

# The Wirral Autistic Society







## Tower 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

Tower House is a domiciliary care service. It is a service provided by Wirral Autistic Society (WAS) which provides support and personal care to people who are on the autism spectrum who may also have additional disabilities, such as a physical or learning disability. The service is provided to people living in their own homes, usually rented through various partner housing associations or groups. This arrangement is often known as 'supported living'.

The inspection took place on 14, 15, 16 and 20 April 2015. It was an announced inspection as we needed to make

sure that people were going to be available for us to talk with. We visited Tower House offices and one supported living home on the first day and another on the second day. On the last day, 20 April, we visited the headquarters of Wirral Autistic Society (WAS), to review centrally held records not available at Tower House office itself. During these dates, we made phone calls to staff and relatives of the people who used the service.

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

# Summary of findings

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 found that the service was safe and effective. People told us they felt safe and we saw that staff knew how to ensure they were safe. There were enough staff who had been trained and supported by the provider. They knew how to ensure that people were supported properly. They were knowledgeable about how to provide a service to meet their needs.

The service was caring and people and their relatives told us this. The service was responsive to people's individual needs and made sure any concerns were addressed. It

was a well led service, with staff, relatives and most of all, people being happy with the way it was managed. Tower House benefitted from the research and best practice which the provider promoted through their specialist department.

We had asked the people who used the service, their relatives and the staff who supported those people, what their views were. We also talked with the local commissioners of the service, the quality assurance team of the local authority and looked at our own records to gain information. Overall, these sources confirmed our findings on the inspection, that the service was good and that the people who used the service, were happy with it.

# 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.

People were supported by staff were being recruited correctly and supported appropriately.

There were enough staff to support people in their various needs and activities and the staff had been trained in safeguarding procedures.

Staff were conversant with the medication procedures for the people they supported.

Good



### Is the service effective?

The service was effective.

The staff had received an appropriate induction and had continued to be trained according to the needs of the people they supported. They received frequent supervision and annual appraisal.

Staff demonstrated to us that they knew about the mental capacity act.

Staff were very aware of the nutritional requirements of the people they supported.

Good



### Is the service caring?

The service was caring.

The staff showed that they have a good relationship with the people they supported and the people told us that that was the case.

Staff involved people, respected them and showed a regard for people's individuality privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

We saw evidence of person centred care which was reviewed regularly.

People's activities and interests and occupation were important to the staff and service.

Good



### Is the service well-led?

The service was well led.

Staff told us that there were open channels to the managers of the service.

This service was audited regularly and action plans made to improve any issues that have been found. Risk assessments were thorough and regularly updated.

The records were well kept and easy to access.

Good



# Tower 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 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.

Before the inspection we asked the provider to complete a provider information return (PIR). This is a form which asks the provider to give some the information about the service, what the service does well and improvements they plan to make. We also asked the local authority their views on the service and checked our own records for any further information such as notifications or enquiries made about the service.

This inspection was announced as we needed to ensure that staff and people would be able to talk with us. The provider had been given 48 hrs. notice of our visit. The inspection was conducted by an adult social care inspector.

We visited the offices of the service at Tower House, on the 14 April 2015 and reviewed various records held there, such as care plans, staff files and audit records. There, we also spoke with a person who used the service and their relative and several staff. On the following days we visited two houses where people were being supported by the service and spoke with people and staff. On Monday 20 April we visited the headquarters of Wirral Autistic Society at Oak House and viewed the main files for staff. During these dates, we made phone calls to staff and relatives of the people who used the service.

In all we viewed 10 main files relating to people who used the service, 10 complete staff files, the service audit files, and other records such as day to day care files and medication administration records which were kept in people's homes. We viewed the working files of people which were kept where they lived and we spoke with a total of five people who used the service, six of their relatives, eight staff and four managers of the service. We observed several other people who were supported by the service, who did not want, or were unable to, talk with us.

# Is the service safe?

## Our findings

People told us they felt safe. One said, “It’s lovely being safe with good staff”.

One staff member told us, “I would report anything to do with safeguarding straight away; no question”.

Another said, “I wouldn’t hesitate in reporting”.

We saw that staff had received training in safeguarding adults and children and they were able to tell us what to do to both prevent abuse and to report it should it occur. The induction training included this and updates were taken every two years.

Tower House had developed and trained their staff to understand and use appropriate policies and procedures to follow local safeguarding protocols, as well as their own in house safeguarding policy. CQC had received safeguarding notifications from the service, as required and also we had information from the local authority about investigations, which had been conducted appropriately.

There were posters about abuse in the on call room and these also gave contact details should a concern need to be reported. Staff were also able to tell us that they could also call the local authority safeguarding team, CQC or the police if appropriate, as necessary.

We saw that staff were recruited appropriately and had the required checks made on them, as standard recruitment practice. The files we looked at had two references and employment, qualifications and health checks made, plus criminal records checks. All the staff had been confirmed as eligible to work in UK. Appropriate disciplinary measures had been followed and we saw evidence in staff files where this had occurred and the support and training measures which had been adopted. Where staff had been promoted internally, similar checks were made on them to ensure consistency of approach. One relative told us, “[name] is safe there, really happy with staff”.

Staff had received appropriate medication training and we found that they were conversant in the medication regimes of the individuals supported by the service. Some people self-medicated, but most were assisted by staff to order and take their prescribed medication. Medicines were

stored correctly and were accounted for by the medication administration records (MAR) for each person. We saw that running totals were kept for each medicine and that these were correct with the stored amounts left.

Posters reminding staff of the five ‘rights’ for medication were in plain sight in the on call room. This emphasised the principles of safe medication administration.

We were told by staff that if there were any issues regarding medication they immediately referred to the GP. They would also inform the manager on duty at the time. We saw records where there had been a medication error and this process had been followed. One staff member told us, “I have made some medication errors and they [Tower House] have insisted I re-do the training and be re-assessed. It was my fault, not the procedures”. A relative told us, “They are quite good at medication and they are very well organised”.

There were sufficient staff on duty to meet the needs of people and we were told that handovers between shifts ensured continuity and safe support for the people using the service. People and their relatives were happy with the staff and appreciated the overall consistency of staff for most shifts, although new and bank staff were always considered a probable problem by some relatives as they did not know the person they were supporting as well as the regular staff. One relative told us, “There is a high staff turnover, but it’s getting better” but another relative told us, “Staff turnover is very stable”. At our visits to people’s homes, staff were regular and known to the people they were supporting.

People had their own rooms and were able to maintain security for their possessions in the shared premises, by being able to lock their rooms and keep their own key. We saw that the provider had various procedures in case of an emergency and that they had provided fire-fighting equipment to people’s homes. We saw that there were fire evacuation procedures on posters in the home and the sleep in room. Risk assessments had been completed and we saw they were recorded in people’s care files. These were for risks associated with, for example, cooking, using money, going out and doing various activities. There was a record of accidents and incidents kept at each of the premises we saw.

We observed the care of people supported by Tower House staff. The verbal and non-verbal communication was calm

## Is the service safe?

and friendly and people appeared to feel safe and comfortable in the presence of staff. Staff ensured that

people were safe in and out of their home and that any activities undertaken were taken in a safe way. Their relatives told us that they were assured that people were safe and that staff were competent to keep them so.

# Is the service effective?

## Our findings

A staff member told us they were supervised regularly, “Every three months” and that these sessions always had a plan at the end so the staff member could improve. We saw the supervision records which confirmed this.

Staff and people told us that staff were trained well.

One staff member told us, “The induction here is super; it really equips you to do your job”.

We noted that the service was following the Mental Capacity Act 2005 (MCA) code of practice and making sure that the rights of people who may lack mental capacity to take particular decisions were protected. This included decisions about depriving people of their liberty so that they get the care and treatment they needed where there is no less restrictive way of achieving this. We saw that there were policies and procedures in place and that staff had been trained in these areas.

The staff were able to demonstrate to us that they knew about the MCA and the associated Deprivation of Liberty Safeguards (DoLS). Some people had applications made to the Court of Protection and the provider was complying with the order of the Court. One relative told us their son’s finances were dealt with by the Court of Protection.

Individual professional development was encouraged by the management and they offered courses and other opportunities for staff to improve their skills and progress if they chose or needed. Staff told us they were supported to take these courses, which were a combination of face to face and eLearning training. Staff told us of various other courses offered by the provider, Wirral Autistic Society (WAS). One staff member told us that, “We always have to re-do certain training and keep up to date”. Another told us, “They provide amazing support. The training is very in-depth”. A third staff member said, “I have had the right training for the job I am doing. If I needed any more, say if someone moved in with different needs, then I would get the training for that”.

When asked if they felt the staff were well enough trained, one relative said in strong agreement. “Yes, I would say so”. Another relative, however, thought staff were not trained enough, saying, “Overall, I don’t think that staff get enough training, but that’s across the board, not just WAS”. A third however, was very complimentary, saying that their relative was very challenging and that the training staff had received was, “Very good”.

We saw that staff communicated with people according to the individual persons’ abilities and wishes. One person had a conversation with us and staff through writing on paper. They were better able to communicate that way. Staff also used other tools such as Makaton, which uses pictures and symbols and other signing tools. We observed that staff picked up body signals and other signs and treated people kindly, supportively and appropriately.

Staff told us that there was an open communication with other staff and managers; they could always seek help, support or advice. There were half hour handovers between shifts so that staff were kept up to date with people’s needs and activities. Relatives told us that the provider kept in touch frequently. Staff told us they were supervised and appraised regularly and that they found these sessions informative and supportive. We saw notes of these meetings with actions or proposals and target dates for completion of these.

We heard from people that they participated in shopping and preparing meals as they were able. The menu was agreed between the occupants of the house they shared and they could always have alternatives. People were able to have drinks and snacks when they wanted to, but a healthy diet was promoted by staff supporting the people. WAS did not own the premises where people lived. They were generally run by housing associations, then rented by the people being supported by the Tower House staff but the staff encouraged them to make their homes as homely as they wished and to individualise their own rooms.

# Is the service caring?

## Our findings

Staff told us they considered that they and their colleagues really cared for the people they supported.

A relative told us, “He feels safe and cared for, he does seem to feel he can trust them [staff]”. When asked if staff cared for their son, one parent told us “We have had a mixture of experiences; yes and no”. However, another told us, “There is nothing we feel unhappy about. We have nothing but praise for the staff. We are delighted”. A fourth told us, “They [staff] are more like family. He has bonded with them and they have a really good relationship”.

We saw that people were supported to be as independent as possible and that their well-being was a primary concern for staff. We overheard a conversation which demonstrated this. A staff member told us that some people counter-signed their new or regular medication, ‘in’ and ‘out’. This showed that people were encouraged to be independent and to take control over aspects of their life.

We saw that people's need for privacy and dignity was respected and that their need for involvement was supported by staff, who always checked with the person if a task had to be done or a decision made. Explanations were always given and staff were patient with people who were not able to understand readily. One person initially agreed to see us, but then changed their mind and their decision and departure to their own room, was facilitated without fuss.

People were treated as individuals who could achieve independence. One person said, “I have the key to the front door and to my room door and I help with the cooking”. A second person told us, “They try and help me do more; it's great; they trust me”. One relative told us they were pleased that their son, “Does self-medicate, with support from staff”.

Relatives told us that there was always communication between them and the service and they felt they were kept informed of any issues.



# Is the service responsive?

## Our findings

One person told us, “I have just finished an IT course and am just starting guitar lessons”.

Another said, “I am waiting to start a college course and its supported by WAS”. This person’s relative told us, “I know a lot about autism and for me, I can’t fault the society or the service”.

Another said that they, “Could go and do what they wanted and that they could visit their relatives whenever.” This was confirmed by relatives, one of whom said, “We can go whenever we like and he gets brought over here by car to see us. WAS and Tower House have been terrific; he’s delighted”.

One relative told us they were led at the initial assessment, by what was on offer by WAS, but that they were well-equipped and skilled and that they, “Assessed him appropriately”.

We reviewed 10 care files and found all the important information about the person and their care needs was documented in the file. The information was readily found and pen pictures of the person and their care, their preferences and choices, were available to enable new staff to get a quick resume of the person. Much of the information was in ‘Easy Read’ format and so mainly described using pictures, and had been agreed and signed for by the person.

Medical and financial records were filed and the tenancy agreements for the property the person lived in were also recorded. There were ‘communication passports’ which were short documents outlining the person’s needs, to be taken with them should they be admitted to hospital or similar.

Relatives told us that they and the person being supported were part of the care planning process and had been involved from the start. They told us that in the main, care plans were reviewed regularly, at least every year. We saw that reviews had been carried out at least annually on all the care files we examined. A relative told us, “He’s supposed to have a review every six months but has had only one in two years”. However, another said, “We attend an annual review and we contribute our views and what we think and it’s all generally positive”. A third told us they, “Go to every meeting, normally about every two months or so”.

One person whose relatives we spoke with had recently come from a residential setting to supported living with support from Tower House staff. They told us that the transition between the two services had been made easy by the staff. They said, “The support they gave was excellent”. Another relative told us, “He is getting more one to one time now, than before and has taken on extra activities which we are delighted with”.

We were told that people were motivated to do things and that staff supported them all the time. We saw that people supported by the Tower House domiciliary care service were also employed as volunteers in other services run by the parent organisation, WAS, such as community volunteers, but that one person had also recently secured paid employment, with the support of staff from Tower House. A relative told us, “For the first time he is motivated to do things”.

People were treated as individuals and staff supported them to make their own decisions and carry them out. Staff encouraged peoples engagement in activities, college and work placements, as they wished, but were respectful of their decisions. An example was of one person who decided mid-course, to opt for a different course and their relative told us that staff had supported the change.

We were told by a relative that some people supported their local football team and went to matches on a Saturday afternoon. The staff changeover happened part way through the football match, which meant people were not able to see the whole match. Another relative told us that this had now been changed; the changeover happened before the match so than the men could see the whole match. They said, [about the staff], “They are very co-operative and they do listen”.

We saw the complaints policy and file. There was a complaints and compliments book, and also a complaints monitoring log. The complaints ranged from issues around medication to the use of bank staff and of staff not supporting people properly. All complaints were investigated and we saw that a full response was made to the complainant, with actions to be undertaken to resolve the issue if necessary and an apology if the service was at fault. The compliments ranged from the environment being clean to a thank you for the excellent care given, the relative going on to say, “We could not be more happy with all the support [name] gets. The staff are wonderful. It’s a great relief to us to know that he is safe and well”.

# Is the service well-led?

## Our findings

One staff member said, “If you ask a question [of a manager] which you think they might find silly, they always value you and answer it”. They went on to say, “I would like to progress, the managers are very supportive and will help you”.

Another staff member told us, “I rate WAS as an employer; they are up there”.

The service had a registered manager in post. The manager was supported by locality managers and deputy locality managers and the whole service was overseen by the quality and development manager for the service. In total the service had 23 managers and about 300 support staff.

Staff told us that there was an open channel of communication ‘up and down the line’ to other tiers of staff and that they were well supported and trained. The registered manager and the staff we talked with had a good understanding of the culture and ethos of the organisation, the key challenges and the achievements, concerns and risks.

The leadership was visible at all levels of the service. It was obvious that the registered manager was well known to the people supported by Tower House. Staff were able to tell us that they had a good relationship with all their managers and their relationship with them was positive and supportive. We saw records of supervision which evidenced the support and relationship that staff received.

The system of supervision and appraisal with staff ensured that a two way conversation took place and feedback was measured and recorded showing transparency of the process. We saw and heard that staff were comfortable with the registered manager and were confident to tell her of any problems. The registered manager visited the service frequently through each week.

People and staff, through their various reviews, appraisals and supervision sessions, had been encouraged to develop the service and we saw this recorded in records we viewed.

Wirral Autistic Society and all its services including the domiciliary care service, ‘Tower House’ which supported

people living independently, had developed good links to other services and the communities they were located in. They also worked in partnership with other organisations, such as further education establishments.

Quality assurance processes were in place. People, staff and other professionals had been asked for feedback on the service. Records also confirmed that respondents were listened to and as a result, some changes had been made, such as alterations to activities or home visits. The home completed various other audits throughout the year, which contributed to an annual audit.

The deputy manager completed weekly audits, with actions identified and these were then checked by the locality manager monthly. The registered manager then completed quarterly audits and a senior manager completed annual audits. An action plan was produced to address any areas of concern identified through all of the audit and feedback processes. We saw that support and person-centred plans, risk assessments medication, finance and health and safety, amongst other audits, had all been recently completed. We saw that there were policies in place for a range of issues and these policies had been reviewed regularly. The provider had recently updated their ‘Statement of Purpose’ and sent us this, as required.

The provider and the manager understood their responsibilities in relation to the service and to registration with CQC and regularly updated us with notifications and other information. There was evidence of transparency, good practice and innovation and we saw that the provider had been accredited by the National Autistic Society. In order to achieve accreditation an organisation must provide evidence that it has a specialised knowledge and understanding of autism, which was used in the assessment and support plans and the management of the organisation.

The service and provider had a ‘People Development’ award and were ‘Investors in People’, amongst other schemes. The provider had its own in house ‘autism practice department’ which supported staff with their practice and informed them of latest innovations and research.