

The Wirral Autistic Society Kenneth House

Inspection report

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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 Kenneth House and on 28 August 2015, when we visited the home itself.

The home was a detached house in a quiet residential area. It had an extension built to the side which afforded additional space without taking up much of the usable

garden area. It was a five bedroomed house, four of which were used by the people living at Kenneth House and the other smaller bedroom was used as a staff sleep in room. One of the larger bedrooms was ensuite.

The staff bedroom also housed the medication cabinet and associated records. All the rooms were able to be locked. Downstairs there was a large lounge and dining area, a big kitchen and an additional bathroom to the

Summary of findings

one upstairs. The house was owned by Wirral Autistic Society which was a registered charity and was one of a range of services they provided. At the time of our inspection four people lived at Kenneth House.

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 who had been there for several years as had many of the staff.

We saw that people were relaxed and got on well with staff. The staff were supportive and enabled people to be as independent as they could be. Activities during the week included attending some of the other services which the provider ran, shopping, and visiting family.

We saw records which showed that staff were properly recruited, well-trained and supported. In talking with them, they demonstrated that they had knowledge of autism and that they cared about people living in the home.

Medication in the home was seen to be appropriately stored and administered and proper records were kept, relating to this. In other areas of the home we saw fire fighting equipment and smoke alarms and generally, the house was clean, tidy and homely. Each person had personalised their own room and the communal rooms were comfortably appointed.

We saw that all records and audits had been correctly compiled and those which were confidential were securely stored. All the records were easy to read and they were 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.

There were sufficient staff on duty and they had been recruited appropriately and safely.

Medication was stored appropriately and administered safely.

Staff knew how to report any issues about safeguarding. People told us that they felt safe.

Good



Is the service effective?

The service was effective.

Staff were trained and this was kept up-to-date.

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

Many of the documents relating to people and posters in the home were 'easy read' format which allowed people to understand more readily what they were about.

Good



Is the service caring?

The service was caring.

People and staff were seen to be getting on well together and staff demonstrated that they had their people's care at the heart of their practice.

We saw that the relationships which people had within the home, were well maintained and that they were encouraged to also maintain relationships outside the home, both with family and friends.

Good



Is the service responsive?

The service was responsive.

The records we saw were person centred and we observed that staff treated each person as an individual. We saw that people and their relatives had been involved in the creation of their care plan which had been regularly reviewed by them.

The complaints procedure was available in 'easy read' format and we saw records that complaint dealt with properly.

Good



Is the service well-led?

The service was well led.

The registered manager was approachable and professional and staff told us that they were well supported.

We saw that all the records relating to people, staff and the running of the home were up-to-date and stored appropriately. The records were audited regularly.

Good



Kenneth House

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 was 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 and 28 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. Kenneth House 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. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. We also looked at our own records, to see if the service had submitted statutory notifications and to see if other people had made comments to us, about the service.

During the inspection we were only able to talk at any length with one person who lived in the home, but we also observed and listened to them and the other people living in the home and the staff supporting them. We talked with the two staff on duty. We also talked with the registered manager and the team leader.

Following the inspection, 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 with four family members.

We observed care and support in the home, viewed the four care files for each of the people living at Kenneth House, three training records for the staff, eight recruitment files and other records relating to how the home was managed.

Is the service safe?

Our findings

A person using the service told us, "I feel safe with the staff".

One relative told us, "[Name] is very safe there" and another said, "[Name] is definitely safe".

We saw staff rotas for the previous two months, which showed that there were always sufficient staff on duty. Depending on what the people were doing each day there was one or two staff and one staff member would be on duty throughout the night sleeping in. There were bed monitors placed to ensure that staff were aware of any adverse movement's, such as a person having a seizure.

In the care files we saw that risk assessments had been completed on the various aspects of the individual's lives, such as using transport, using money and going on holiday. Staff also had risk assessments completed for aspects of their work such as moving equipment and dealing with chemicals. One relative told us, "We are very happy; it's a safer environment [than the person's previous home]".

The training records we reviewed showed that the staff were regularly updated with safeguarding training and able to tell us about abuse and how to report it. We saw notices in the home which gave the telephone numbers to contact, if there were any concerns. These were also available as 'easy read' posters for the people living in the home to use. 'Easy read' documents are those which make written information easier to understand and which often includes pictures, for people who have a condition on the autism spectrum and those with learning disabilities.

We saw that staff had been recruited according to the legal requirements. All staff have been checked for criminal records, qualifications, right to work in the UK and all had at least two references. Staff had not been allowed to work until these requirements have been met and a satisfactory interview had taken place. We saw records of application forms, interview notes and the other documents in the staff recruitment files. The provider had various policies relating

to employment, such as disciplinary and grievance procedures. This showed that there was clear guidance about the relationship, expectations and requirements between the employer and employees.

The medication cabinet was kept in the locked staff sleep in room along with the medication administration record (MAR) sheets. We saw that the medicines stocks stored in the cabinet and the MAR sheets, tallied. All the drugs were in date and stock had been checked in properly, stored correctly, and administered appropriately. There were no controlled drugs needed and none were stored. The temperatures of the room where the medication cabinet was situated were checked twice a day and were generally within the required range of being under 25°C.

PRN (as required) medication and homely remedies were recorded in a similar way. Again the stocks tallied with the record. The GP who looked after people's health in Kenneth House had written to advise which homely remedies could be given to each person and the circumstances which might require it.

There were smoke and fire detectors throughout the home, with the necessary fire fighting equipment placed around the home. We saw that this equipment had been recently checked and serviced. Regular checks of the alarm system were carried out. We saw records that fire drills involving the people who used the home, happened monthly.

There were appropriate fire evacuation plans, should there be an emergency. We saw that individual Personal Emergency Evacuation Plans (PEEPs) had been recorded for staff to use in an emergency. These plans were on a poster in the office and there was a 'grab bag' for staff to use, near the front door, in the event of an emergency. The grab bag contained important information about individuals in the home. We also saw that accidents, incident and complaints were all dealt with appropriately and responded to quickly. There were policies relating to each of these.

Is the service effective?

Our findings

One person told us, "They help me to do things, use the 'Smartboard' and things like that. They teach me different things, different skills". They went on to tell us, "I think they get enough training".

When asked whether they thought that staff were trained properly, one relative told us, "I have that impression". Another relative said, "Yes, they are trained well".

All the staff had induction training at the very beginning of their employment and we were given the schedule of this. Staff went through a probationary period of six months during which time they had to achieve certain standards and have training in various aspects of their work, such as medication training, person centred care, mental capacity, safeguarding and whistleblowing. Staff also undertook more specialist autism spectrum condition training which included Management of Actual or Potential Aggression (MAPA) also known as 'nonviolent crisis intervention'.

Staff continued to be updated with their training; one staff member told us, "I'm booked on MAPA and will be doing my five-year core training soon. I did safeguarding last year and it's due again next month".

We saw records that showed that staff were regularly updated with their training. Staff were encouraged to take further qualifications or other training opportunities for their own benefit or if they want to progress through the organisation. One relative told us that staff, "Go on courses a lot".

We noted that there were records of supervision which occurred about every two months. Each member of staff had a yearly appraisal. Staff told us that they attended supervision regularly and that it was a two-way process. Notes were made and both the member of staff being supervised and the supervisor kept a copy.

Staff were able to meet regularly at staff meetings. These meetings were structured and usually had a training aspect to part of the meeting. Policies and procedures, issues around the home and planning for activities for the people living there, were often discussed. We saw that some staff had received awards or commendations for their attendance in any one year, which showed that the Wirral Autistic Society (WAS) valued them.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The staff members and the manager we talked with were able to tell us about the MCA and DoLS. The manager demonstrated to us that there was a clear procedure with records in place, which showed what actions had been taken in relation to the MCA. The documentation that we looked at recorded that the appropriate applications for DoLS had been made to the local authority. We saw that staff were trained in this subject and were regularly updated.

Many of the documents in the care plan and the posters on the notice boards were in 'easy read' format. There was a 'picture exchange communication system' (PECS) in place and staff had been trained to use this. The goal of this was to learn communication and find the motivators for people with a view to them becoming more independent. Most of the people were able to communicate with staff using spoken language as well as using signs and gestures. Body language was also observed, respected and used by the people and staff, during our inspection.

One person did not have verbal communication, but was interested in what we were doing and came across frequently, to see us. The staff were quite happy with this and did not intervene in any way. A relative told us that [Name] enjoyed living in Kenneth House because of the mix of people there and the fact that they could communicate with them all. They said, "[Name] gets on well with the other residents".

There was a weekly discussion between the people living in the home about the menu they were going to choose for the following week. We saw the menus displayed and food was prepared by both the people and the staff who

Is the service effective?

supported them. People were free to choose alternatives if they wished, on the day. We saw people access drinks outside of mealtimes. If people didn't want to eat at the dining table they were enabled to eat elsewhere.

The bedrooms used by each person were large and had been decorated and furnished to their individual taste. People's hobbies, their favourite football team memento's and personal possessions, were obvious in their rooms.

The smallest bedroom was used by staff as a 'sleep over' bedroom and medication storage room. There were two bathrooms, one of which was a wet room. A parent told us that their relative, "Loves the wet room".

The whole house was large, airy and pleasantly and comfortably furnished and carpeted. The home had a big, enclosed rear garden which some people enjoyed accessing. People told us that they liked living there. One of them told us, "I think it's a very nice place, especially my room". We saw that it was a suitable house and environment for them.

Is the service caring?

Our findings

One relative said, when asked about their opinion of the staff, "I'm very happy with them".

Another told us, "I think they care about him. They developed a good relationship and get on very well with each other".

A third told us that they felt that staff were very attentive and very good. They said, "They do all they can to support him".

During our visit, we saw staff communicating and supporting the people living in the home in a friendly, informative, caring but professional way. There was a lot of jokes and laughter and when one of the people decided to take a nap in the chair consideration was shown for him by not only the staff, but also the other people living there.

Relatives were happy with the care and support in the home. One of the relatives told us, "I think he gets on well with the staff, they all communicate well and he is cared for".

A couple of the people showed us their rooms. They were able to be private, they told us. One told us that staff always asked to enter their room and that they could stay in their rooms if they wanted to be on their own, listen to music or play games for example. We also saw that the records relating to the individual people were kept confidentially and that they were only accessible by the staff.

One person enjoyed spending time alone in the garden and this was respected by the staff. We saw a staff member make a them drink and offer it quietly, to them, in the garden. It was taken and the person's privacy was again respected and they were left alone.

The information in the care plans showed that assessments and reviews had been done involving people and their families. The information that was within them was readable by both families and the person they were about. Much of the information was either in large type and in 'plain English', or was in an 'easy read' format. The information also informed the professionals involved in people's care, as it showed how they needed to be supported by everyone involved in their care.

We saw the people were able to express themselves and be involved in the running of the home and the decisions around their life. Much of this was documented, we saw, in the care files and other information was evident when we observed the relationship and interactions between the people living there and the staff.

There was information available on the noticeboard about advocacy services. We saw in the care files that all of the people living in the home had relatives who supported them.

Is the service responsive?

Our findings

"They do the annual review whenever I'm there", one relative told us.

Another relative said, "I go to the reviews regularly. [Name] comes home a lot and I phone them regularly and they keep in touch with me, if there is ever any problem or issue". They went on to say "[Name] is able to decide their own future and make their own choices".

The care files that we saw were easily readable, understandable and person centred. They were comprehensive accounts of people's needs and demonstrated that each person and their family had been involved in the creation of their care file. Understanding and comprehension of their files have been facilitated by the use of 'easy read' documents.

The care files contained personalised and individual risk assessments, health care information and other information such as people's spiritual needs, family involvement and financial information pertinent to their placement. At the front of each of the files we viewed, there was a document for staff to sign and date when they accessed the file. There were many entries, which showed us that the files were frequently and recently used by staff.

Both the person themselves and their family and friends were involved in the reviewing of the care plans. We saw that signatures of the people they were about were recorded to say that they had been involved in the review of the care plan.

Where there were concerns in between times, relatives were contacted. One relative told us that they were contacted routinely every week and more frequently if there was an issue. They said, "If there are any concerns, they ring me up". All the relatives who spoke with us told us that they were involved in reviews and that they were able to contribute to those.

We observed that each person was treated as an individual. Each was allowed to choose the décor of their rooms and what they want to do with their time each day. People's activities and interests had been tailored to them. A relative told us, "If they don't like it they can change it to something else". We saw that people were involved in activities such as media, dance, drama, music and outdoor activities such as landscaping or assisting the rangers on a nearby nature reserve. One person had recently achieved the 'John Muir' award which commended their work in conservation. Another told us, "I'm saving up to go on holiday. I go home once a month on my own. We go to the club or to the pub each week". One of the relatives told us that [Name] went to the industrial therapy unit. Another said, "[Name] is stimulated and educated by the activities they do".

The complaints policy and procedure was seen to be up-to-date and recently reviewed. This was also displayed on the noticeboard in full and also in poster form. We saw the poster, on the noticeboard at the front door, entitled 'It's okay to complain'. This was a visual, 'easy read' poster which enabled people to easily understand how to complain. There had been no recent complaints. Both the relatives and people living in the home knew how to complain. One relative told us that they knew how to and who to complain; they had made a complaint some time ago which had been resolved very quickly. They told us that they, "Knew they could go to the top if needs be". One person told us that they knew who was in charge and they could go to them if they wanted to.

We saw documentation in the care plans which showed us that there had been effective communication between the home staff and other professionals involved in people's care and support. Residents' meetings were held each month and relatives told us that they met regularly with the provider and if they weren't able to attend they had the minutes of that meeting sent to them.

Is the service well-led?

Our findings

One of the people who lived in the home told us that the registered manager was, "Nice".

A relative told us that the registered manager was, "A very good manager". Another said, "I've always been very impressed by Wirral Autistic Society and the managers". A third relative told us that they were very happy with the registered manager and the staff at Kenneth House.

The registered manager was available during our inspection. The staff on duty at the time appeared to have a good rapport with them, were friendly but respectful. The registered manager was equally so, to them. We saw that the leadership was transparent, informed and open and that staff did not have any hesitation in talking with the registered manager. The registered manager and the staff demonstrated to us that the care, comfort and safety of the people at Kenneth House was their prime concern.

The registered manager told us that they kept up-to-date with current policies, procedures and good practice by attending training sessions and attending various national conferences.

Staff told us that they had a good relationship with the registered manager who supported them well. They were able to talk to the registered manager about any issue or concern.

We saw that all the documentation relating to the people living there, the staff, the environment, health and safety

and other records relating to the running of the home had been completed properly and in a timely manner. The service had submitted the required statutory notifications to CQC.

It was obvious from the care plans that there was good partnership working between staff at Kenneth House and other professionals involved in the care of people living there.

Policies and procedures were up-to-date and other documentation such as medication records, fire and other health and safety checks had been regularly completed and updated with action plans where necessary.

The home had systems in place to assess the quality of the service provided to the people who lived there. This included weekly medication audits, health and safety incident, accident and falls audits. We saw the previous two months audits and noted that they were up-to-date and any issues noted have been included in action plan with the dated time for completion.

All the documentation was stored appropriately and safely in various locked cupboards within the home and locked staffroom.

The relatives told us that the activities provided offered good community links, such as the local pub and local shops, which welcomed the people who lived in the home, there. Some of the activities provided by Wirral Autistic Society included gardening and landscaping services and growing vegetables and garden plants from the small farm on one of their sites. This enabled people to develop good community links both locally and a little further afield.