

# Autism Together Woodland Grove

## Inspection report

14 Woodland Grove  
Birkenhead  
Merseyside  
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Tel: 01516456014

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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 ●

# Summary of findings

## Overall summary

The inspection took place on 15 November 2017 and was announced.

Woodland Grove is registered to provide accommodation for up to five people with autism who need support with their personal care. On the day of our inspection there were five men living at the service. The accommodation is provided over three floors of a large semidetached house in a residential area of Birkenhead. Access to the building and upper floors are by way of stairs.

At the last inspection on 10 August 2015 the service was rated Good. At this inspection we found the service remained Good.

The service had a relaxed and homely feel and people could move freely around the service as they chose. People were supported to have maximum choice and control over their lives and participate in activities they enjoyed. A relative commented "He has opportunities he has never had before with the minimum amount of restrictions and a considerable amount of love".

People's individual needs had been assessed and used to develop support plans. These provided staff with guidance about the care and support people needed and how they wanted this to be provided. People were consulted about their care to ensure wishes and preferences were met. People chose how to spend their day and they took part in a wide range of activities they enjoyed and encouraged to stay in touch with their families and friends.

People received a varied and nutritional diet that met their preferences and dietary needs.

People were supported by a consistent staff team who knew them well. Staff had been recruited safely and had the skills and experience to meet people's needs and provide effective care. A relative told us "I'm very happy with the staff and their depth of knowledge. They just get autism". People received their medicine safely and were supported to access the support of health care professionals when needed. People were protected from the risk of abuse because staff understood how to identify and report it.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. Staff felt any concerns would be taken seriously and acted on. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

Further information is in the detailed findings below.

## 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 safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Woodland Grove

## 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 15 November 2017 and was announced. This was to ensure that people and staff were available to speak with us on the day. The inspection team consisted of one adult social care inspector.

We previously carried out a comprehensive inspection at Woodland Grove 10 August 2015 and no concerns were identified.

Before the inspection we looked at other information we held about the service. This included previous inspection reports, the provider information return and notifications. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. Notifications are changes, events or incidents that the service must inform us about by law. We also wrote to five local authorities who commission the service to request feedback and received a response from one social worker who was involved in one person's care.

During the inspection we spoke with the registered manager, the house manager and four care staff. As people were not able to give us their views of the service, we spent time observing how people were cared for and their interactions with staff in order to understand their experience.

We spent time looking at records, including three people's care records, two staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Following the visit to the service we spoke to the relatives of two people. The registered manager also sent us further information relating to staff recruitment, health and safety and staff training.

# Is the service safe?

## Our findings

People's relatives told us they felt their family members were safe and felt comfortable with staff and each other. One relative told us, "I feel he is very safe. I genuinely have no concerns". Another relative told us they felt their family member was "Very safe and definitely more settled".

Care was provided in the least restrictive way possible. The registered manager explained that some people could become verbally aggressive when anxious. They told us when this happened staff used techniques they had been trained to use to support people to become calm and de-escalate the situation. Permanent and agency staff were trained in using physical intervention techniques however the registered manager told they had never used them and would only do so as a last resort.

People were protected from the risk of abuse. There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff had received training in keeping people safe from abuse and had access to guidance to help them identify abuse and respond in line with local safeguarding protocols if it occurred. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on.

People received their medicines safely. Staff told us and records confirmed they were trained in the administration of medicines. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Medicines were stored appropriately and securely and in line with legal requirements.

Risk assessments were in place which identified risks and detailed the measures to minimise harm whilst empowering people to undertake an activity. For example for people to use kitchen equipment, go swimming, go out for walks and go climbing.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's support plan and then shared with staff at handover and at staff meetings. Therefore staff were kept up to date about any changes to people's individual needs.

There were enough skilled and experienced staff to ensure people were safe and cared for. The registered manager explained they were in the process of recruiting new staff. They also told us staff vacancies were covered with permanent staff completing extra shifts, the provider's bank staff or agency staff. On occasions where they had not been able to source staff to cover shifts the impact on people had been minimised by offering people the opportunity to participate in joint activities or activities at different times of day.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with

people at risk. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. Proof of identity, employment references and employment histories had also been obtained.

There were plans in place for staff to follow in relation to what to do in the events, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal evacuation plan. Regular health and safety checks were completed including testing of fire safety equipment.

We saw that the majority of the environment and equipment was clean and well maintained. The registered manager explained that requests for repairs to bathrooms and some doors had been submitted to their estates department and that there were plans for the whole service to be redecorated in March 2018. Staff told us that Protective Personal Equipment (PPE) such as aprons and gloves were readily available.

## Is the service effective?

### Our findings

People were supported by staff who had competencies and skills they needed to meet people's assessed needs. When new staff commenced employment they underwent an induction to the service which included the completion of training the provider considered mandatory for their role. All staff undertook shadowing with an experienced member of staff before working unsupervised. The training plan demonstrated that all staff attended training essential to understanding and meeting the needs of people with autism and epilepsy. A relative told us they felt their loved one was "Cared for by people who know what they are doing". They commented "I'm very happy with the staff and their depth of knowledge. They just get autism".

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs.

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). Applications for DoLS had been made in respect for each person living at the service and approved by the local authority in line with the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions and records showed they had received training in this area.

People continued to receive support to maintain good health. Each person had a health action plan that provided clear information about their current health, how they communicated and the support they needed. Records showed that people had been supported to see health care professionals when needed and that staff had supported people to follow any health care advice they had been given. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided. A relative told us they were informed of their family members' health care appointments and commented "They always consult with me and let me know what is going on. Communication is good".

A variety of nutritious food and drink was provided in line with people's preferences. We observed staff preparing food for one person who had a limited range of foods that they liked to eat and encouraging them to try new foods. People were also supported to eat out at cafes and restaurants of their choice.



# Is the service caring?

## Our findings

A relative told us since moving into the service their loved ones life had been "Totally transformed". They explained that their family member was "Given choices". They commented "He has opportunities he has never had before with the minimum amount of restrictions and a considerable amount of love". Another relative commented they felt their family member was "Loved for and cared for" by the staff team.

People were supported with kindness and compassion. We saw that people looked happy and relaxed in the company of management, staff and each other. They were supported by a consistent staff team who were aware of people's personal histories and of what was important to them. A relative told us their family member was happy living at the service and commented "He's very happy there and he definitely trusts them (the staff)".

Peoples' equality and diversity was respected. Staff had completed training in equality, diversity and human rights and adapted their approach to meet peoples' individualised needs and preferences. For example, the registered manager explained one person found too much choice overwhelming and this caused them to feel anxious. To minimise the risk of this person experiencing anxiety, staff offered them limited choices. These choices were based on staff knowledge of the person's preferences and activities the person enjoyed. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences.

Staff had a firm understanding of people's communication needs and ensured people received the information they needed to express their choices and preferences. We observed staff communicating effectively with people for example through using symbols, pictures and signs that were relevant and meaningful to the individual.

People were encouraged to maintain their identity; wear clothes of their choice and choose how they spent their time. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. We observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished. Staff told us, and relatives and records confirmed that people were also supported to maintain contact with their family and friends.

People were encouraged to be independent and participate in the day to day running of the service. For example, people took responsibility for cleaning their own rooms and doing their own laundry with staff support and were encouraged to personalise their rooms. People were supported to maintain their personal care and appearance. Support plans provided guidance to staff as to how much support people needed and how to motivate people to do things for themselves.

People were assisted in a sensitive and discreet way. Staff were observed supporting people gently and showing affection and kindness to people. For example we saw one staff member offering reassurance to a person who was displaying behaviours that indicated they were feeling anxious.

Peoples' privacy continued to be respected and consistently maintained. A relative told us "The staff are always respectful. They're just lovely". We observed staff did not enter people's rooms without the person's permission and information held about people was kept confidential. Records were stored in locked cupboards and on a password protected computer.

## Is the service responsive?

### Our findings

Staff worked in accordance with the provider's statement of purpose by ensuring people's needs had been assessed before they moved into the service. People had been able to visit the service before deciding whether or not they wanted to live there. Support plans included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. They contained information on every aspect of people's lives including, personal care, activities of daily living, healthcare, communication, social interaction, and wellbeing. Each section of the support plan was relevant to the person and was reviewed by the person's key worker on a monthly basis.

Records showed that staff had worked in partnership with the individual, their relatives and professionals involved in their care to develop a support plan outlining how people needed and wanted to be supported. Relative told us they were consulted about their family members care and one relative commented "The service he gets is planned completely to meet his needs".

Each person also had an annual review of their care to which they could invite family members and their social worker. People set their own personal goals at reviews. The progress towards people achieving their personal goals was monitored on an on-going basis. This was to ensure that the right level of support was being provided to enable the person to achieve what they had set out to do. We saw that one person's goal was for them to be encouraged to participate in shopping tasks and give them more confidence to go to supermarkets. Records detailed that following setting this goal the person had 'been to the supermarket for the first time'.

A social care professional involved in one person's care provided us with feedback and wrote 'I have attended Woodland Grove on numerous occasions over the past 12 months primarily to review a specific package of care. Based on my own observations and also feedback from family, I would consider the service overall to be that of a good standard. The setting has been able to provide the service user that I have reviewed with an individualised package of care and also been able to demonstrate a number of outcomes as identified in the support plan'.

Detailed daily records were maintained of all the care and support delivered to people and included monitoring of some people's moods. This information was shared with relevant professionals and analysed in order to gain a better understanding of what the indicators were for people's high and low moods.

The registered manager and staff team were aware of and responded appropriately to people's different personality traits. For example one person found noisy and crowded environments such as travelling on buses stressful. The staff team had supported this person to obtain their own car which meant they were now able to access a wider range of activities they enjoyed. They also used social stories to explain to people who found change difficult in order to explain to them what was going to happen in a way they could understand. Each person had an individual timetable of activities and were supported to participate in a range of activities that they enjoyed such as swimming, climbing, walking, doing jigsaws and attending day services. Where appropriate to do so people were provided with a timetable in format that was accessible to

them.

Although no complaints had been received since the last inspection, there were processes in place for the recording, investigation and monitoring of complaints.

The registered manager told us that when needed they would work with individuals and their families to establish people's wishes on death and dying. They would also source the support of relevant health and social care professionals to ensure they met people's needs and wishes at the end of their life .

## Is the service well-led?

### Our findings

The service had 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.

Quality assurance audits were embedded to ensure a good level of quality was maintained. The results of which were analysed by the provider in order to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. Staff meetings were held at which staff had the opportunity to discuss people's changing needs and the running of the service. We saw minutes of the meetings were maintained and made available to staff who had not attended the meetings. They detailed matters discussed at the meeting, actions that were needed to be taken and by whom.

The provider had a whistle blowing policy that staff were aware of and felt confident to use. Whistle blowing protects staff that report certain types of wrong doing, from being treated unfairly or losing their job because they have spoken out or 'blown the whistle'. Staff told us that they found the registered manager approachable and supportive and that they felt confident to speak out or raise any issues they had.

The registered manager was aware of their responsibilities under their registration including the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Roles and responsibilities of staff that worked at the service were clear. The registered manager received support from their line manager and attended meetings with other managers within the provider's organisation at which they could discuss practice issues and learn from each other. The provider's policies and procedures were up to date and regularly reviewed to ensure they were in accordance with current legislation and 'best practice'.

Staff were aware of, and worked in accordance with, the provider's mission statement to meet the needs of people with autism. The registered manager and staff worked in collaboration with other areas of the provider's organisation and external agencies and professionals involved in people's care to ensure the best outcomes for people. These included the provider's autism training and advisory service, the community learning disability team and health care professionals such as speech and language therapists, epilepsy nurses, behaviour specialists and psychologists.