

## Wargrave House Limited

# Wargrave House LEAP

## Inspection report

449 Wargrave Road, Newton Le Willows, Merseyside,  
WA12 8RS  
Tel: 01925 224899  
Website: [www.wargravehouse.com](http://www.wargravehouse.com)

Date of inspection visit: 25 February and 3 March  
2015  
Date of publication: 02/07/2015

### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Good



### Overall summary

This was an announced inspection, carried out over two days. We inspected the service on 25 February and 3 March 2015. We gave the service a week's notice of our inspection. We did this due to the needs of the young people who live in the service. A photograph of the inspector and their name was sent to the service so that they could make sure that the young people were aware that an inspection was being undertaken.

Wargrave House LEAP) is a purpose built service on the site of Wargrave House school and specialist college.

Young people attending the college live in LEAP during the term time of their college education. The service can accommodate up to six young adults between the ages of 19 and 25 years who are living with autism.

During this inspection we only looked at the care provided to young people and their families who used the residential service. Although the school/college supply the service with support, notably some therapy, administration and medical support, we only inspected these aspects in relation to the personal care support provided to Wargrave House LEAP.

There was a registered manager in post. A registered manager is a person who has registered with the Care

# Summary of findings

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.

We saw in one instance that support given by staff did not comply with the Mental Capacity Act 2005. A decision had been made on behalf of a young person without obtaining valid consent or determining whether it was in their best interests.

Staff demonstrated a clear understanding of the individual needs of the young people and support was provided with kindness and compassion. Young people and their families told us they were happy with the support they received and were complimentary about the staff and the managers.

Staff were appropriately recruited, trained and skilled in providing support in a safe environment that met young

people's individual needs and promoted their independence. All staff received a thorough induction when they started work and fully understood their roles, responsibilities, the values and philosophy of the service. The staff had completed extensive training to make sure that the support they provided to the young people was safe, effective and met their needs.

Throughout our inspection we saw examples of support that helped make the service a place where people felt included and consulted. Young people and their families were involved in the planning of their care and were treated with dignity and respect.

The registered manager and the provider assessed and monitored the quality of care continuously. The provider encouraged feedback from young people and families, which they used to make improvements to the service.

# 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.

The provider had effective systems in place to manage risks to young people who used the service without restricting their activities.

Young people received their medication as prescribed by a doctor.

Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was at risk of neglect or harm.

Good



### Is the service effective?

The service was not always effective.

We saw that young people and their families were involved in planning their support and were asked about their preferences and choices.

The service had arrangements in place to support young people to give valid consent for support and care. However this was not a consistent practice. We saw that some medical decisions had been made without regard to the Mental Capacity Act 2005 and its associated Code of Practice.

The environment had been designed to meet the needs of the young people. Where specific adaptations were needed to meet individual needs these adaptations had been made rapidly in order to support the young person maintain their independence.

Young people received care from staff who were trained to meet their individual needs. Staff had good systems to help them quickly identify any changes in a young person's needs.

Requires improvement



### Is the service caring?

The service was caring.

We saw that staff had a good rapport with the young people. Staff supported young people in a manner that was respectful, maintained their privacy and dignity and promoted their independence.

Activities were provided that promoted social, practical and life skills. These activities were integrated with the care and support of the young people and supported them to continually maintain and develop their independence.

Outstanding



### Is the service responsive?

The service was responsive.

Staff communicated with other professionals to make sure that the young person's transfer and integration into the service were handled in a manner that was respectful of their individual needs.

Outstanding



# Summary of findings

Staff communicated effectively with the young people who used the service which enabled them to express their views about their care, wishes and outcomes of their support.

Staff responded quickly and appropriately to young people's. Young people's needs were at the forefront of any actions that staff took.

The registered manager promoted family involvement and young people took part in meaningful activities both within the service and in the local community.

## Is the service well-led?

The service was well-led

There was a positive culture at the service, where young people were included and consulted.

Staff told us they felt well supported and were aware of their rights and their responsibilities to share any concerns about the support provided. They understood local and national best practice standards and put these into practice.

We saw support in place that was led by the needs and wishes of the young people

Good



# Wargrave House LEAP

## 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 over two days on 25 February and 3 March 2015. We announced our inspection a week in advance. The inspector sent a photograph in advance of themselves. This was requested by the service in order that support could be in place for the young people who used the service to have open discussions.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at the PIR, reviewed all the information

we already held on the service and contacted the local authority who funded the care for of the people living there. We also contacted the Local Healthwatch. Healthwatch is the new independent consumer champion created to gather and represent the views of the public.

During our inspection we observed how the staff interacted with the young people and the support that they provided. We reviewed three people's care and support records, three staff files, staff training records and records relating to the management of the service such as audits and policies and procedures. During the inspection we spoke with all of the people who lived in the service (conversations were kept to a minimum in order to reduce the impact of our inspection), nine staff, the registered manager and the nominated individual.

A nominated individual is a person who is employed as a director, manager or secretary of the provider and who is responsible for supervising the regulated activities that the service is registered to provide.

# Is the service safe?

## Our findings

Young people told us “this is home” and “I like it here”. Two relatives we spoke with told us that they had “absolute confidence” in the service to keep their loved ones safe.

We saw that the provider made sure staffing numbers and skill mix were sufficient to keep the young people safe. We saw that staffing numbers enabled one to one support if needed.

A staff member told us, “There are enough of us to make sure that we can keep the young people safe and support them to get out and about as they would want.”

We did discuss with the registered manager that evenings and night times did not have the same amount of staff. People’s choices for being out later in the evenings, particularly at weekends for social events were reduced. The registered manager informed us that special events were catered for; however consideration for later social events had not been thoroughly thought through.

All staff were recruited via the college and it was anticipated that they could be trained to work in both the college and in Wargrave House LEAP. We were informed that this was to ensure continuity of support to young people whilst they attended college during the day and ensure that a “familiar face” was available for reassurance if needed.

We looked at three staff records and saw that they were all appropriately checked before they started working in the service.

We looked at how the provider managed medicines for young people. We found the process was complex and lacked in clarity. This meant that it took a long time to check if young people received the correct medicines. Policies and procedures did not fully support the practice in place, for example over the counter medicines (medicines that do not require a prescription, such as mild painkillers) had a policy and procedure in place that was not reflective of what staff were doing and used out of date guidance that did not support staff.

On examination of the records and the medicines we found that young people received their medicines as prescribed. Records did not always reflect who had given the medicines in that sometimes the staff in the service would

sign the medication record that stated they gave the medicine when it had been given by a member of the college staff where the young person had attended during a weekday.

The registered manager was not in charge of the medication process as a medical member of the staff in the college undertook the majority of the management of medicines such as ordering and auditing. At this inspection we saw that medicines were stored and given safely but the complexity of the system meant that the manager was unable to ensure that the medicines were safely managed without the input of the medical staff member employed in the college.

The provider had effective procedures for ensuring that any concerns about a young person’s safety or behavioural risks were recognised and appropriate action. Support records and discussion with staff informed us that when young people demonstrated behaviour that placed them at risk the staff recognised and addressed this immediately. Actions to mitigate risks were promptly negotiated with the young person. Visual reminders were made available and “tutorial” (structured and recorded conversations) took place that allowed the young person to express their feelings and recognise what the risks were.

All of the staff we spoke with explained how they would recognise and report any allegations of abuse. Staff told us, and training records confirmed that staff received regular training to make sure they were up to date with the process for reporting safety concerns. We saw the local authority flow chart on how to report concerns was available in the main office and staff spoken with were aware that this guide was available should they need it.

During our inspection we listened to staff sharing information during a staff handover. Staff shared information about a recent safety concern that involved a young person who used the service. Staff demonstrated that they had understood the risks and how to support the young person to manage their behaviour.

Young people had management plans in place for any risk that had been identified. Staff demonstrated that they knew the details of these plans to manage any potential risks. All the risk management actions recorded took into account the individual needs of the young person and endeavoured to support them in a manner that did not restrict their choices.

## Is the service safe?

Young people participated in their preferred activities. For example we saw that young people were supported to access the community if they wished and were encouraged to be as independent as possible.

Records showed that staff recorded incidents that happened in the service. The registered manager and senior staff within the attached college used this

information to monitor and investigate incidents and take the appropriate action. Staff were then informed about any changes that had been made, in consultation with the young person as a response to any incidents.

We saw from the policies and procedures that in an emergency staff could contact external medical support. Staff explained the actions that they would take and this included obtaining advice from the person's doctor or an ambulance to hospital if needed.

# Is the service effective?

## Our findings

We observed that staff who worked directly in the service were trained to provide specialist care for the young people. All the staff we spoke with had completed a variety of training specific to the needs of the young people. We saw records that showed that staff training was monitored in order to make sure that training was available and staff attended. Examples of subjects covered during this training included consent (Mental capacity Act 2005), person centred care and safeguarding adults and children.

The registered manager demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 18 or over. They were also well-informed about the wider legal context of young people's competence to consent to treatment and care. Issues of this nature had arisen either for specific medical decisions or as part of the day to day support of young people. The manager explained the practice within the service and showed us the process that they used to build into each young person's day for obtaining their consent. This was recorded in a variety of formats (pictures, handwritten, printed) to support the decision making of young people.

In one instance we saw that, as part of the transition into the service, a decision had been made that did not meet the requirements of the MCA 2005 and its associated codes of practice. Health care professionals, such as dentist, optician and local doctor, were changed without determining if the young person had the capacity to choose if this was what they wanted. There was no evidence that a best interests discussions had taken place and no alternative was given to the young person to help them choose before they were registered with the doctor or dentist. This action failed to support the young person's rights. We saw that this lack of adherence to the Mental Capacity Act and its associated Codes of Practice had only occurred during the young person's transition into the service and was directed by staff not working directly in the service.

We saw on the second day of our inspection that the relevant staff had been booked onto the correct training. It is recommended that all staffs understanding of their

obligations under the Mental Capacity Act is assessed and training put into place if updates are required. Additionally the assessment and transition process should be updated to reflect how young peoples choices and capacity is determined before changes to their medical professionals are put into place.

We viewed care records and observed how staff supported young people to make decisions and obtain their consent. The practice within the environment was to take account of each young person's needs and make sure that they had been supported appropriately to give their consent for all practices. For example the people who used the service were supported to choose and cook their own food. This included assisting them to form menus of their choice, buying food and cooking the food. Information was used to assist the young people to choose healthier options and on-going "tutorials" were in place which assisted them to make informed decisions related to food.

Throughout the service we saw laminated pictures that supported and guided young people to make choices and ensured that their capacity to make decisions was promoted. As an example, there was a facility accessible in the college where a meeting with the young people was held each evening discussed and arranged their evening activities and planned for the following day. This used a technology that the young people were able to use easily to show their preferences. These preferences were then printed in picture formats that assisted the young person to be aware of the choices they had made and supported them to carry out the relevant activities.

The staff used assessment and monitoring tools to identify changes in young people's health and wellbeing so they could quickly access appropriate health, social and medical support when needed. The service had access to additional support from the college in the form of occupational and speech and language therapist.

Adaptations had been made to the environment that assisted the young people to be independent within the service. For example, the kettle had pictures on that showed not to put a hand in front of the steam. This was used as a reminder to the young people and assisted them to manage the kettle with minimal supervision.





# Is the service caring?

## Our findings

The young people and their families told us they were happy with the care and support they received at the service. One person said, “I can’t fault it, they keep me informed of everything. They meet with us regularly and make sure that we are involved”. We saw evidence that the provider sought feedback from young people and their families about the service.

We observed how staff interacted with young people in a manner that met each of their individual needs. This included calming one person and singing with another. We saw staff prompted a response from a young person and encouraged them to say what they were thinking. Staff demonstrated that they understood the young people’s individual needs.

We saw that when a young person became distressed or required additional support staff responded in a positive manner. Care and support records were individual to each person’s needs and included a variety of strategies specific to the person that promoted their independence. As an example one person had behavioural needs that required they receive specific support. Within 24 hours of an instance of behaviour staff had sat down with the young person discussed their understanding of the behaviour and negotiated how this would be addressed. A plan as to how the young person would manage this behaviour and what support they wanted from the staff was then put into place.

Each young person had their own copy of the support plans that staff followed that was in a format that suited their needs, such as pictures.

We saw that staff supported the young people and their families with care and compassion that met their individual needs. All of the young people who used the service

required support to express their views and preferences. There was an effective system in place to request the support of an advocate to represent their views and wishes if needed. During our inspection an independent advocate was appointed to support a young person in some of their future decisions.

We saw that there was a variety of opportunities for young people to be given explanation and information about their support and the service. This included their care plans, written information in formats that meet their needs and on-going discussions with the staff. We observed staff explain to young people what was happening and supporting them to be independent through out the inspection. This included less complex activities such as choosing what they wished to eat to complex decisions such as where they wanted to live in the future.

We observed staff treating young people and their families with dignity and respect. The staff promoted privacy and dignity by making sure that young people were supported to maintain their independence and enabling them to take control of their lives. Young people’s bedrooms were personalised to their preferences.

The service kept any private and confidential information relating to the care and support of young people secure. Young people and their families had access to private spaces in the service and staff put notices on doors to show when privacy was required. Young people we spoke with confirmed that staff respected their privacy and need for time alone.

At the time of our inspection no young people were receiving end of life care. The service would not supply care of this nature as young people return to family homes during end of term and half terms.



# Is the service responsive?

## Our findings

Young people and their families told us that staff spent time with them when they first come into the service to identify or review their care preferences and future wishes. Care records contained information about the young people and family's future wishes.

The staff had transfer arrangements in place for young people moving into the service or out. We saw that staff shared important information with other professionals about children and young people when they were being admitted or discharged to make sure their support was coordinated.

Staff worked with young people to establish effective methods of communication so that they could be involved in their own support.

Each young person had a plan that was personal to them. These plans were used to guide staff on how to involve young people in their care and provide the care they need. For example if a young person found verbal communication not effective other communication methods were used. These included communication cards, technology, pictorial images and photographs. These communication aids were based on best practice and professional guidance.

Young people chose the activities they participated in and staff supported their choices. We saw that a specific programme known as "SPOT" was in place. This was a combination of speech and language therapist and occupational therapy. They produced, in consultation with the young person, a plan called a "sensory diet". This gave the person the tools to manage their own behaviour and built this into their support. As an example it was identified that a young person would find a specific behaviour soothing if they were upset. Their care records supported the staff and the person to undertake that particular behaviour when needed. Sensory diets were all in the formats that young people could access such as pictures.

The SPOT group met weekly and was driven by the needs and input of young people. Staff and young people we spoke with were particularly proud of this as they thought that this approach centred on the needs of people and provided them with support that was individual to them.

All the young people who use the service attended an on site college. Staff working in the college were the same staff that worked in the service. As a result there was continuity of staff who understood individuals' needs. Young people's educational needs were continued into the support within the service. This included a 24 hour curriculum that was designed to promote and encourage independent life skills. As an example the young people were encouraged to manage some of their own funds in a variety of ways. Young people had plans in place that reflected how they were progressing and what support staff needed to give. Changes in the support needed were used to immediately update the plans within the service, ensuring that all staff had access to the same information on how to best support each young person.

Staff responded to the young people's physical and emotional needs promptly. They also made every effort to meet the individual requests of the young people. Staff worked with local organisations external to the service to do this. This included resources within the college and wider community facilities. For example several of the young people attended a social event outside the service that allowed them to socialise with other young people.

The provider had received no complaints since our last inspection and we had not received any concerns. We saw there was an appropriate system to monitor and investigate any complaints. The complaints procedure was included in the information given to young people and their families when they moved into the service.

The staff at the service had identified that there was limited support for young people as they moved to other services. The service had undertaken significant negotiation with social services, the young people and their families. We saw that planning to move into other services in some cases was carried out over several years in order that the young person and their families could familiarise themselves with different services and make a choice about where they wanted to move to.

# Is the service well-led?

## Our findings

The relative of one young person told us, “The place is beyond excellent, the way they support [name of young person] is incredible, they totally understand [name of young person]. All the managers know what’s happening and make sure that there is nothing more that can be done. It’s been the best thing”.

The registered manager has 27 years’ experience at Wargrave House Limited and has been registered with the Care Quality Commission since June 2011. The provider’s values and philosophy were clearly explained to staff even before they started working in the service as part of the induction and recruitment process. The interview process included a practical assessment that highlighted the services ethos and culture and was used to assess candidates ability to deliver support to meet young peoples needs . We spoke with recently appointed staff about their induction programme and training. They explained that there was a positive culture at the service where young people, families and staff were included and consulted with.

All the staff we spoke with confirmed that they understood their right to share any concerns about the support in the service. A member of the college staff provided support on monitoring all accidents and incidents. These were analysed and any required changes to a young person’s support were shared with the manager of the residential service. Information from these and other sources was used to create a development plan for the service. The plan was reviewed at monthly intervals and amendments made to make sure that the service monitored and increased the quality of the service.

The registered manager, with the assistance of the college staff monitored the quality of the care by completing regular audits of medicines management, care records and the environment. As an example the registered manager met weekly with the estates manager to make sure that any maintenance was completed promptly.

We found that the majority of the quality assurance systems were straight forward. However we found that the

medication audits were very complex and were difficult for all but one staff member who fully understood the process to perform. The audits had not recognised or addressed the risks regarding the management of medication evidenced at this inspection. The results of all the audits were reviewed by the registered manager and shared with staff in order to plan improvements and ensure that they were consistently applied.

Staff told us that the registered manager at the service and the nominated individual were good ‘role models’ and trusted. They told us that any views they had were listened to and acted on. As an example staff became concerned that the service did not have window restrictors in place that maintain the safety of young people. Within a week all of the windows were assessed and window restrictors that met Health and Safety legislation were put into place.

Staff were able to explain where they could go for advice and support and how they would make sure that young people were supported.

The provider sought feedback from the staff through a staff survey and used this feedback to make changes to the service. There were worker meetings to share information and improve communication between the provider and employees.

Surveys were not sent to the young people who used the service. This was because the service consulted with them on a daily basis and adjusted the service to meet their expressed needs. Observations of practice and care were used to adjust and improve the service.

There was a clear management structure within the service. The staff we spoke with were aware of the roles of the management team and they told us that the managers were approachable and had a regular presence in the service.

Staff worked with other organisations to make sure that local and national best practice standards were met. The provider had a link nurse who worked in the college. This person attended local and national meetings in order to keep up to date with best practice and maintain the quality of how the service met people’s medical needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.