularly checked and action plans were put into place to rectify any issues found.

Good



Cambridge Road

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 inspection took place on 8 December and was announced. The provider was given 48 hours' notice because the location was small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by one adult social care inspector. Before the inspection took place we looked at our own records, to see if the service had submitted statutory notifications.

During the inspection we were able to talk to one person living in Cambridge Road. The other people living at the home chose not to talk with us, or were unable to, but we did make observations during the visit. We talked with two staff in detail including the registered manager and the senior carer.

During the inspection we telephoned two relatives of the people who lived in Cambridge Road, to get their views about the service.

We observed care and support in communal areas, viewed three care files for the people living at Cambridge Road, 6 of the staff training records, four recruitment files, and other records relating to how the home was managed.

Is the service safe?

Our findings

Family members we spoke with told us the home was safe. One person who lived at the home told us “I have my down days, but I am happy here.” Another family member told us “I feel absolutely safe knowing [person’s name] is there. They have come on leaps and bounds.”

We discussed safeguarding with the staff. The staff understood their role in relation to keeping people safe and were able to explain to us in detail the procedure they would follow if they felt someone was being abused. Staff could explain the different kinds of abuse. We checked people’s training records and could see safeguarding training had been completed. We were able to see a copy of the safeguarding procedure displayed on the notice board in the communal room. We could see it was also available in easy read for people who needed it.

There was a whistleblowing policy in place. We checked to ensure it had been reviewed. When we asked staff about whistleblowing, they told us they would not hesitate to enforce the policy if they felt they needed to.

We looked at risk assessments for people who lived at the home. Risk assessments were regularly reviewed, and contained relevant and comprehensive information to help support people safely. For example, we looked at a person’s risk assessment which highlighted that they needed support regarding a medical condition they had. This person would be in danger if the staff did not understand the risk associated with this condition and what they must do to manage the risk. We found the lead up to the risk occurring was well documented and the action the staff should take was explained thoroughly. All of the staff at Cambridge Road had signed this assessment to say they had read and understood its contents. This would help to keep the person safe.

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the home. The staff that we spoke with told us

they had to wait until their Disclosure and Barring Service (DBS) and reference checks were completed before they could start work. We also looked at staff recruitment files to confirm that these checks had been carried out to ensure staff were ‘fit’ to work with vulnerable people.

We could see from looking at rota’s and people’s activity plans that there were enough staff on shift to be able to meet the needs of the people living at the home.

Systems were in place to make sure people received their medicines safely. Medicine administration records (MAR) sheets confirmed each medicine had been administered and signed for at the appropriate time. We checked two MAR sheets at random for people living in the home and counted their medications. We found all total’s matched and had been appropriately recorded. Staff had received the correct level of training to be able to assist people with their medications, we were able to see this on the training matrix and we viewed certificates in staff’s files. The medication record’s contained a detailed plan for each person, including what type of medication they take and what the medication is used for. The plan also contained any possible side effects which could occur from taking the medication. Each person’s medication plan had their photograph on the front. The staff explained why this was important, so they knew which person had what medication. Some of the people in the home had PRN [give when required medicines] prescribed. We looked at PRN medicines and found these were supported by a care plan to explain to staff in what circumstances these were to be administered.

All of the safety check’s required to keep the home safe had been completed, such as the gas, electricity and fire alarm check. We spot checked the certificates for these, and could see they had all been recently issued. There was also a personal emergency evacuation plan (PEEPS) in place for each person who lived at the property and had been personalised to show the level of assistance that each person would require to be safely evacuated out of the home

Is the service effective?

Our findings

Relatives of people who live at the home told us the care was “Brilliant”. One relative told us “The staff skill mix is very good. They have different personalities which we think works very well.” Another relative we spoke with confirmed this, and said “It works so well because there is someone for everyone. Even the bank staff, they are so consistent, it just works.” A person who lives at the home confirmed that they felt the staff had the right skills to support them.

We looked at rotas and could see there appeared to be enough staff to cover shifts. The registered manager informed us that they were actively recruiting to fill a vacancy in the team. When we asked how the cover for the home was managed the registered manager showed us a list of regular bank support workers who work often in the home and know the people who live there. The manager told us they are treated as part of the regular staff. People confirmed that staffing was never a problem.

We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager showed us one application they had recently submitted to the ‘Supervisory Body’ to deprive someone of their liberty. This had been agreed recently and was in the person’s file. The registered manager was in the process of notifying us of this. The

registered manager showed us another application they had made, however, this was yet to be agreed. The provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff were able to explain the content of people’s care files and were able to demonstrate a good knowledge of each person, their likes and their dislikes. We observed a member of staff supporting someone to make their breakfast. We could see the member of staff was very encouraging and verbally prompted the person to remind them what they needed to do next. When we checked the person’s care plan, we could see the staff member had followed the actions detailed in the care plan appropriately. This showed that staff were familiar with people’s care plans and routines and they were using them as a means to provide effective support.

We looked at daily menus and could see evidence people were given a choice of food and drinks on a daily basis. We saw people were provided with their choices and they ate their meals at times when they wanted. Staff told us if people did not want the choices on the menu, alternatives would be provided. We saw that people ate lunch in the pub once a week. We could see one person had a specialist diet, and they were supported to balance their meals, ensuring they received a recommended amount of carbohydrates and proteins.

Records showed people had received care and treatment from health care professionals such as psychiatrists, physiotherapists, GP’s and occupational therapists. Appropriate referrals had been made in a timely way to ensure people received the necessary support to manage their health and well-being. We saw evidence in people’s health plans that staff were writing detailed notes when people attended various appointments, including the outcome of these appointments and when the next one was scheduled for.

When we looked around the service, we could see it was well decorated and in good repair. There was artwork displayed on the walls throughout the property which the people who lived in the home had produced themselves. The property was split over three levels, with two people living in separate properties across from the main house. A person who lived in one of these properties told us it is beneficial because they have their own space, but know staff are there if they needed them.

Is the service effective?

Staff told us they had regular supervision meetings to discuss their performance and training needs, an annual appraisal and team meetings. We were able to see evidence that this takes place.

Is the service caring?

Our findings

Relatives of people who lived in the home were complimentary about the caring nature of the staff employed by the service. One relative told us “We are very pleased, we give them ten out of ten.” Another relative told us “The staff are absolutely caring, there are no issues at all.” We spoke to one of the people who lived in the home and they told us they felt the staff cared about them.

A relative gave us a detailed example of when the staff team challenged another professional with regards to the person not being given an appropriate choice due to their disability. The relative told us “I was so happy about this, as I know [relative] has people who care, apart from me.” The family member told us they were very “Impressed” with the caring nature of all of the staff team and the registered manager.

We observed and heard staff speaking to people with kindness and compassion throughout our inspection. The people who lived in the home looked happy and well cared for. There were clearly good relationships between the people who lived at the home and the staff. For example we observed staff reassuring someone who lived in the home that they would help them complete a particular task, we could hear this made the person at ease.

When we looked at people’s care files, there was evidence that people and their families’ had been involved in completing and reviewing the care plans and risk assessments. Relatives we spoke with confirmed that they had been invited to reviews and were consulted about their family members’ care plan.

We could see that no one in the home had an advocate, however there was easy read information about advocacy services made available for people if they requested it, and it was also displayed in communal areas.

Staff told us they cared for people in a way that each person preferred. Each care plan contained information in relation to the individual’s background, needs, likes, dislikes and preferences. These records also contained people’s personal goals and objectives and how they wanted to spend their time. All of the staff were able to demonstrate a good knowledge of people’s individual choices.

Staff we spoke with were able to explain to us in detail why it was important to treat people with respect. The staff told us how they respect people’s privacy and dignity by knocking on their doors and waiting to be invited in before they enter. Also the staff explained how they encourage people to do as much for themselves as possible in relation to personal care, one of the staff members told us “It is important for them to be able to do as much as possible for themselves.”

People were able to participate in regular meetings to discuss any concerns they had. Staff told us this gave people an opportunity to discuss anything such as hobbies, interests or how they wanted to spend their time. We could see that the staff had used this information to plan various activities and one to one sessions with people.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Is the service responsive?

Our findings

People's care plans were detailed, and we were able to gain a good understanding of what is important to that person by reading their care plan. We could see that information with regards to what people like, dislike and the activities they enjoyed were updated regularly or if there was a change to take into consideration. Each care plan contained information specific to that person and had taken their choice and dignity into account. For example, we could see two separate care plans for a person with reference to being supported by female and male staff. The outcome of the task was the same; however the support offered was different. We asked the registered manager why they felt this was important and they told us they wanted to protect the person's dignity but still give them the choice of who supports them.

In addition, the registered manager showed us an example of how they had 'customised' rotas and staff start and finish times to take into account different activities which the people who lived at the home had chosen to engage in. For example, when one of the people who lived at the home had a one to one activity planned which could potentially finish late, the rotas were adjusted accordingly to accommodate this. This shows that the service is delivering care which is person centred.

People's ambitions were recorded in their activity planners which documented what support people needed to achieve their goals. We looked at three care plans and found they contained detailed information that enabled

staff to meet people's needs. Care plans contained life histories, personal preferences and focussed on individual needs. They included appropriate risk assessments and 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. PISP (positive intervention support plans) were in place for each person and were completed using a traffic light system. Red showed the behaviour the person would present if they were in crisis, amber showed behaviours the person would present if they were getting stressed or anxious and green showed behaviour they would present when they were happy. This information was easy to understand and gave a good description of how to support that person.

Records showed the provider had not received any formal complaints in the last 12 months. Family members we spoke with told us the manager was approachable and if they had any concerns, they would speak with the manager or the person's key worker. The registered manager told us they held regular group meetings, one to one meetings and had an open door policy so people were given opportunities to raise any issues. A relative said, "I do know how to complain, but there has never been the need for it."

We could see that one person who lived in the home had expressed an interest in pursuing some volunteer work. We were able to see the steps the staff had taken to support the person to contact the appropriate people and make an application.

Is the service well-led?

Our findings

There was a registered manager in post who had been there for a number of years.

People and relatives spoke positively about the registered manager and the leadership of the home. One person said “[Registered manager] is very nice, and we feel it [the home] is managed well.” Another person told us “They [registered manager] are really laid back, it is managed really well.” Staff we spoke to told us that they liked the registered manager, and would feel comfortable raising any concerns with them. The registered manager worked as part of the staff team and was clearly well known by the people who lived at the home. The manager told us they would “Never ask anyone to do something I would not do.”

We asked staff about the support and leadership within the home. Staff said they were confident to raise concerns they had and praised the registered manager for their openness. Staff we spoke with were motivated and fully understood what was required of them.

We were able to see that team meetings were taking place, although the minutes for the last team meeting had not been typed up when we conducted the inspection.

The organisation had a range of policies and procedures and these were available for staff to refer to. The policies were subject to review to ensure they were in accordance with current legislation and ‘best practice’

There were effective systems in place to monitor the quality of the service. We looked at the quality assurance checks that had been completed over a period of time. Action plans were formulated and followed to make sure that actions were completed. We also looked at records which confirmed that audits had been conducted in areas such as health and safety, including accident reporting, manual handling, premises, food safety, medication and peoples’ risk assessments.

The area manager and senior member of staff understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.