

Autism Together

The Green

Inspection report

1-2 The Green
Bromborough Pool
Wirral
Merseyside
CH62 4TT

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Green is a small care home that provides accommodation for up to ten people living with learning disabilities who require support with their personal care. At the time of our inspection ten people lived at the home.

People's experience of using this service:

The systems in place to ensure the management of medication was safe, were not robust. The provider's fire evacuation procedure required review. This was because the procedure did not make it clear how staff would ensure people's safety if they were unable to evacuate them to a place of safety. Information in people's care plans was person centred and detailed but not always consistent across their documentation. The governance arrangements in place to audit aspects of service delivery had not identified that these areas required improvement. This meant they were not always effective.

People's needs and risks were properly assessed and staff had guidance on how to support people appropriately. Peoples wishes and preferences were clearly documented. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People confirmed they felt safe with the staff and that staff were kind, caring and patient. Relatives agreed with this. People's daily records showed people received the support they needed in accordance with their care plan.

Staff knew people well and spoke with genuine warmth about the people they supported. Staff understood the variety of ways people communicated their wishes and supported them to make day to day decisions. Staff respected people's privacy and dignity and valued their equality and diversity.

People enjoyed a range of social and recreational activities of their choosing. Some people also undertook work placements in the community and people's independence was actively supported. Everyone was more than happy with the service they received. Relatives we spoke highly of the staff team, the manager and the support provided.

Staff were recruited safely and received regular supervision and training. Staff felt supported and said the manager and provider were open and approachable.

People were supported to maintain positive relationships with family and friends. Their relatives told us how pleased and reassured they were that their loved ones lived at The Green.

People's day to day support was developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use

services can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. This is larger than current best practice guidance. However, the size of the service did not have a negative impact on people as the building design mitigated this. The home was split into four separate flats where people lived with a maximum of four flatmates. Each flat had its own communal living space, kitchen/dining area and was personalised to their tastes and preferences.

The manager and house manager were open and transparent throughout our visit. It was clear they had people's best interests at heart. They understood their regulatory responsibilities and were committed to continuous improvement.

Rating at last inspection

The last rating for this service was good (published 14 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Green

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was undertaken by one inspector.

Service and service type

The Green is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be someone in, when we visited.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection and contacted the local authority to gain their feedback. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection:

We spoke with two people who lived in the home and three relatives. We spoke with the registered

manager, the house manager and two care staff.

We reviewed a range of records. This included three people's care records and a sample of medication records. We also looked at records relating to the management of the service.

No new staff had been employed at the service since our last inspection so we did not need to look at staff recruitment records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at staff support and training data and additional records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- It was not always possible to tell if the amount of medication left in the medication cupboard matched what had been administered. This made it difficult to tell if people's medicines were given correctly.
- Some people self administered their own medication. The systems in place to assess the risks associated with this were not robust. They did not adequately assess whether people were able to take the correct dose of their own medicines at the right time and in the right way.
- There was a lack of guidance in place to advise staff when and how to safely administer some of the 'as and when' required medications people were prescribed.
- Information on people's medicines was not always sufficient. For example, not all of the medication in people's blister packs was described. This made it difficult for staff to confidently identify each of the medicines they were administering in order for them to be assured they were given as prescribed.

Unsafe management of medicines places people at risk from of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse;

- Staff received safeguarding training and knew how to identify and respond to the risk of abuse.
- People we spoke with confirmed they felt safe at the home and with the staff team. People's relatives agreed with this. Their comments included, "Extremely (safe)" and "It's the best place for them (the person)".

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- Staff and emergency service personnel had access to information on how to support each person during an emergency. However, the provider's fire evacuation procedure however required review to ensure that arrangements were in place to keep people were safe.
- Risk in relation to people's health needs, daily living activities and their personal care were identified. Staff had guidance on how to meet people needs and manage their risks. Some of the information was dispersed throughout the person's file which made it harder to gain a consistent picture of their overall needs and risks.
- Accident and incidents were documented appropriately. The number of accident and incidents occurring was minimal and the manager monitored them appropriately.
- Staff had training in infection control to ensure that they knew what precautions to take to prevent the spread of infection.

Staffing and recruitment

- Staff were recruited safely with appropriate pre-employment checks carried out prior to appointment. This helped ensure they were suitable to work with vulnerable people before they started to work in the home.
- Staffing levels were sufficient to meet people's needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's nutritional needs were identified and people were supported to eat a balanced diet.
- People with special dietary requirements were supported appropriately.
- People's needs and choices were described in their care plans for staff to be aware of.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make certain decisions was assessed but their assessments lacked evidence that they had been involved. The provider was in the process however of developing pictorial story books to help assess people's level of understanding with regards to various aspects of their care. For example, when to see a doctor; the taking of medication and the sharing of information. This was good practice.
- In people's day to day lives, staff had a good understanding of how to communicate with, and support them to, make day to day choices. People were supported to live in as least restrictive way as possible.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and experience to support them.
- Staff received appropriate training for their job. Staff training was updated each year and the majority of staff had completed most of the training.
- Staff spoken with said they felt well trained and supported in their job role.

Adapting service, design, decoration to meet people's needs

- The service was larger than that recommended in Registering the Right Support guidance. The home

however was a large two storey house which was split into four separate flats for people to live in.

- Each flat was homely and suitably equipped for people to live independent lives. For example, each flat had its own kitchen and communal areas. People's bedrooms were also personalised and contained the things that were important to them.
- Where people lived with a visual or sensory impairment, reasonable adjustments had been made in their living environment to meet their needs.
- The home had a large external garden which was well maintained and available for people to use when they wanted to.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with confirmed that staff were kind, caring and patient. People were relaxed and comfortable in the company of staff and the interactions we observed were natural and genuine.
- People were respected and treated as individuals. Their diverse needs were identified in their support plans and respected in their day to day lives.
- Relatives had nothing but praise for staff. They said staff knew people well and that people's care was tailored to their likes, wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain day to day living skills such as cleaning their bedrooms, helping prepare their own meals and do their own laundry. Their involvement in household tasks varied and was dependant on individual's ability, commitment and interest in doing so.
- Some people enjoyed participating in work placements outside of the home. For example, the provider's garden centre, the cafe or local Boat Museum. This helped people be involved in their local community and develop or maintain work place skills. One relative said, "[Name of person] polishes the brasses; varnishes the benches. The people at the museum are lovely and invite them to the Christmas party".
- People were actively encouraged to maintain relationships with those important to them. One relative told us, "[Name of person] comes home on a Friday and then looks at their watch on a Sunday when they are ready to go back. They wave us goodbye. They are pleased to see us on a Friday, but [Name of person] wants to go back (to the home) on Sunday".
- Staff promoted people's privacy and confidentiality. Information about health and support needs was kept securely.

Supporting people to express their views and be involved in making decisions about their care.

- People were encouraged to make decisions regarding their day to day routines and express their views about their personal preferences.
- 'Resident' meetings took place and information was available in easy read format and pictorial format to assist people to share their views. For example, by way of an easy to read satisfaction survey.
- Some people expressed their views through non-verbal communication such as gestures, body language and behaviours. Staff had a good knowledge of what strategies each person was likely to use to communicate their wishes.
- Relatives we spoke with told us that staff supported people to make choices about their day to day lives and that people's views and wishes were respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At this inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- Support plans were personalised to them and contained detailed information about the support they required, their needs and wishes.
- Staff knew people well and talked fondly of the people they supported. It was clear they had people's best interests at heart.
- People were supported to participate in activities that suited them. People told us they liked living in the home and enjoyed attending a range of activities of their own choosing.
- Staff were knowledgeable about people's social and recreational preferences and supported them appropriately. Relatives confirmed this.
- People's health needs were well managed. People were supported to access local healthcare and community services in support of their well-being and ill-health was responded to promptly.
- No-one using the service was in receipt of end of life care and support at the time of the inspection.

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service complied with the Accessible Information Standard.
- People's communication needs were identified in their care plans. Pictorial aids were in place for those people who found verbal communication difficult. This included easy to read information.
- Staff received training in non-verbal communication methods such as Makaton which uses signs, symbols and speech in a certain order to communicate with people; PECs which uses pictures to communicate with people and British Sign Language.
- Staff had clear guidance on how each person communicated and they worked hard to ensure they communicated with the person in the way they understood. For example, one person communicated using their own personalised version of British Sign Language. A booklet of the signs this person used been produced by staff for everyone to be aware of.

Improving care quality in response to complaints or concerns

- People told us they were happy living at The Green.
- People's satisfaction with the support they received was regularly checked at resident meetings and

through satisfaction surveys.

- People confirmed they knew who to talk to if they had concerns. Relatives said the same and told us the provider and manager was accessible and approachable.
- A complaint policy was in place for people to refer to. No complaints had been received since our last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant there were aspects of service delivery that were not always robust.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care;

- The systems in place to ensure the safety of medication management was not always effective. During our inspection, we identified improvements were required.
- The provider's fire evacuation policy and the action staff should take to ensure people's safety was not always clear.
- Some of the information in people's care files relating to risks and behaviours was dispersed throughout the care file. This made it confusing and harder to get a complete picture of all of the risks and behaviour each person lived with. This aspect of documentation required improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were clear roles and lines of responsibility between the manager and other members of the management team. Staff morale was good and staff felt the management team were supportive and approachable.
- The manager had ensured that specific incidents were reported to CQC and the Local Authority as required.
- The manager had sufficient oversight of the service and was open and transparent. They monitored accident and incidents; safeguarding and complaints used this information to improve people's experience of care.
- The manager had ensured the latest CQC rating of the service was displayed and the provider's website also displayed this information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- It was clear that people's care was provided in partnership with them, their families and other local service providers.
- People's support was co-ordinated with local GPs, district nurses and people's families.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The systems in place to ensure medication management was safe, were not robust.