

## The Wirral Autistic Society

# The Green

### Inspection report

1-2 The Green  
Bromborough Pool  
CH62 4TT

Tel: 0151 334 7510  
Website: [www.wirral.autistic.org](http://www.wirral.autistic.org)

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This comprehensive inspection took place on 10 August 2015 at Oak House (the headquarters of the provider, Wirral Autistic Society) where we looked at some records relating to The Green and on 12 August 2015, when we visited the home itself. Most of the people who lived at The Green were in and out of the building throughout each day. We announced the visit to ensure that people who used the service and staff would be available for us to talk with.

The Green is a pair semi-detached Victorian buildings which are connected to each other. Each has its own front

door. There are two self-contained flats each side, one on the ground floor and one on the first floor. One of the three bedroomed flats was occupied by women and the other flats were occupied by men. Although the flats were self-contained with their own kitchen and bathroom and each person had their own bedroom within them, there were interconnecting doors between the flats on the ground floor and those on the first floor. Each floor also had a small bedroom which was designated as the

# Summary of findings

medication room for the floor and sleeping accommodation for the staff on nightshift. There was a large, enclosed garden. The house was situated in a quiet area, adjacent to a cricket pitch.

The home was registered to accommodate ten people and at the time of our visit was fully occupied. The home required a registered manager. 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. There was a registered manager in place will have been there for several years as had many of the staff.

The people living in the home were able to express themselves in a safe environment. They were able to choose the way they spent their day. They were taken to activities outside the home and encouraged to keep family connections by visiting where possible. Residents meetings were held frequently. Each group of people in the flats decided the sort of food that they would like to eat, shopped for it and were supported to cook it. Sometimes all the people living in The Green shared communal activities together.

We found that the staff were well-trained and supported. They were able to demonstrate skill and competency in their knowledge about autism and the support of the people living at The Green. The people living there were clearly happy with the support that staff gave them and there was a good rapport between them.

Medication was given as directed and stored appropriately. Staff were able to demonstrate their knowledge of safeguarding and were able to tell us how to report an issue. The environment was clean and well decorated and there was appropriate fire fighting equipment and evacuation plans in case of emergency. Each of the flats and peoples bedrooms had been personalised by the people who lived in them and they looked homely and cared for. People were able to lock their bedroom doors, choose who entered their rooms and go in and out of the front door freely, some with their own swipe cards and others with support from staff.

Care records, staff records, audits and other documents relating to the running of the home, were well-kept and up-to-date.

# 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 had been recruited safely. There were disciplinary and other employment policies in place.

Sufficient staff were on duty at all times.

Medication was administered and stored correctly.

Appropriate safeguarding procedures were in place and staff were conversant in their application. People told us that they felt safe.

Good



### Is the service effective?

The service was effective.

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

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

The premises were large, airy and well-appointed and suited the people living there. Many of the documents in the care files and around the home, were in 'easy read' format.

Good



### Is the service caring?

The service was caring.

Staff were caring and approachable but remained professional throughout all interactions with the people living in the service.

People were able to laugh and joke with staff and they appeared very at ease with them. People's privacy and dignity were respected and every effort was made by staff to ensure that people were as independent as possible.

Good



### Is the service responsive?

The service was responsive.

The care plans reviewed showed that person centred care was very important to the staff. People living in the service and their families had been involved in care planning and reviewing and the people were able to follow their preferred activities.

There was a complaints procedure which was available in easy read text and available on the noticeboards. Records showed that complaints had been dealt with appropriately and promptly.

Good



### Is the service well-led?

The service was well led.

There was a registered manager who was visible and who offered support to the staff.

Good



# Summary of findings

Documentation was good, readable and up-to-date. The quality of the service was regularly checked and action plans put in place to rectify any issues found.

There were good community links and we saw that relationships between all levels of staff were open and transparent.

# The Green

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10 August 2015 and 12 August 2015. We announced this visit in order to ensure that staff would be available on the day of the inspection and that we would be able to speak to some of the people using the service. The Green was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by two adult social care inspectors. We asked for information from the local authority quality assurance team before the inspection. We checked the HealthwatchWirral and the NHS Choices

internet sites. We also looked at our own records, to see if the service had submitted statutory notifications and to see if other people had made observations on the service. We had not asked the provider to submit a Provider Information Return which requests additional information about the service.

During the inspection we were able to talk with three people living at The Green and we observed most of the occupants in the flats, during the visit. We talked with three staff on duty. We also talked with the registered manager and the team leader.

Later we telephoned relatives of the people and professionals who were involved in their care, to get their views about the service. We were able to speak to three families.

We observed care and support in peoples flats, viewed four care files for people living at The Green, five training records for the staff, eight recruitment files, and other records relating to how the home was managed.

# Is the service safe?

## Our findings

One relative we telephoned told us they felt very reassured that her son was cared for by Wirral Autistic Society (WAS) at The Green. They said, "I had looked at so many different homes. It's important for me to know he is safe and secure and although nowhere is perfect I have never had any real concerns. This is a well-run establishment. My son has blossomed whilst he has been living there".

One staff member stated that they, "Are not fully staffed on the team and they use the organisations bank staff to fill the vacancy". They went on to say that the same people came and the people living there had got to know them.

We asked a staff member what they would do if they witnessed something they thought was abusive. The staff member stated that they would, "Inform my line manager".

Records showed that all staff had received training about safeguarding vulnerable people from abuse. The safeguarding training commenced within the first couple of days of induction and was refreshed annually. The home had safeguarding and whistleblowing policies and procedures and staff knew how to contact social services with any concerns. The safeguarding policy contained all the appropriate numbers of WAS staff to contact and/ or the local authority safeguarding team and CQC. It also had a flowchart about the actions they should take.

The staff we talked with were aware of the whistleblowing and safeguarding policies and procedures and told us they were aware of how to report any concerns. They told us that they thought they provided good care to the people living at the home. They would report any bad practice or mistreatment. They demonstrated to us they had a good understanding of what different types of abuse were.

We saw records which told us that safeguarding concerns and incidents had been appropriately reported, recorded and investigated.

We viewed eight staff recruitment files and found that all the appropriate recruitment processes and checks had been made. For example, all the files contained two references, proof of identification and right to work in the United Kingdom and had the appropriate criminal records

checks completed on each person. We saw how new staff were trained during induction and developed in their first six months' probation and we also saw the files that new starters work through.

Wirral Autistic Society (WAS) had various policies relating to employment and working safely, such as grievance and disciplinary policies, health and safety and medication administration policies. We saw records for some staff in relation to disciplinary procedures which showed they had been conducted according to the WAS policy.

We looked at the staffing rotas for July and August 2015 and they showed that there was always sufficient staff on duty. Staffs worked between the flats but they were keyworkers for specific people. There were five support staff on duty during the day and two at night.

The locked staff sleepover room also contained the locked medication cabinet and the medicine administration records (MAR). We saw that the room temperature had been taken twice a day on most days over the last month and all readings were below the normal safe level for the storage of the types of medication in there, which was 25°C. We told the registered manager about the absence of the records and she told us she would ensure that staff always recorded the temperature. One drug which had just been prescribed for one of the people, required refrigeration. We saw that the drug was kept in a locked box, within the fridge, in the person's flat. The temperature of this fridge was correctly recorded and it was always below 5°C.

The new months' supply of medication had just been received into the home. We noted that they were appropriately dealt with and stored in a locked cupboard in the manager's office. The temperature of this room was also recorded and was within limits. We were told that they would not be taken to the medication cabinets until the following Sunday, when the previous month's prescribed medication would have been used up. Some people self-medicated and we saw that the appropriate risk assessments had been completed regarding this.

We chose one of the medication cabinets to look at and checked this month's MAR records against the medication which was stored within the cabinet. The records had been correctly filled in and the quantities we found in the cabinet were accurate and reflected that medication had been given, as prescribed. We saw no missed signatures. Some people had items prescribed to be given 'as required'

## Is the service safe?

(PRN). These items were accurately recorded on the MAR charts and the PRN packs or bottles of medicine and the amounts left, tallied with the MAR sheet. Each person's PRN medication was stored in an individual box. All the medication and MAR sheets contained the relevant identification, such as a photograph, or date of birth.

All the medication was in date and appropriately labelled. This meant that people had received their medicines as prescribed by their doctor. No controlled drugs were kept in the home.

The people who lived in The Green had a variety of conditions and did a range of tasks and activities, which, we saw from the records, were risk assessed. Examples of these were, going out, using the kitchen and dealing with money. We noted that the risk assessments (RA) were reviewed regularly and adjusted if required. We were sent

electronically, examples of individual peoples RA's which also included the use of substances usually found in under sink cupboards. We were also concerned to note that one person's RA identified, 'Having too many people in my flat – clients walking through their flat to access other flats'. We were told by the manager that this issue was in the process of being resolved through discussions with staff.

Health and safety had been checked through various RA's and audits. The manager was responsible for checking the environment. We saw records of audits that had taken place regularly and fire equipment had been recently checked and was liberally available around the building. We saw that in the flats' kitchens, under the sink, was a lockable cupboard containing kitchen cleaning products.

We found that the home provided a safe environment for people to live in.

# Is the service effective?

## Our findings

One staff member we spoke with was knowledgeable about the support needs and preferences of the people they were caring for. They told us they knew, “The smaller details of what was very important to the person they were supporting”.

We spoke to a staff member about how they communicated with the person they cared for. The staff member said that most of peoples anxieties, were down to communication difficulties, therefore they needed familiar people around them. They went on to say, “[Name] uses a form of BSL (British sign Language) which they have adapted to their own style”.

We observed people being offered choices, using a series of signs, social stories, visual timetables and ‘what’s next’ visual aids in an effective way. These tools also enabled the person to change things if they were unhappy about anything.

We looked at the training matrix for all staff. Staff were up to date in training for providing care and support for people living at The Green. We looked at the training materials and information and saw that training was provided in-house by the provider, either face to face or through e-learning. We were shown the induction training programme and other training records which showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Staff, when on induction and throughout their probation, shadowed staff on a decreasing basis in order to learn ‘hands on’.

Training for the support staff included health and safety, fire safety, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control. Specialist training relating to autism and associated conditions, was also part of all the support staffs’ training plans. The staff we spoke with had completed the provider’s mandatory training and the specialist training. Staff told us that they were happy with the training provided.

Staff were encouraged to undertake progressive training in order to better skill themselves and/or to progress through the organisation. A deputy team leader told us how he is currently being supported to develop by attending a series

of workshops, relating to the management of people and services. We saw that several staff had taken the opportunity to do this whilst others have chosen to remain in their current roles.

CQC has a duty to monitor the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The staff we spent time talking with were able to tell us about the MCA and DoLS. The manager was knowledgeable and had implemented a clear procedure with records in place, to show what actions had been taken in relation to the MCA. The documentation that we looked at showed that the appropriate applications had been made to the local authority. Three people had DoLS in place and others had applications pending.

Staff told us that they had regular supervision meetings with the manager. There was an annual appraisal procedure that had been implemented for staff. The staff we spoke with said that they had received an annual appraisal from the manager. Records showed that regular supervision took place and that it was a two way process, with both parties contributing. Notes had been made of the meeting and shared between the parties. A staff member told us they had regular supervision. They told us that supervision was about every three months. Also, they told us how the system had recently been changed to contain an element of self-assessment and that reflective practice was encouraged.

Staff told us they were appropriately supported and that there was an open policy at WAS and at The Green where they could talk to the manager about any concerns they had and that they always felt listened too.

Staff meetings were held regularly during the day and the staff who worked at night also had their own meetings. We saw that at these meetings, various topics such as training, policies and procedures and social activities for the people living in The Green and the staff, were discussed.

We saw that some staff had received awards or commendations for their attendance in any one year, which showed that WAS valued them.

We observed staff interacting with people throughout the day. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection engaging with people, supporting them to make decisions and being very patient.

## Is the service effective?

The cooking was done by the people in the flat, supported by staff. Menus for each week were chosen by the people living in each flat, but there were alternatives available, if a person changed their mind. Shopping was done by the flat members, according to the menu chosen. Special diets were accommodated and we saw that notes about special diets were in the care plans. Food and dishes were displayed pictorially and we also saw that there was a staff rota which also was pictorial, with staff photographs alongside their names.

Care plans and other documentation on noticeboards around the home, were presented in 'Easy Read' format. We were told that there were some people in the home who were deaf. Staff communicated with them using mainly British Sign Language (BSL) and some Makaton. Makaton uses signs or gestures and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

The house was a joined building comprising of two semi-detached Victorian houses. The conversion into flats had been done sympathetically, with people able to enjoy large rooms for both the lounge and kitchen areas in their flats and their own bedrooms. The garden was large, flat and enclosed. On the day of our visit to The Green, a small summerhouse was being erected by WAS staff. This was to enable one person to use, as they enjoyed being in the garden during all seasons and it would be a quiet and private place for them.

We saw in one of the care plans, there had been several mentions of one person's unhappiness with the amount of people utilising their flat's communal area as a short cut to another flat in the house. This had also been mentioned in an 'environmental' RA. We saw that the communicating door between the flats was open and was used by staff. We discussed this with the manager who told us that during the day, when people were out, staff did use this door. She told us that she would remind staff not to use the door when people were at home in their flats.

# Is the service caring?

## Our findings

A relative told us, “He goes shopping on quiet days as he doesn’t like crowds, the staff organise this with him. They give him the space to pick his own items around the shop by himself. However when it comes to paying and the trouble he has with interactions at this time they support him well, at the times when he needs it. This helps him to be as independent as possible”.

Another family member expressed that they felt their son was a, “Very lucky chap to be there, the care is excellent”.

We asked one staff member what they thought were the important aspects of their role. They told us, “To promote people’s independence, for people to make more decisions and to do more for themselves”.

We observed caring interactions between staff and the people living at the home. We noted the people who used the service were supported where necessary, to make choices and decisions about their care and treatment. Staff were seen and heard to encourage people asking them what they wanted and discussing options.

We saw that staff generally respected people’s privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private in their own rooms. We observed people being listened to and talked to in a respectful way by the staff members on duty. People were not inhibited from expressing themselves in an individual way. During our visit people moved about their home and communicated with us and staff.

We noted that staff supported people in a dignified way, respecting their choices and decisions, whilst directing them to consider other options, if it were necessary. For example, one person had been shopping at the weekend and purchased their own clothes. However they were still in

the bag as they were having difficulty putting them away. We observed that a staff member was caring, supportive and offered help, however they showed respect and didn’t go into the person’s room and take over, which the staff member told us, might have caused more distress.

The staff engaged with people in a friendly, familiar way but kept their professionalism where necessary. It was obvious that each knew the other well and staff were able to support each person in a person centred way, which had been identified in the care plans.

People’s opinions were discussed and their views were sought and respected. The relationship between the staff members and the managers, with the people who lived at The Green, was respectful, friendly and courteous.

The manager and staff told us that all of the people could express their wishes and all had family/friends to support them to make decisions about their care. The provider had an effective system in place to request the support of an advocate to represent people’s views and wishes if required. Information about advocates was displayed on the notice boards.

We looked at the ways people were able to express their views about their home and the support they received. We were told that residents meetings were held every month. Minutes showed that meetings took place; and that people present were asked for any comments or suggestions. We saw that actions had taken place as a result of these meetings.

The independence of people living at The Green had been promoted through living with others in a small group in a flat. It was clear that individuals were able to develop and progress, with support. We saw and heard that staff were engaged with this aspect of people’s lives.

# Is the service responsive?

## Our findings

On one person's care plan it was noted that, 'There is usually a good reason for my heightened state of anxiety'.

On another person's care file it was noted they didn't like, 'Too many visitors in his flat especially the residents from the ladies flat'. Later on in the file it mentioned other people being in their flat, upsetting them. A comment was recorded, 'Staff need to ask other service users and other staff to leave if my flat becomes busy and overcrowded'. We discussed this with the registered manager who told us she would be putting plans into action to prevent this happening.

In one person's care file we observed a yearly planner with 'big dates' highlighted, such as significant family events and birthdays.

The care files we saw had a document for staff to fill in when they accessed them. We saw the files were frequently and recently used. We saw they were person centred, had been devised in consultation with the person and /or their relatives and friends and much of the information was in 'easy read' format. The care plans contained personalised information about the individual such as their background and family history, health, emotional, cultural, and spiritual needs. Each care plan was individualised and reflective of the person it was about. This showed us the service was responsive in caring for people.

People went to day centre activities. If they preferred other activities, they were able to do other things, such as at an 'Access to Work' placement or the Duke of Edinburgh award.

People had learned new skills such as knitting and some people had taken up painting. We saw that some of their work was decorating their home. One person had a certificate in a frame on one of the living room shelves, for achievements towards independence relating to pottery and ceramics.

We were told of one person making use of an internet 'tablet' device and how this has helped so much with communication and them gaining in confidence. Some of the people regularly visited their family or the family came to see them. Sometimes this was for extended periods of time and staff would accompany them.

We were provided with the complaints policy and procedure. The complaints procedure was displayed on the notice boards in each flat. People told us staff listened to any concerns they raised. There had been two complaints raised at the home in the last twelve months. We saw that both had been dealt with appropriately and quickly.

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs. We saw records of communications between the home and other health and social care professionals involved in people's care and support.

We saw that resident's meetings were held periodically. Although each flat had their own staff and operated as an independent unit, people living in The Greens came together periodically to exchange views and to socialise.

# Is the service well-led?

## Our findings

One relative was very pleased with the care they had witnessed, said, “Full of admiration for the management” and felt that this, “Flowed down through to the staff”.

A staff member told us that the manager was, “Great, very supportive and easy to get hold of”. Another told us the manager was very supportive and easy to talk with and good with any ideas they came up with.

The leadership was visible and it was obvious that the manager knew the people who lived in the home extremely well. Staff told us that they had a good relationship with the manager who was supportive and listened. We observed staff interactions with the manager which were respectful and light hearted. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

We saw that the policies we viewed were up to date and covered a range of issues, such as health and safety, fire procedures, confidentiality, whistleblowing and keeping people’s belongings safe.

Confidentiality was maintained with the storage of all personal files in the locked staff office.

We looked at a selection of records throughout the inspection. All were seen to be up to date and relevant. All the records we looked at were correctly completed by staff, who had signed, dated and collated the information required to be gathered for the individual’s.

There were systems in place to assess the quality of the service provided in the home that included weekly medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the audits for May 2015 to August 2015. We viewed completed questionnaires which had been returned by relatives. Action plans had been completed as a result of checks and audits made by the registered manager and team leaders.

The people living in The Green used the local facilities in their community, such as the shops, the gym and the pubs. They also attended the provider’s day activities and were able to do a range of things, such as gardening or craftwork.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.