

## Autism Together

# Autism Together - 41 Church Road

### Inspection report

41 Church Road  
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Date of inspection visit:  
20 September 2017

Date of publication:  
16 October 2017

### 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

41 Church Road provides accommodation and support for two adults who have autism. The home is run by the Autism Together, a charity who provide services for people with autism.

The home is a detached house in the area of Bebington on the Wirral. At the time of our inspection there were three people living there.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

We spoke with the three people who lived in the home and one relative who all gave positive feedback about the home and the staff who worked in it.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

Care plans were person centred and driven by the people who lived who lived in the home. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

Complaints were taken seriously and managed well so that people felt listened to and had their concerns dealt with.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. They also regularly spoke with the people who lived in the home.

## 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 remains Good

### **Is the service effective?**

**Good** ●

The service remains Good

### **Is the service caring?**

**Good** ●

The service remains Good

### **Is the service responsive?**

**Good** ●

The service remains Good

### **Is the service well-led?**

**Good** ●

The service remains Good

# Autism Together - 41 Church 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 checked 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 20 September 2017 and was announced. It was carried out by an Adult Social Care Inspection manager. The manager was given 48 hours' notice because the location is a small care home for adults who may be out during the day; we needed to be sure that someone would be in.

Before the inspection we contacted Wirral Council's Quality Monitoring and Contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with the manager, and one other members of staff. We met with the people who lived at the home, and following the inspection we contacted one relative by telephone. We observed staff interacting with people in the home. We looked at medication storage and records. We looked at staff rotas and supervision records. We looked at maintenance records. We looked at care records for two of the three people who lived at the home. We also visited the providers main offices and looked at staff training information.

## Is the service safe?

### Our findings

We asked one relative if they felt that their family member was safe living at the home. They told us "Yes he is safe. Staff are very good at the home."

We saw that staff had up to date training in safeguarding and what to do if they were concerned about the people living in the home. There had been two safeguarding concerns since our last inspection. These incidences had been dealt with safely and appropriately and notified to CQC. Staff were very aware of the identified risks for the individual people who lived in the home. These risks were clearly monitored closely.

We saw that the service was staffed by a consistent staff team who had all worked for the provider organisation for a long time. We looked at the rotas and saw that staffing levels were maintained and the people who lived at the home always knew who would be supporting them. We saw that no new staff had been recruited since the last inspection. We were told that it was very unusual for any other staff to work at the service as the team covered each other's holidays and absences and this maintained consistency for the people living in the home.

We looked at medicines management in the home and saw that it was good. The medicines were audited weekly. We saw that controlled drugs were safely managed and carefully monitored.

We saw that the home was clean and well maintained. We checked the premises safety certificates and saw that they were up to date. The people who lived in the home had a cleaning rota and the staff supported them to maintain good standards in the home. This was in pictorial form on the notice board in the kitchen so people could see each day what they needed to do.

## Is the service effective?

### Our findings

One relative told us that the staff worked hard to keep their family member safe but still encouraged them to be independent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We spoke with the registered manager and found that they had a clear understanding of the MCA and DoLS. We saw that they considered people's choices at all times. We saw that DoLS applications had been made for people living in the home for whom it was deemed necessary in order to protect their human rights.

The staff were trained regularly and this was demonstrated by the providers on line records. Staff had training in all of the required areas and in additional areas to meet the needs of the people whom they supported. Staff had regular supervision from their line managers and we could see that training was discussed at each session. The staff member we spoke with told us that "training was second to none." They had recently completed mental health awareness training and had found it very beneficial in relation to the people that they supported.

We saw that the people chose what they wanted to eat, did the food shopping and were involved in cooking the food supported by the staff if they chose to do so. We saw that there was information about healthy eating in the kitchen and this was very important to one person who lived in the home.

We saw that people had regular access to health care and their care files showed that people were monitored closely. We were made aware of one person who staff had been concerned about but the concerns had been checked and the person was well. This demonstrated that the staff were quick to action what they felt may be a problem.

The home was on a pleasant street in a small neighbourhood. We were told that the people who lived in the home enjoyed using the garden supported by staff when the weather was fine.

## Is the service caring?

### Our findings

A relative told us that they thought that the staff were very caring. They said "I ring and have a chat with them and the manager sometimes rings me to check that everything is ok. They care very much."

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. Staff were very reassuring to people who may have been anxious and knew them well and were able to support them in an unobtrusive way. One person became a bit stressed as they were telling us about a situation that was concerning them at that time. Staff encouraged the person to express their view and validated their feelings by reassuring them that the problem was being looked at and would be resolved.

We saw that staff were mindful and supportive of people's spiritual needs. One person who lived in the home had taken part in a religious ceremony since our last inspection and everyone at the home had supported this person and attended the ceremony

We saw that people's confidentiality was maintained in the home. Records were locked away in the office. Staff were careful that none of the people could access information about the other people in the home.

We saw that the care and support provided was person centred and led by the person receiving the care. Staff were very much guests in the people's home and this was very apparent.

The registered manager told us that no one in the home was using any advocacy services at that time but they had links with local advocates should they be required.

## Is the service responsive?

### Our findings

We spoke with the three people who lived in the home. Two of the people were excited as they were due to attend a social event that evening. Staff told us that this was the highlight of the week for these two people and they very much enjoyed it. One person told us that they were looking forward to "having a beer" at the social event.

One relative told us "We are very involved. We have regular reviews where we can say what we think about how things are going."

We saw that the people led busy, varied lives. Activities included work placements, voluntary work placements, going to do various physical activities such as the gym and swimming. We saw that staff were responsive to people's needs and recognised when these changed and how to act accordingly. We were told that two people had a morning off a week and that the other person in the home had the afternoon off as they liked to spend some time at home on their own.

Individual care files were in place for the people living at the home and we looked at the two of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to-day lives. There was clear person-centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. It was obvious that the people had written the plans with the staff's support. The registered manager told us that they maintained the files so that new staff could read them and know important things about the person even though this was rarely required as theirs was a consistent staff team.

We saw that there was a complaints procedure in place a copy was displayed on the notice board in the kitchen. The procedure was in pictorial form to make it accessible for people who may struggle to read. We looked at the complaints management and saw that staff took any comments people made seriously and worked hard to resolve any issues. We saw that one person met with the registered manager on a monthly basis and minutes were kept of these meetings. This enabled the person to share their concerns, be listened to and help to seek support to resolve any problems.



## Is the service well-led?

### Our findings

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. The service had a registered manager who had been in post for a number of years. The service was also supported by three team leaders who along with the registered manager supported some of the provider's other homes.

A staff member told us that the manager was the "best manager I've ever had" and that it was a "fabulous staff team". They told us that the team worked closely together and supported each other to provide the best possible service for the people who lived in the home.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed. We saw that there were three tiers of checks and that action plans were produced from the checks and then actions completed.

We saw that there were regular meetings held in the home. There were residents meetings on a monthly basis and staff meetings were also held. All the meetings were recorded and minutes kept for future reference.

There was a positive person centred culture apparent in the home and obvious respect between the manager, staff and people who lived in the home. The registered manager told us that they or the team leaders visited the home on at least a weekly basis but also liaised with staff on the telephone as and when required.