

Autism Initiatives (UK)

Ashdown Close - Southport

Inspection report

37 Ashdown Close
Southport
PR8 6TL

Tel: 01704 549889

Website: www.autisminitiatives.org

Date of inspection visit: 5 August 2015

Date of publication: 18/09/2015

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?

Requires improvement



Overall summary

The inspection took place on 5 August 2015 and was announced.

Ashdown Close is a detached property in Southport which can accommodate up to two people with autism. The property is situated in a residential area, close to public transport links, shops and other community facilities.

Two people were living at the home at the time of the inspection. One person was present during the inspection.

There was no registered manager in post as they had left some months prior to the inspection. 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. A new manager was in post and was in the process of applying with the Care Quality Commission for the position of registered manager.

Summary of findings

People were kept safe because there were arrangements in place to protect them from the risk of abuse. Staff understood what abuse was and the action to take if they should have to report concerns or actual abuse.

The manager advised us that people needed staff support to make decisions about their daily life and care needs. This was in accordance with the Mental Capacity Act (MCA) (2005) Code of Practice.

Staff obtained people's consent prior to assisting them and encouraged people to maintain their independence.

Medication was stored safely and securely. Staff had completed training in medication administration. The manager told us practical competency assessments were to be introduced with staff to ensure they were administering medication safely. The systems we saw ensured people received their medications safely.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and preferences were taken into account.

Each person who lived at the home had a person centred plan. The plans we looked at contained relevant and detailed information. This helped to ensure staff had the information they needed to support people in the correct way and respect their wishes, their likes and dislikes.

A range of risk assessments had been undertaken depending on people's individual needs to reduce the risk of harm. Risk assessments and behavioural management plans were in place for people who presented with behaviour that challenges. These risk assessments and behavioural management plans gave staff guidance to keep themselves and people who lived in the home safe, whilst in the home and when out in the community.

Sufficient numbers of staff were employed to provide care and support to help keep people safe and to offer support in accordance with individual need. This enabled people to take part in regular activities both at home and in the community when they wished to. We saw the staff rotas which confirmed this.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at the home when the provider had received satisfactory pre-employment checks.

Staff received an induction and regular mandatory (required) training to update their practice and knowledge. Records showed us that staff were up-to-date with the training. This helped to ensure that they had the skills and knowledge to meet people's needs. Staff told us they felt supported in their roles and responsibilities.

Staff had good knowledge of people's likes and dislikes in respect of food and drinks and people's routines in respect of meal times. We saw that people who lived in the home had plenty to eat and drink during our inspection.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

People who lived in the home took part in a variety of activities both in the home and in the community. Some people attended a day centre or college placement.

During our visit we observed staff supported people in a caring manner and treat people with dignity and respect. Staff understood people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

A procedure was in place for managing complaints and family members we spoke with were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with the home's complaints procedure.

The temporary manager was applying for registration with the Commission. We found they provided an effective lead in the home and was supported by a clear management structure.

Systems were in place to check on the quality of the service and ensure improvements were made. This included carrying out regular audits on areas of practice.

We looked around the building. We found it was clean and well maintained. Staff had a rota in place to ensure cleaning was completed daily.

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.

Staff understood how to recognise abuse and how to report concerns or allegations.

People who displayed behaviour that challenges had a plan of care and risk assessments in place to protect them and other people from the risk of harm.

There were enough staff on duty at all times to ensure people were supported safely.

Recruitment checks had been carried out for staff to ensure they were suitable to work with vulnerable adults.

Medication was stored securely and administered safely by trained staff.

Good



Is the service effective?

The service was effective.

Staff followed the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions. We saw they had worked alongside family members when making 'best interest' decisions.

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Families told us the manager and staff communicated with them effectively about changes to their relative's needs.

Good



Is the service caring?

The service was caring.

We observed positive interactions between people living at the home and staff. Staff treated people with dignity. They had a good understanding of people's needs and preferences.

Good



Summary of findings

We saw that people had choices with regard to daily living activities.

People were supported to be as independent as they could be on a daily basis.

Is the service responsive?

The service was responsive.

We saw that people's person centred plans and risk assessments were regularly reviewed to reflect their current needs.

Staff understood what people's care needs were. Support was provided in line with their individual plans of care.

A process for managing complaints was in place and families we spoke with knew how to make a complaint.

The provider completed a comprehensive transition process when people moved between services to ensure new staff knew how to support them.

Good



Is the service well-led?

The service was not always well led.

The home did not have a registered manager in post. The new home manager had been working at the home since June 2015 and had not yet applied to the Care Quality Commission for the position registered manager.

The home manager provided an effective lead in the home and was supported by a clear management structure.

Systems were in place to monitor the quality of the care and standards to help improve practice.

Staff described an open and person-centred culture within the organisation.

Requires improvement



Ashdown Close - Southport

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 5 August 2015 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 in.

The inspection team was made up of one adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make. We looked at the notifications and other information the Care Quality Commission had received about the service. We contacted also one of the commissioners of the service to seek their feedback about the service.

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Ashdown Close. This was because the people who lived at Ashdown Close communicated in different ways and we were not always able to directly ask them their views about their experiences.

We spent time observing the care provided to people who lived at the home to help us understand their experiences of the service. Our observations showed the person who was at home during the inspection appeared relaxed and at ease with the staff. We viewed a range of records including: the care records for the people who lived at the home, three staff files, records relating the running of the home and policies and procedures of the company.

During the inspection visit we spoke with the area manager, house manager and a support worker. Following the inspection we spoke with two relatives, commissioners of the service and a healthcare professional who worked with people who lived in the home and sought their feedback on the service.

We carried out a tour of the premises, viewing communal areas such as the lounge, dining room and bathrooms. We also looked at the kitchen and medication storage area.

Is the service safe?

Our findings

Relatives we spoke with told us they felt their family member was safe living at Ashdown Close. One person told us, “(family member) is safe there, I have no concerns. Staff understand their needs.”

Staff understood how to recognise abuse and how to report concerns or allegations. The provider had a safeguarding vulnerable adult’s abuse policy which outlined the process to follow when reporting allegations of abuse. The policy was in line with the local authority’s safeguarding policy and procedures. The provider had appointed a particular manager who was the safeguarding lead for reporting any allegations or concerns. Their details were displayed in the staff office.

We looked at the medicines, medication administration records (MARs) and other records for both people living in the home. Medication was only administered by staff who were trained to administer medicines. Staff confirmed that medication training was provided for the staff who administered medication. The manager told us that the provider had introduced practical competency assessments to be completed with staff. This check provided assurance that staff were able to administer medicines safely to people.

Medicines were stored safely and securely in a locked wall cupboard. The majority of medicines were supplied in a pre-packed monitored dosage system. We checked a sample of medicines in stock against the medication administration records. Our findings indicated that people had been administered their medicines as prescribed. One particular medicine was classed a grade 3 controlled drug and was not subject to controlled drug conditions. However the medication was stored under controlled drug conditions, which was seen to be good practice. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation.

Individual guidance for the administration of PRN (as required) medication had been completed for those who required it. This was recorded with the MAR to ensure staff were aware of the procedure for the safe administering of PRN medication.

The manager told us that medication stock was checked on a weekly basis and we saw confirmation of this. All medication was signed by two staff after being administered.

We found staff had completed a range of risk assessments for each person depending on their individual needs. These included assessments for safety in the home and when completing activities in the community, as well as travelling in their cars. Positive intervention support plans (PISP) were completed to inform staff how to support someone who presents behaviours that challenge and how to encourage people to, for example resume an activity, return to their vehicle or home. During our inspection we saw staff supporting someone when the guidance in the information in the PISP was followed to encourage the person to return home.

A record was kept of all accidents, incidents and ‘near misses’. The manager evaluated all incidents on a monthly basis, detailing proactive and reactive approaches used by staff as well as any signals noticed by staff prior to the incident. This data is then used to update the necessary risk assessments.

Our observations showed people were supported safely by the staff. We looked at the staffing rota and this showed the number of staff available on each shift. The staff ratio was consistently in place to provide necessary safe care. Additional staff were provided on particular days each week to enable people to access the community for activities.

The staff team currently had some vacancies. We were informed by the manager that two new staff had recently been appointed. Additional support workers (ASW’s) were currently covering the current staff team’s vacant hours. ASW’s are staff not on a full time contract specifically worked at the home. The ASW’s we met during our inspection had worked at the home for a few years. This helped the manager to ensure people who lived at the home received support from a consistent and familiar staff team.

We found there were mainly three staff working in the house during evenings and weekends when both people were at home. There were specific times during the week when four staff were working. This additional staff support was provided to enable people who lived in the home to go out into the community and be supported safely.

Is the service safe?

We looked at how staff were recruited to ensure staff were suitable to work with vulnerable people. We looked at four staff personnel files. We found that appropriate checks had been undertaken before staff began working at the home. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We saw that references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

We looked around the home, including the bathrooms. We found the home was clean and tidy. Cleaning rotas showed daily tasks which the staff knew were to be completed each day to maintain a clean and safe environment.

Arrangements were in place for checking the environment to ensure it was safe. We saw paperwork which showed that a monthly health and safety audit was undertaken to ensure the building and its contents were safe and in working order. Specific weekly checks took place which included the fire fighting equipment and the fire alarm. We noted that personal emergency evacuation plans (PEEP) had been completed for each person to enable safe evacuation in the case of a fire.

Is the service effective?

Our findings

Relatives we spoke with told us they were satisfied with the care their family member received. One relative told us, "I have no issues with the quality of care. The staff are excellent." Our observations showed staff had had a good awareness and knowledge of people's support and care needs. People appeared comfortable and relaxed with the staff.

Health care professionals we contacted told us they found staff helpful and knowledgeable.

Staff told us they felt well supported and trained to meet people's needs and carry out their roles and responsibilities effectively. One staff we spoke with told us, "It's brilliant to work here."

We viewed two staff files which contained induction and training information. Training records showed us that staff regularly received mandatory (required) training in a range of subjects such as: safeguarding vulnerable adults, health and safety, fire safety, food hygiene and medication administration.

New staff completed a comprehensive induction during their six month probationary period which included shadow shifts and a 'Core Skills' week which included autism awareness training. We were told that this was presented by someone who was autistic, who received a service from Autism Initiatives. The new staff received supervision every four weeks to support them during their induction. The provider had introduced the new Care Certificate for the induction of new staff. From April 2015, new health and social care workers should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training Standards.

Following a successful probationary period staff are expected to study for a qualification in health and social care, NVQ 2 or equivalent if they not have completed it. One of the care staff was undertaking their NVQ 2. We found the remainder of the staff team at Ashdown Close had completed NVQ at level 2 and 3 or had an equivalent professional qualification. This showed the provider was committed to employing and supporting qualified and skilled staff.

Training courses were organised by the provider's learning and development team, based at head office. The home manager told us they received monthly updates informing them which staff were required to update their mandatory training. The provider used a variety of training methods which included ELearning. This helped to ensure that they had the skills and knowledge to meet people's needs.

Staff we spoke with confirmed they received supervision and support. The manager informed us they had not yet held staff supervisions as they had only been in post for six weeks. We were shown a standard supervision document that was used for all staff. The manager told us supervision meetings were planned for August 2015 and would be held every six weeks. A planner on the wall in the office showed the dates arranged for all staff for 2015. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs.

Family members we spoke with confirmed that staff contacted them to keep them informed about their relative's welfare. One person told us, "I have a good relationship with the staff, good communication. I am sent regular weekly emails (keeping me informed)."

Information was recorded in people's care files regarding health appointments and daily notes were written to record what people had done each day. Clear record keeping helped staff to inform/ update family members.

We saw from the care records that great importance was given to good and clear recording of people's health needs and appointments. Staff completed medical appointment forms which showed preparation for the appointment. The outcome of the appointment was clearly recorded to inform all staff. This ensured all staff were kept updated on people's health needs and any changes that may have taken place.

Each person who lived in the home also had a health action plan which contained current information about their health needs and how they required support to maintain a healthy lifestyle.

The relatives we spoke with told us they had frequent and regular contact from staff at the home by telephone, email and in person. When any issues were raised they appeared to be resolved and addressed quickly.

Is the service effective?

The staff took a personalised approach to meal provision. A menu was in place as a guide. Care records contained people's likes and dislikes and indicated any dietary needs. Staff knowledge of people's preferences led them to offer a choice of favourite meals and snacks. On the day of our inspection we saw the person who was at home had their choice for lunchtime meal.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. At the time of our inspection applications for a standard authorisation had been made to the local authority. We found the decision has been discussed with relatives. This was in line with best

practice. The paperwork for one person could not be located in the home to confirm the DoLS authorisation was in place. We asked the manager to inform us when this was found. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (2005) that aims to ensure people in care home and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We looked around the home. We found the building at Ashdown Close was in good working order. There was a good sized garden to the rear of the house. The house had a large lounge, conservatory, dining room and a kitchen area. This meant that there was enough space for people to enjoy their own space or to entertain visitors.

Is the service caring?

Our findings

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Ashdown Close. This was because the people who lived there communicated in different ways and we were not always able to directly ask them their views about their experiences.

We observed the care provided by the staff in order to help us understand people's experiences of care and to help us make judgements about this aspect of the service.

We spoke with the relatives of people who lived in the home and asked them their views about the support provided and the quality of life their family members received. Their comments included, "My family member is happy there", "They get to do the things they like to do", "They are independent, with support", "They always appear clean and well cared for", "Staff are very loving and caring towards them" and "Staff go out of their way to support (family member)".

Our observations showed the person who was at home appeared relaxed and at ease with the staff. Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing. Staff had a good understanding of people's needs and how they communicated. We observed staff taking their time when supporting people to ensure they understood what people needed. We saw their relationship with the person who was at home during the inspection was positive, warm, and respectful.

People who lived in the home were supported according to their wishes and preferences. The care records (person centred plans) we looked at recorded their likes, dislikes and how they wanted to be supported.

Staff knew the needs of the people who lived at the home well. During discussions with staff they were able to describe people's individual needs, wishes and choices and how they accommodated these wishes in the way they supported people. This information was clearly and comprehensively recorded in people's person centred plans. Information also included people's likes and dislikes and their daily routines.

People's care records contained personal development and support plans. These documents described activities for independent living and the progress people were making towards completing the task. People who lived in the home were encouraged and supported by staff to be as independent as they could. We saw documents which showed the activities people had achieved and some that were still to be achieved. This showed that staff were supporting people to develop new skills to promote their independence in day to day living.

People had family members who visited them and were in contact regularly with the staff. This helped family members to keep informed about their relative's welfare. There had not been any requirement to use the local advocacy service. Family members were involved in decision making when this was necessary or requested by the person concerned.

We saw that people who lived at the home were involved in decisions when they needed to be made about what to do and what to eat. Staff used pictures to help people decide on many decisions, including activities to take part in and meals.

Is the service responsive?

Our findings

The people who lived at the home were unable to tell us if they were involved in planning their lives. However, we saw that people made day to day choices about activities they wished to take part in or places in the community they wished to visit. People who lived in the home had a full activity programme each week. This involved community activities and attending college or day centre placements. We saw daily records which had been completed by the staff which confirmed that people had carried out activities or been to places of their choice.

We spoke with two family members. They told us they were active and took part in some kind of activity each day, either with staff at the home or at the day centre. The people who lived in the home were encouraged to complete daily living tasks, such as cleaning their bedrooms.

We looked at the care record files for the two people who lived at the home. We found the provider completed 'person centred plans' with the people who lived in the home. These were care records that contained relevant and individualised information such as people's preferred routines, likes, dislikes and their wishes. They also showed the food and activities people enjoyed. Support plans had been completed which showed how people wanted to and needed to be supported.

We observed support being provided and the person who was at home during the inspection received their preferences of food and choice of activities, in line with their individual plans of care. We found the plans were regularly reviewed and updated when necessary to reflect

changes in people's support or health needs. We saw information had been updated in all areas of the care records in 2015. This helped to ensure the information recorded was accurate and up to date for people to receive the support they needed.

We saw that staff supported people who lived in the home to 'set goals' to achieve. Examples of goals set included achieving independence with personal care routines. We saw that staff reviewed the goals each month. Goals which had been achieved were recorded and new goals set. We saw that this practice was in line with Autism Initiatives organisation's mission statement that 'people with autism can learn and develop'.

The service had a complaints policy in place and processes were in place to record and investigate any complaints received. This helped to ensure any complaints were addressed within the timescales given in the policy. The manager told us they had good relationships with family members who visited regularly, so any issues would be discussed informally with staff and sorted out straightaway. We spoke with relatives who told us they had no complaints about the service.

The provider incorporated a thorough transition process when people moved from one service to another. This was usually when people changed their day time provision. We talked to the manager of the home about this. The process had involved staff who were working with the person in the home also working with them at their new day time provision. This helped to ensure new staff understood the person's support needs. A relative told us they had been involved with the transition process and they were pleased with how it went. They said it was a good transition.

Is the service well-led?

Our findings

There was no registered manager in post as they had left some months prior to the inspection. A new manager was in post and was in the process of applying with the Care Quality Commission for the position of registered manager. We found they provided an effective lead in the home and was supported by a clear management structure. Their working time was split between direct support time and protected 'management time'.

We asked health care professionals their views on the home and the staff. They told us the service provided at Ashdown Close was a highly specialised, person centred service with good quality outcomes.

Autism Initiatives organisational mission statement reads "Our expectation is that people with autism can learn and develop and we support this process every single day. We will create unique services for people to enable them to have ownership of their own lives and future." We found that staff supported the people who lived in Ashdown Close to try to achieve this. This was evident in the setting of goals for people to achieve independence and enjoy fulfilled lives.

From our observations during the inspection and from speaking with staff we found a person centred culture operated within the home. This meant that people's individual needs and choices were promoted and staffing was provided to support this. People's personal routines were followed and staff supported people to take part in the activities they wanted to. We found staff spoke enthusiastically about their work. Staff were positive in their approach to people's achievements. This supported the organisation's vision statement which refers to an expectation that people with autism can learn and develop, and that staff support them in this process each day.

Relatives we spoke with commented on the home. One person told us, "Ashdown Close is really good for them; I feel the service fits around them." They told us they were able to visit any time they wished to.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. We saw evidence that the manager carried out a monthly 'self-assessment' quality assurance audit. The area manager also completed an audit during their monthly visits. This audit included a sampling of training records, medication administration records (MAR) and a health and safety check. This ensured any omissions, errors or issues were addressed in a timely manner and that documents were kept up to date.

The provider's accountant completed a finance audit at the home twice a year to ensure people's finances were spent correctly. We saw the reports for 2015; the home scored 98% and 99% for the audits.

We saw quality audits which had been completed during 2013/2014. These were related to gas and electrical appliance testing and the heating and water system. Service contracts were in place for fire prevention equipment. An inspection by the Fire Service took place in April 2015, when no concerns were raised. Weekly health and safety audits were carried out by staff to help ensure the home was safe and that any issues were reported or addressed quickly.

The provider had a process in place to seek the views of people's relatives. Questionnaires were also sent out to families each year. The home manager showed us a questionnaire returned in July 2015. Feedback showed that the person was satisfied with the staff and standard of support provided at Ashdown Close. We did not see any previous years' questionnaires.

Relatives we spoke with told us they attended reviews at the home or joint reviews with people's day time activities.

Staff team meetings took place each month to ensure staff were kept informed of any changes in the organisation or at Ashdown Close, and to discuss the care and welfare of the people who lived in the home. We saw minutes of these meetings held in March, April and July 2015.