Autism Initiatives UK

Lethbridge Road

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Lethbridge Road is registered to provided accommodation and personal care for up to six adults with a learning disability / autism. It is a large detached house in a residential area of Southport. The service is run by Autism Initiatives. From the observations we made of the care in the home and from talking to people who lived in the home, as well as staff and visitors, it was clear that people living at the home were able to enjoy many aspects of daily living as well as learn adaptive strategies aimed at encouraging more independence.

This was an unannounced inspection which took place over two days on 27 and 28 November 2014. The inspection team consisted of an adult social care inspector.

The service had 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

During our inspection we saw that staff and visitors were made aware of the need to ensure safety at all times. Visitors to the home commented that they always felt safe in the home environment as there was always staff available. Staff were seen as flexible in their approach which reflected the diversity of peoples care needs and support plans.

People living at the home were 'safe' from abuse because the staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People and their families told us there was sufficient numbers of staff on duty at all times.

We found some anomalies with the medication administration records [MARs] which meant that they were not always clear and there was risk that some medicines may be missed. We found some peoples records difficult to follow; especially those who had had medication changes recently. We told the manager our observations that staff had not followed some of the homes own policies around recording as well as good practice guidance. Staff felt that the current risk was low in terms of any medication errors as they were familiar with the people living at the home and their different medicines. We did not find any evidence that people had not received their medicines. The medication administration records did not support a safe practice however.

You can see what action we told the provider to take at the back of the full version of this report.

We observed staff supporting people in a way that ensured their safety whilst maintaining their dignity and promoting their independence. The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These assessments were detailed and specific to specific behaviours and were aimed at trying to get the person to be as independent as possible, including accessing the local community safely.

Staff had been specifically trained in this approach which was also supported, in some instances, by the use of visual aids to make it easier for people to understand. We spoke with a relative who said this approach had been consistent and helpful and there relative was becoming more independent.

Professionals who visited the home gave us feedback about the care. This was wholly positive. We heard about how one-person living in the home had come on ''leaps and bounds'' and have extended their coping skills immensely. The professional explained that the person was now able to enjoy time in the community whereas previously they had been confined in the house. All professionals we spoke with gave positive feedback about the home. They described a proactive service which identified any issues regarding people's health and ensured they received the right support and intervention.

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and ongoing training. One staff showed us the induction programme they had attended. This included sessions on autism which included Autism Initiatives five point 'star' framework to help understand people with autism. Specific communication strategies involving visual aids had also been learned.

The manager told us that most staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma and this was confirmed by records we saw where 60% of staff had a qualification. This helped show staff had the knowledge and skills to work with people at the home.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions. We were told that all of the people at Lethbridge Road had capacity to make decisions about their daily life and care needs. Staff told us that time needed be taken to ensure information was clear and the right support was in place so that people could be enabled to make decisions. We saw this followed good practice in line with the MCA Code of Practice.

We were told that the home does not currently support anybody who is on a deprivation of liberty authorisation

Summary of findings

[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.

We discussed with staff and the people living at the home how meals were organised. We saw that people were involved in planning their own meals but there were also communal meals available. We saw that in the kitchen staff had put up meal suggestions aimed at promoting a more healthy diet. Individual meal plans were also displayed.

Communication was seen as a priority to carrying out care. We saw references in care files to individual ways that people communicated and made their needs known. We saw that these entries were detailed and were reviewed regularly. We also saw examples were people had been included in the care planning so they could see and play an active role in their progress. We noted there was positive and on-going interaction between people living at the home and staff. We heard staff taking time to explain things clearly to people in a way they understood. A relative told us staff were consistent in their approach and displayed a lot of patience and a caring attitude.

The staff we spoke with had a good knowledge of people's needs. The pre inspection report (PIR) completed by the manager states: ''All staff members have an excellent knowledge about the individuals that we support and deliver all support in a caring, pro-active and personalised way. All staff are eager to learn and develop their own skills and knowledge and utilise this in a way that will benefit each service user.'' This theme was supported by the observations, interviews and records we saw on the inspection.

People told us the staff respected their preferred routine. This could mean that plans agreed previously might have to be changed due to people making a different choice. Staff explained that this process in itself was important as the person was learning to manage how to change and plan their day depending on different circumstances. This showed a respect of the person's right to choose as well as an understanding of the main aims of the support.

We looked at the care record files for three people who lived at the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs. They were very detailed and there was evidence that plans had been discussed with people and also their relatives if needed. We could see from the care records that staff reviewed each person's care on a regular basis.

We observed a complaints procedure was in place and people, including relatives, we spoke with were aware of this procedure. An easy read version was displayed on the notice board in the entrance hallway. We saw that any concerns or complaints made had been addressed and a response made.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes both internally and external to Lethbridge Road that senior managers for the organisation carried out. These provided feedback and monitoring so that the service could continue to develop.

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?

Requires Improvement

The service was not always safe.

Medicines were not administered safely. We saw that medication administration records [MARs] were not clearly recording medicines in line with the homes policies and good practice guidance. There was a risk that people's medicines may be missed. There was need to develop audits for checking medication standards to help ensure consistent safe standards were developed and maintained.

There was a good level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise peoples independence whilst help ensure they are safe.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

There were enough staff on duty at all times to help ensure people were cared for flexibly and in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

People living at the home had been assessed as having capacity to make decisions regarding their care. We saw that staff understood and were following the principals of the Mental Capacity Act (2005) and knew how to apply these if needed.

We saw peoples dietary needs were managed with reference to individual preferences and choice.

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

Is the service caring?

Good

The service was caring.

We made observations of the people living at the home and saw they were relaxed and settled. A relative told us they were happy with the care and the support in the home and described the care and quality of life for people living at the home as 'excellent since the [new] manager had arrived'.

We observed positive interactions between people living at the home and staff. Staff treated people with privacy and dignity. They had an in-depth understanding of people's needs and preferences.

Summary of findings

People we spoke with and a relative told us the manager and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

Is the service responsive?

Good

The service was responsive.

People's care was planned so it was personalised and reflected their current and ongoing care needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Is the service well-led?

Good

The service was well led.

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

We found an open and person-centred culture within the home and the organisation. This was evidenced throughout for all of the interviews conducted through to observations of care and records reviewed. There were systems in place to get feedback from people so that the service could be developed with respect to their needs.

We received positive feedback from health and social care professionals who told us the home worked well with them and liaised to support people's ongoing health and social care.

Lethbridge 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.

This was an unannounced inspection which took place over two days on 27 and 28 November 2014. The inspection team consisted of an adult social care inspector.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the home. We contacted two of the commissioners of the service and a health care professional, who visits the home, to obtain their views.

During the visit we were able to see and interact with all of the people who lived at the home to varying degrees. We spoke with a visiting family member. We also spoke a visiting health care professional who was able to give some feedback about the service.

We spoke with four care/support staff and the Registered Manager. We were able to talk to relative and professional visitors to the home at the time of the inspection. We looked at the care records for three of the people living at the home, two staff recruitment files and other records relevant to the quality monitoring of the service such as safety audits and quality audits including feedback from people living at the home, professional visitors and relatives. We undertook general observations and looked round the home, including some people's bedrooms, bathrooms, dining and lounge areas.

Requires Improvement

Is the service safe?

Our findings

When we spoke with people living at Lethbridge Road they told us they were settled and felt at home. People had lived in the home for a number of years and had seen staff and management change. Everybody spoken with commented that 'things had improved' since the new manager had arrived 18 months previously. They said staff were more settled and they felt safe and cared for.

One person said they had progressed a lot recently and they were now able to go out alone and felt more confident generally with the support they were getting. Another person said, "I can go out into town but I always have a staff member with me." Staff explained that most people living at Lethbridge Road had one to one support when out in the community to ensure they were safe and appropriately supported. Staff was arranged to support this in consultation with each person. We saw this was detailed in the support plans we saw for people.

We spoke with a visiting family member who said they found the service to be safe and very good at managing any risks so that their relative could be as independent as possible. The relative told us, "I was concerned about things at one time but since the present manager and staff team have been here I have no worries. My [relative] gets good care which is very structured."

A visiting health care professional told us that staff managed people's care needs very well and this included ensuring their safety. We were told," Some [of the people] living here can be difficult to support. Staff support them well." We were told that staff always ensure any changes in people's medical condition was immediately reported. The health care professional was able to describe the progress one person had made and how the risks to their wellbeing had been managed and supported by clearly identifying the issues and behaviour of concern and then developing care plans with clear objectives. This meant the person concerned was able feel involved and could see the progress they were making. This was endorsed by the person concerned.

We asked about staffing at the home. To support the six people living at Lethbridge Road there was normally a minimum of three care staff including the manager but this number was increased depending on the extra support people needed. For example all of the people living at the home had 'extra hours' of support one a one to one basis for developing social skills outside of the home. Staff were very flexible to support this. We saw throughout the inspection that staffing numbers fluctuated accordingly. Visitors to the home we spoke with at the time of our inspection commented that they always felt people were safe in the home environment as there was always staff available. Over the two days of the inspection extra staff were available to support people outside the home.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked the manager for copies of appropriate applications, references and police checks that had been carried out. We saw these checks had been made so that staff employed were 'fit' to work with people who might be vulnerable.

One staff went through the process of medication administration in the home. Medication was stored in a separate locked 'clinic' room. We were told that all medicines in the home were administered by two staff to ensure extra checking and safety. Following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring. Medicine administration records [MAR] we saw were completed to show that people had received their medication. We found external medicines such as creams were recorded by the staff administering the cream. We saw that one person having a cream applied also had an entry in the care plan so this could be evaluated ongoing.

We saw that peoples medicines where reviewed on a regular basis. Records we saw confirmed that people had been reviewed very recently. The visiting health care professional we spoke with advised us that staff were very proactive regarding this and ensured necessary referrals and reviews were carried out.

The competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the manager following initial training and this was also confirmed by the manager who was able to show us examples of how this had been recorded with staff.

We found, however, some anomalies with the medication administration records [MARs] which meant that they were

not always clear and there was risk that some medicines may be missed. We found some people's records very difficult to follow; especially those who had had medication changes recently. For example:

- Numerous handwritten entries on the MAR charts that had not been signed by staff. We discussed the 'best practice' of ensuring hand written medicine chart entries were signed by two staff as this helped ensure entries had been copied correctly. The 'double checking' of prescriptions was also highlighted in the homes own medication policy.
- A handwritten entry on the MAR, which had not been signed as checked, had a commencement date of over three years ago and an incorrect method of method of administration ['inhale' instead of take orally]. Staff were not sure when this medicine had been commenced but said that if the entry was handwritten this would have been more recently.
- There were handwritten entries with no date when medicines had been received or amount received. We found we were not able to carry out a stock check on these medicines without reference to a separate 'signing in book'. We saw this book which we were told was also a record of a weekly stock check of medicines in the home but none of the entries [checks] were signed.
- One medicine being administered daily was not recorded on the MAR. We were told this was a 'controlled' medication and was being monitored through the controlled drug register. We discussed the need to ensure all medicines being administered were recorded centrally on the MAR to ensure medicines were not missed.
- We asked about one person who we were told was on PRN [give when needed] medication. Staff could find no entry in any of the care plans regarding this medicine and in what circumstances it was to be administered. When we checked the MAR we saw that this medicine was written up to be given 'four times daily' [but had only been administered once in the previous fortnight]. The record of administration was therefore, possibly, incorrect and confusing.
- MAR charts were generally difficult to follow. There were numerous medicines which had been discontinued 'for some time' but were still on the printed MAR from the pharmacist. Although staff had been drawn a single line through the entry to indicate they were discontinued, it was not always easily identifiable.
- One printed entry went over three spaces on the MAR chart and the date the pharmacist dispensed the drug was not clear [whether this referred to the medicine above or the medicine in question.

We discussed these anomalies with the manager and staff. Staff felt that the current risk was low in terms of any medication errors as they were familiar with the people living at the home and their different medicines. We did not find any evidence that people had not received their medicines. The medication administration records did not support a safe practice however. These findings were a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed other areas of medication administration. We were told that all of the people living at the home had 'capacity' to make their own decisions about their medicines. All medicines were, however, controlled and managed by staff. We could not find any evidence that people had given formal consent to having their medicines managed in this way and we discussed how this might be better evidenced.

We also discussed how people's independence might be increased in the future with the development of individual's ability to manage their own medicines. This would further evidence a more 'person centred' approach to care in the home. We were advised that some people living at Lethbridge Road have regular leave in the community such as weekend stays with relatives. We were advised that medicines are potted up and labelled from existing stock. It was not clear how these were checked and monitored. When we looked at the home medicines policy it did not include any information to support this.

We looked at how medicines were audited. Weekly checks were made by the manager on stocks of medicines in the home. We asked about other audits [checks] of medicines that were completed and the manager was able to show us a monthly audit undertaken by another senior manager in the organisation on 10 November 2014. The section on medicines was brief and had not identified any of the issues we had found. The home did not have an all-encompassing auditing tool for medicines at present.

Requires Improvement

Is the service safe?

We would recommend that standards of medication and development of audit tools are draw up or amended with reference to NICE [National Institute of Clinical Excellence] guidelines.

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training within the companies recommended guidelines of every three years. All of the staff we spoke with were clear about the need to report through any concerns they had.

We spoke about a safeguarding incident that had occurred since the last inspection and how this had been managed. We saw this had been reported through to the local authority safeguarding team and agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This rigour helped ensure people were kept safe and their rights upheld. We saw that local contact numbers for safeguarding were available.

Arrangements were in place for checking the environment to ensure it was safe. The Pre-Inspection information we asked the home to complete told us there were health and safety audits that are completed by staff on a weekly basis. Any repairs that were discovered were reported to the housing services department and the area needing repair made as safe as possible. To ensure that the appropriate audits are carried out the home had nominated persons responsible for fire safety, health and safety and first aid. In order to ensure the safety of the service, all staff attended a health and safety training course as soon as possible and complete online training in fire safety, first aid and health and safety.

We saw some documented evidence that regular checks were made including the monthly 'peer audit' carried out by a senior manager external to the home. We were advised that there was a new fire safety system installed and we saw that the local fire brigade had made necessary visits to checks ensure safety.

Good

Is the service effective?

Our findings

Lethbridge Road provided support for people who have autism and associated mental health care needs which can affect their quality of life. From the observations we made of the care in the home and from talking to people who lived in the home, as well as staff and visitors, it was clear that people living at the home were able to enjoy many aspects of daily living as well as learn adaptive strategies aimed at encouraging more independence.

We observed staff provide support and the interactions we saw showed how staff communicated and supported people as individuals. Staff were able to explain in detail each person's care needs and how they communicated these needs. Staff explained that the current team had been developed to ensure better continuity of care and build up solid relationships with all of the people living at Lethbridge Road. One staff talked through one person's behaviour and how this changed at certain times indicating underlying anxiety. These changes were individual to the person and were known by all staff. We saw they were described in care documentation. The staff explained how a structured programme of daily activity had been agreed with the person so that they were better able to focus on the objectives of the particular activity. This had been effective in increasing the person's ability to re plan activities if something went wrong and changes had to be made. Staff had been specifically trained in this approach which was also supported by the use of visual aids to make it easier for the person to make plans. We saw how the person had been involved in this process and had contributed handwritten plans in the first instance which had then been developed. We spoke with a relative who said this approach had been consistent and helpful and there relative was becoming more independent.

A relative and health care professional we spoke with were very aware that staff had the skills and approach needed to ensure people were receiving the right care. We were told, "The staff and manager are excellent. [Person] has made fantastic progress". We saw comments from another relatives in a relative feedback survey which said, "The staff are working hard to maintain [a good] level of professionalism." A health care professional told us," [Person] was placed here after a lack of progress elsewhere. They have come on 'leaps and bounds' and have extended their coping skills immensely." The professional explained that the person was now able to enjoy time in the community whereas previously they had been confined in house.

One person we reviewed had a physical care need that was also being well supported by the staff. We saw that medical appointments had been followed up and the care interventions prescribed had also been carried out by staff. The staff had been careful to gradually withdraw direct care after a time so that the person now had the confidence to manage their care independently.

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and ongoing training. The manager supplied a copy of the staff training matrix which identified and plotted training for staff in 'statutory' subjects such as health and safety, medication, safeguarding, infection control and fire awareness. In addition staff had undertaken training with respect to the care needs of the people living at the home. For example one staff showed us the induction programme they had attended. This included sessions on autism which included Autism Initiatives five point 'star' framework to help understand people with autism. Also strategies had been taught on how to remain, and keep, people safe whilst in the community. Specific communication strategies involving visual aids had been taught by the manager who was also a trainer for this within the organisation.

The manager told us that most staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma and this was confirmed by records we saw where 60% of staff had a qualification. The other staff currently in the home were being signed up to start this training. Staff spoken with said they felt supported and the training provided was of a good standard. They told us that they had had appraisals by the manager and there were support systems in place such as supervision sessions and staff meetings. One staff member told us that staff meetings were open and constructive. We saw the agenda for a meeting which was well structured under various headings. One subject covered was the training needed for staff to support a specific person in the home.

We saw, from the care records we looked at, local health care professionals, such as the person's GP, and Community Mental health Team were regularly involved with people. Over the two days of our visit people were

Good

Is the service effective?

reviewed by a consultant psychiatrist and psychiatric nurse [CPN]. We spoke with a visiting health care professional at the time of our inspection and another three professionals prior to our visit. All gave positive feedback about the home. They described a proactive service which identified any issues regarding people's health and ensured they received the right support and intervention. A nurse who visits told us, ''The staff and manager have good skills in terms of building relationships. They are able to support people with very complex care needs.''

We looked at the information that was supplied if people went into hospital so that key information was easily communicated. We saw a 'health passport' for one person. The key details included medication, communication needs and key health information. The information was easy and quick to understand.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We were told that all of the people at Lethbridge Road had capacity to make decisions about their daily life and care needs. Staff told us that time needed be taken to ensure information was clear and the right support was in place so that people could be enabled to make decisions. We saw this followed good practice in line with the MCA Code of Practice. We saw examples where people had declined medical and health input on occasions. This had been against advice at the time but within the person's right to refuse. This had been respected.

The manager was able to talk about aspects of the workings of the MCA and discuss other examples of its use. We were told that the home does not currently support anybody who is on a deprivation of liberty authorisation [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. We found the manager and senior staff knowledgeable regarding the process involved if a referral was needed.

We discussed with staff and the people living at the home how meals were organised. We saw that there were 'house meals' daily which people could take part in or conversely they could plan their own meals. We spoke with one person who said they regularly had three house meals each week but shopped and planned their remaining meals. We saw that in the kitchen staff had put up meal suggestions aimed at promoting a more healthy diet. Individual meal plans were also displayed. There were no special diets at the time of our inspection.

Good

Is the service caring?

Our findings

We observed the interactions between staff and people living at the home. We saw there was an obvious rapport and understanding. The people living at Lethbridge Road were able to speak and articulate how they felt but sometimes had difficulty in focusing and interpreting events around them. This meant people needed support interventions aimed at planning their day and future activity. Staff explained that the current team had been built up over the past two years or so and had had time to get to know people as individuals with differing and specific care needs.

Communication was seen as a priority to carrying out care. We saw references in care files to individual ways that people communicated and made their needs known. We saw that these entries were detailed and were reviewed regularly. We also saw examples were people had been included in the care planning so they could see and play an active role in progressing.

Throughout the inspection we observed staff supporting people who lived at the home in a timely, dignified and respectful way. Over the two days of the inspection we saw the home as generally busy with lots of daily activity. We saw staff respond in a timely and flexible way so people did not have to wait if they needed support as staff were always on hand. We noted there was positive and on-going interaction between people and staff. We heard staff taking time to explain things clearly to people in a way they understood. When we spoke with staff they were able to tell us why people needed different approaches at certain times and how this had been agreed and was consistent.

A relative we spoke with and people visiting at the time of the inspection were pleased with how staff displayed a caring attitude. A relative commented that since the manager had arrived there had been a marked improvement in the way the home was run. Staff were consistent in their approach and displayed a lot of patience and a caring attitude towards their relative. When we reviewed the person's care we could see a history whereby they had displayed very challenging behaviours which meant their quality of life had been very restricted. Though a series of positive interventions by professional's together with the relationships built in the home the person had progressed to being better integrated into life, both at the home and also the local community, with support. The relative commented that staff input had been excellent; "The staff have worked hard to get [person] referred through to a psychiatrist which has not been done before." [Had previously refused].

The staff we spoke with had a good knowledge of people's needs. The pre inspection information completed by the manager states: "All staff members have an excellent knowledge about the individuals that we support and deliver all support in a caring, pro-active and personalised way. All staff are eager to learn and develop their own skills and knowledge and utilise this in a way that will benefit each service user." This theme was supported by the observations, interviews and records we saw on the inspection.

The manager and senior staff told us of the value of building positive relationships and having continuity to the care provided. When we looked at care files we saw that personal histories were recorded along with people's likes and dislikes. Staff were able talk in detail about each person as an individual. We saw that each person had a detailed plan of care and these were reviewed on a regular basis. A relative said they always felt included in all aspects of the person's care and had also been involved in the writing of the care plan.

Good

Is the service responsive?

Our findings

We asked people who lived at the home how staff involved them in planning their care. Two of the people we spoke with told us they had regular meetings and were involved in planning their care. We saw these recorded in the care files. We discussed the fact that although there was a lot of evidence of people being included in their care, there was a lack of people's signatures on care documentation to both evidence inclusion and also consent to programmes of care. The manager explained that not all people would sign documents if asked but said they would look at including this in reviews. Staff also explained that it was not possible sometimes to actually sit and do a formal review of the care plan due to people's lack of focus and concentration. Parts of the care was discussed on a daily basis depending on these factors and then applied to an overall review. This showed an understanding of the flexibility needed in the approach to care.

People told us the staff respected their preferred routine. A person told us, "I can get up and go to bed when it suits me. Staff don't mind." We saw, on one of the days of our inspection, that one person had decided to stay in bed until later than previously planned. This meant that the plan of activity drawn up the day previously had to be amended. Staff explained that this process in itself was important as the person was learning to manage how to change and plan their day depending on different circumstances. This showed a respect of the person's right to choose as well as an understanding of the main aims of the support.

We saw a programme of activities for each person. People we spoke with told us about some of these which included trips outside the home to do shopping, local walks, meals out, cinema and visits to other places of interest. One person's programme was planned to visit Liverpool. One person said they had been on regular trips out to see their family for a few days.

We looked at the care record files for three people who lived at the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs. They were very detailed and there was evidence that plans had been discussed with people and also their relatives if needed. We could see from the care records that staff reviewed each person's care on a regular basis.

We saw some relative and professional feedback survey forms provided to us by the manager. It was explained that the most recent surveys had only just been sent out and there was, to date only one returned. We also saw a collection of comments from visitors and relatives recorded on a 'compliments and suggestions record'. These were wholly positive and came from professional visitors and relatives of people living at the home. Professionals [dentist, district nurse] commented on the progress being made in terms of people's health and wellbeing.

We observed a complaints procedure was in place and people, including relatives, we spoke with were aware of this procedure. An easy read version was displayed on the notice board in the entrance hallway. The manager showed us a file containing some recorded concerns / complaints by people living at the home. These were around daily life and activity. We saw there had been a response to issues recorded. The manager explained that complaints demanding more investigation and time would be filed separately. We saw one complaint recorded that came from initial anonymous information received by us [Care Quality Commission [CQC]. This had been investigated and feedback given to CQC.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. We spent time talking to the manager and asked them to define the culture of the home and the main aims and objectives. The manager was able to talk positively about the importance of a 'person centred approach' to care. Meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the home. The manager felt this was evidenced through the development of positive relationships with staff who supported people as individuals based around each person's preferred lifestyle and activities.

The manager and staff explained the importance of understanding the world as perceived by people with autism. This was seen as key to developing any support for people at the home. All staff knew about the 'five point star' which is Autism Initiatives' model for looking at people with autism. Staff explained that this was central to how staff communicated and recorded people's daily life and progress. This theme was evident in the Pre-Inspection information provided by the manager. It was noted that planned training for staff was to include input from a person living at the home. The manager stated, "In doing this it will help promote a feeling of being valued [for the person]. It will also provide staff with an insight into the way an individual thinks and sees the world."

From all of the interviews and feedback we received, the manager was seen as a strong influence on the culture of the home. It was clear that there had been a lot of change and improvement in standards in the home since their appointment. Staff told us they received positive and on-going support. They said this made them feel valued. A member of staff said to us, "We have staff meetings and we can have our say and the manager listens. You can speak to the manager any time."

A process was in place to seek the views of families, professionals and people living at the home about their care. We saw returned forms and the 'compliments and suggestions' record completed for all of these groups. The central culture related by the manager was also reflected in the surveys with comments around staff approach and the individualised nature of the care. In addition the organisation had an external quality assurance group and people using serves were encouraged to have input into this. We were told that two people living at the home had had experience of this in the past [and currently].

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes both internally and external to Lethbridge Road that senior managers for the organisation carried out. Internally, for example, we saw health and safety auditing system for the home's environment. The manager completed a monthly report covering statistics from key records and audits carried out. This information was sent through to 'head office' and assessed by senior manager in the organisation. The information included [for example]; minutes of team meetings, a restrictive practice audit and incident reports and analysis. The later audit was very detailed and looked at factors contributing to incidents so that lessons could be learnt. An external 'peer review' audit was also carried out at regular [monthly] intervals to provided further feedback regarding key systems in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Management of medicines. How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. Regulation 13(1)