

## Autism Initiatives (UK)

# All Hallows

### Inspection report

90 All Hallows  
Bispham  
Blackpool  
Lancashire  
FY2 0AY

Tel: 01253592284

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

Date of inspection visit:  
03 April 2019

Date of publication:  
29 May 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: All Hallows is a residential care home that provides accommodation and personal care for up to six people with learning disabilities and autism. Five people lived at All Hallows when we inspected. Each person had their own bedroom and shared the lounges, dining room and other facilities. The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

The principles and values of Registering the Right Support other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: 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.

People's experience of using this service:

People who lived at All Hallows had limited verbal communication and comprehension. They were not able to converse in any depth with us. We were contacted by two families who were very positive about the care and support staff provided at All Hallows. One relative said, "Despite setbacks, [family member] has made amazing progress since first joining All Hallows and clearly loves and trusts the staff." We also spent time with people and observed interactions with staff, spoke with social care professionals and looked at comments made on the home's surveys. This helped us to understand people's experience at All Hallows.

The registered manager was on long term leave when we inspected. An acting manager was managing the home until the registered manager's return.

People indicated they felt safe and enjoyed living at All Hallows and staff were kind and friendly. Care planning involved people, gave them choice and guided staff in how to provide care that met people's needs. Staff supported people to manage risks and to stay safe. Medicines were managed safely and according to national guidance.

People were cared for by staff who had been recruited safely, appropriately trained and supported. Staffing was sufficient to provide safe care. Staff had skills, knowledge and experience to support people with their care and social needs. People had opportunities to be involved in activities and leisure interests of their choice and were known and involved in the local community.

People were helped to eat and drink the right amount to keep them healthy. Meal times were relaxed and organised around people's individual daily routines. People were supported to attend healthcare

appointments to assist their health and wellbeing. Staff understood the importance of supporting people to have a comfortable, pain free and peaceful end of life. Their end of life wishes were recorded so staff were fully aware of these.

The house was clean and maintained and staff practised good infection control. People had been able to personalise their rooms with their own furniture and personal effects.

People were helped to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assessed people's capacity to make decisions and supported them with making decisions. Staff were given guidance in how to manage complaints. Although people were unable to formally complain, information was available for their representatives. Also staff often knew through people's non-verbal communication when they were unhappy with something.

Staff worked in partnership with other organisations to make sure they followed good practice and people in their care were safe. The management team used a variety of methods to check the quality of the service. This helped All Hallows to improve and develop good practice.

#### Rating at last inspection

At the last inspection the service was rated requires improvement (published 19 April 2018).

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

#### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

#### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if any issues or concerns are identified.

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.

### Is the service safe?

Good ●

The service was safe.

Details are in 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.

# All Hallows

## 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

All Hallows is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was absent when we inspected. There was an acting manager providing management support and supervision during their absence.

#### Notice of inspection:

We gave the service six hours' notice of the inspection site visit. This was because the service is small and people are often out. We wanted to be sure there would be people at home.

#### What we did before the inspection.

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports. We also sought feedback from partner agencies and health and social care professionals.□

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.

What we did during the inspection.

We spent time with all five people who lived at All Hallows. Conversation was limited due to people's complex care and communication needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six members of staff including support workers, the acting manager and assistant area manager.

To gather information, we looked at a variety of records. This included care plan and medicine records relating to two people who lived at the home. We looked at two staff files in relation to recruitment and two files to review staff training and supervision records. We also looked at other information related to the management of the service including audits and meetings minutes. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements. We also walked around the building to check the home was clean, hygienic and a safe place for people to live

What we did after the inspection.

We had contact with relatives of two people who lived at All Hallows to find about their views of the care and support provided.

# 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

- People were protected from the risk of abuse. People able to speak with us, indicated they felt safe and liked the staff.
- The provider had safeguarding systems and staff were aware of their responsibility to report any concerns. Staff had received training and understood what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

At our last inspection important health information was not documented or was not available on inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance).

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- Staff assessed and managed risk to ensure people were safe. Risk assessments provided guidance to staff. Staff understood where people required support to reduce the risk of avoidable harm. A relative told us, "Our opinion is All Hallows staff have coped exceptionally well and with kindness, with different challenges in [family member's] health and behaviour."
- The provider had procedures for staff to follow should there be an emergency and staff understood these.

Staffing and recruitment

- There were sufficient, suitably recruited staff to meet people's needs. The provider followed safe systems for recruitment of staff. The provider carried out checks before a new member of staff was employed. This reduced the risk of appointing somebody unsuitable.
- Records demonstrated, and staff and visiting professionals told us, there were enough staff to support people.

Using medicines safely

- Medicines were managed safely and in line with good practice guidance.
- We looked at a sample of medicines and records and saw medicines were given as prescribed and stored correctly.
- Staff told us they received medicines training and had regular checks to ensure they had the skills and knowledge to give medicines safely.

#### Preventing and controlling infection

- We looked around the home and found it was clean, tidy and maintained.
- Staff followed infection control practices to reduce the risk of cross infection. Staff used appropriate personal protective equipment such as disposable gloves and aprons, when they supported people with personal care.
- Staff had received infection control training which gave them the skills and knowledge to help protect people from the risk of infection.

#### Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as they should. The management team reviewed any accidents and incidents, so lessons could be learnt and the risk of similar incidents reduced.
- The management team were aware of their responsibility to report any concerns to the relevant external agencies.



# 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.

- Staff carried out assessments of people's needs which were thorough and informative. The pre-admission process was person-centred and checked the service could meet the person's needs. It involved the person and their representatives fully.
- Staff reviewed care plan records and updated them when changes occurred, so they identified people's current needs.
- Staff applied learning effectively in line with best practice. This assisted them to provide care that met people's needs.
- The management team were referencing current legislation, standards and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience.

- Staff had received induction and training relevant to their role and continually improved their skills and knowledge.
- The management team provided support and supervision to staff to help them provide effective and up to date care. Staff told us they were approachable and available for advice. One staff member told us, "We get really good support. It is a good place to work."

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

- People received a choice of food and drink to help them maintain a balanced diet. Staff encouraged people to be involved in planning healthy menu choices, completing food shopping and meal preparation.
- Staff assessed people's dietary needs and provided nutritional support and guidance.
- Staff had received training in food safety, were aware of and supported people in safe food handling practices.

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

- Staff worked effectively with other agencies. They arranged for prompt health referrals and care.
- The staff team worked closely with health and social care professionals, provided relevant information and followed advice to ensure people's needs were met.

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

- The design of the home met people's needs. People had been involved in choosing new décor and furnishings for the home.
- The building and garden were homely and comfortable and large enough for people to have their own

space. There was communal and private space suitable for people with reduced mobility.

- People were encouraged to personalise their bedrooms with their own furniture, pictures and other belongings.

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

- People were supported to access health and social care professionals in a timely manner to help support their health needs.
- Staff helped people to live healthy lives, including by eating healthy food and exercising. Staff recorded relevant information and advice in people's health action plans. This helped to ensure people's health needs were met. A relative told us their family member enjoyed plenty of physical activities such as walks, swimming and skiing.

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 staff team provided care that was following the MCA. Staff made applications to deprive people of their liberty appropriately and any conditions on authorisations were met.
- People had been asked for consent to decisions where they were able to give this. Where people were unable to make a particular decision, staff carried out best interests meetings.

# 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

- Staff respected people's rights and diverse needs. We saw people were relaxed and comfortable in the company of staff. They indicated they enjoyed spending time with staff who interacted with people as each person wanted.
- Staff supported and responded to people's diverse needs. They knew people's individual likes, dislikes and choices. These were recorded in people's care records and helped staff to deliver the right support. A relative told us, {Family member} is encouraged and given every opportunity to progress and develop as far as possible and is well settled and happy."

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

- People were supported to express their views. They were involved in planning their care and support as much as they could. Staff explained about and supported people to make choices and decisions. Where people had limited communication, or chose to include them, their families or representatives were also involved in decision making.
- People could contact independent advocacy services if they wanted guidance and support or for an advocate to act on their behalf. This enabled people to have an independent voice.

Respecting and promoting people's privacy, dignity and independence.

- Staff were respectful of people's privacy, dignity and independence. They were supportive and sensitive to people's needs. They respected people's privacy and dignity, while also making sure they remained safe.
- People's preferences and the support needed to maintain their individuality, diversity and independence were recorded in their care plans.
- Staff were sensitive and respectful when talking about the people they supported. People's care records were kept securely and their confidentiality 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.

End of life care and support

At our last inspection we recommended the provider discuss people's end of life wishes with them or their families and document this. This had been completed.

- People could stay in the home supported by familiar staff when heading towards the end of life. People's end of life wishes were recorded so staff knew how to meet these.
- Staff understood the importance of supporting people to have a comfortable, pain free and peaceful end of life and to supporting their family, other residents and each other.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control  
From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team were aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand. Care plans identified in detail each person's communication abilities and difficulties. Staff knew each person's way of communicating, and understood their non-verbal gestures and expressions.
- People were supported to have as much control and independence as possible. Staff used signing, pictures and objects to assist people to communicate their choices and decisions. Where people could not make these, staff recorded their reactions to situations and events and looked at their best interests. A relative commented in a survey, "Staff have made sure [family member] has a meaningful and extraordinary life."
- Staff wrote in care plans about each person's abilities, needs and wishes. This provided guidance about people's needs and choices and how these were best met.
- People were supported in activities and leisure interests of their choice and were known and involved in the local community. A relative told us, "[family member] is able to access the local community facilities and is also supported to go on holidays. They even have their own personal space as and when they want this."

Improving care quality in response to complaints or concerns

- People we spoke with had limited verbal communication and comprehension and could not formally complain. Staff told us they observed people's reactions to activities and events. From this they judged whether the person was pleased or unhappy with a particular situation.

- Staff told us people's relatives or representatives would discuss with staff if they were not happy or had issues and they would deal with it. No complaints had been received since the previous inspection. One relative said, "I am very happy with the care [family member] receives. I have no complaints."
- We saw staff had guidance in managing complaints. They told us they used issues, complaints or concerns as a learning opportunity to improve the service.

# 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.

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

At our last inspection the provider had failed to ensure records maintained were accurate and reflected people's needs and methods to assess and monitor the quality were ineffective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- All Hallows had an effective system of governance and leadership. The registered manager was absent when we inspected. However, an acting manager was covering the role until her return. Staff were clear about their roles and were experienced, knowledgeable and familiar with the needs of the people they supported. They said they felt supported by managers.
- The service was well-organised and there was a clear staffing structure and clear lines of responsibility and accountability.
- The management team followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.
- The management team had improved the governance of the service since the last inspection. They carried out checks and monitored the quality of the service and staff. Senior managers and staff not directly involved with All Hallows carried out extra checks to make sure they had been completed correctly.
- Ratings from the previous CQC inspection were displayed in the entrance of the home.

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

- The management team were open and transparent. People told us they were easy to talk with and available when they wanted to talk.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The provider had policies and procedures which provided guidance around the duty of candour responsibility if something was to go wrong.

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

#### characteristics

- The management team were committed to engaging with everyone at All Hallows. They sought the views of people and their representatives in a variety of ways including informal discussions, meetings and surveys. Relatives commented in a recent survey, "There have been a lot of changes in the last two years, but I am happy with [family member's] progress." And, "It is a good place, well-run."
- The management team listened and responded to the views of those involved with the home. They welcomed feedback about the way the home was run and took action in response to any comments or concerns.
- Staff told us they had regular team meetings and other opportunities to share their opinions about the service and to discuss plans and ideas and updates on changes in care.

#### Continuous learning and improving care

- The management team focused on continuously improving the service. They responded positively to concerns or complaints. Managers reviewed accidents and incidents to see if lessons could be learnt.
- The management team had systems to check people were getting good care and the home was run well. They acted on any findings from audits to help them further improve care.

#### Working in partnership with others

- The management team maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.
- Visiting health and social care professionals said care and record keeping had improved, staff listened and accepted guidance and worked with them.
- Staff, under the guidance of the management team, worked in partnership with other organisations to make sure they followed current practice and people they supported were safe.