

# The Wirral Autistic Society

# Raby Hall

## 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 ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 6 and 7 July 2016 and was announced. We announced the inspection because people living at Raby Hall attended day services and other activities and staff accompanied them. We wanted to be sure there would be someone there.

Raby Hall is registered to provide accommodation for persons who require nursing or personal care and also provides end of life care. The home is registered to provide accommodation and care for up to 25 people. The people who lived in Raby Hall had conditions on the autism spectrum and other conditions related to this.

Raby Hall comprises a large older building with a more modern annexe named 'The Courtyard'. There were five people living in the older building and eight in The Courtyard at the time of this inspection. The older building is over three floors and The Courtyard is over two floors and is operated as a separate unit to the older building. We were told the provider was considering applying to CQC for separate registration for each part. The Courtyard accommodated people who were less dependent than those in the older building. Most of the people living at the service were away for the day when we inspected; those which remained were unable to communicate verbally.

The older building is about to undergo a major refurbishment and due to the provider acquiring other services, many of the people who lived at the home have now moved to other accommodation or another provider.

Raby Hall is situated in the large semi-rural site owned by the provider, where there are other services available for people living in the home.

The manager was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

Before our inspection, we looked at the information contained on the Healthwatch Wirral website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We had received some concerns about the home which related mainly to the mix and suitability of some of the people living in the old building, but this had been addressed by the provider and the current and proposed improvements have resolved these concerns.

People received sufficient quantities of food and drink and had a choice in the meals that they received.

Medication procedures were followed and the medication stored tallied with the records.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations were in order to maintain people's rights.

We found that the care plans and risk assessment monthly review records were all up to date in the six files looked at there was updated information that reflected the changes of people's health.

The home used safe systems for recruiting new staff. These included using Disclosure and Barring Service (DBS) checks. New staff had an induction programme in place that included training them to ensure they were competent in the role they were doing at the home. Staff told us they did feel supported by the deputy manager and the registered manager.

We saw that people appeared to feel safe and confident in the staff. The staffing levels were seen to be appropriate to support people and meet their needs and the staff we spoke with considered there were adequate staff on duty.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidents. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

We looked at records relating to the safety of the premises and its equipment, which were correctly recorded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

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

Medication was stored appropriately and administered safely.

Staff knew how to report any issues about safeguarding. People appeared happy with staff.

### Is the service effective?

Good ●

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.

### Is the service caring?

Good ●

The service was caring.

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

We saw that the relationships which people had with friends and family were well maintained.

### Is the service responsive?

Good ●

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.

People were able to take part in activities of their choice.

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

**Is the service well-led?**

**Good** ●

The service was well led.

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

We saw that all the records relating to people who used the service, staff and the running of the home were up-to-date and stored appropriately.

# Raby Hall

## **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 comprehensive inspection took place on 6 and 7 July 2016 and was announced. We announced the inspection 24 hours prior to it because people living there attended day services and other activities and staff would accompany them. We wanted to be sure there would be someone there.

We asked for information from the local authority quality assurance team before the inspection. We checked the HealthwatchWirral internet site.

One adult care inspector completed this inspection.

We toured both the main Raby Hall building and The Courtyard.

We spoke with the registered manager, the deputy team leader the cook and two other staff members. We had previously spoken with two social care professionals involved in the care of people living in the home.

We observed care and support in the home, viewed three care files for people living at Raby Hall, training records for all the staff, four recruitment files and other records relating to how the home was managed.

# Is the service safe?

## Our findings

When we asked one person if they felt safe with the staff, they smiled and nodded.

A social care professional had been concerned about safety in the home but told us that it had improved. They said, "I would now consider placing [Name] there".

One staff member told us they were very aware of how to keep people safe, They said, "I know how to report abuse and when it should be done; I wouldn't hesitate".

Staff demonstrated that they had an understanding of the arrangements for safeguarding vulnerable adults. There were able to tell us about abuse and how to report it. We saw that the safeguarding policy followed local safeguarding protocols. Staff told us that if they had any concerns about any allegations of abuse or neglect they would report this to the senior person available immediately and most staff also knew that they were able to report it to the local authority or to CQC. The staff were aware of the whistleblowing policy and told us they would have no hesitation to use it if required.

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 movements, such as a person having a seizure.

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 had 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 meant that there was clear guidance about the relationship, expectations and requirements between the employer and employees.

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.

The medication cabinet was kept in a locked 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. PRN (as required) medication and homely remedies were recorded in a similar way. Again the stocks tallied with the record.

The temperature of the room where the medication cabinet was situated was checked twice a day in the morning and evening and were generally within the required range of being under 25°C. We discussed with the manager that taking the temperature at a warmer time of the day would give a more accurate reading maximum reading and were told that this would be implemented.

There were smoke and fire detectors throughout the home, with the necessary firefighting 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.

The cleanliness and hygiene of the premises was good; all of the areas were seen to be clean on the day of the inspection. There were sufficient soap dispensers in the bathrooms for staff and visitors to have the opportunity to disinfect their hands appropriately. However, there were no bins for the disposal of used paper towels. The manager assured us that these would be provided and on the second day of our visit, showed us they had purchased nine bins to use throughout the home. The routine safety checks and certification had been completed on the building as required, such as fire safety, fire alarms, electric, gas and water systems and legionella checks and testing.



# Is the service effective?

## Our findings

One staff member told us, "We get lots of training; there's always something to be updated".

Another said, "I have done Mental Capacity a couple of years ago and I know I need to update my MAPA training". (MAPA is 'managing actual or potential aggression' and equips staff with safe and effective physical interventions to manage the more challenging and aggressive behaviour experienced from time to time in services such as Raby Hall.)

All the staff had induction training at the 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 'non-violent crisis intervention'.

Staff continued to be updated with their training; one staff member told us, "I did safeguarding last year and it's due again next month".

Records 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. We were sent the training matrix that showed that training was provided throughout the year. 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), now known as 'Autism Together', 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 plans 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.

The dining room contained cubicle areas to allow for smaller groups to have their own space. We were told that this minimised anxiety and disruptive behaviour at mealtimes. If people didn't want to eat at the dining table they were enabled to eat elsewhere, such as in their own rooms. The kitchen was adjacent to the dining room had been rated 'five', which was the highest rating, by the local authority for its food hygiene standard.

There was discussion between the people living in the home and the cook about the menus. The cook told us that they tried to promote healthy eating but sometimes this proved difficult as people made other choices and decisions about their diet. People were free to choose alternatives if they wished, on the day. We saw people had access to drinks outside of mealtimes.

The newer building had been purpose built. The older building had been divided into four flats but the proposed plan was it to be divided into three flats, one of which would be used as emergency accommodation.

The bedrooms were large and where possible, had been decorated and furnished to people's individual taste. Some bedrooms were minimally furnished with specialist furniture and fitments but had been decorated with the occupants needs in mind. Most of the old building's décor was tired and shabby and it was due to be re-decorated during the refurbishment.

# Is the service caring?

## Our findings

We saw that staff interacted and supported people with care and patience. During our visit, we saw one staff member sitting on the floor with a person comforting them and talking quietly to them. This person looked happy and relaxed and smiled at us when we talked with them.

We noted that staff communicated and supported the people living in the home in a friendly, informative, caring but professional way. There were jokes and laughter between staff who showed people respect. .

Many of the people living at Raby Hall were receiving care and support from more than one staff member at a time due to their ongoing needs; however, we saw that there was opportunity for people to be private if they were able to.

We noted that the records relating to the individual people living at Raby Hall were kept confidentially and that they were only accessible by the staff.

One person enjoyed spending time using a garden pergola which they had bought themselves and this was respected and supported by the staff. We saw a staff member sitting with them and chatting.

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 or in 'plain English', or was in an 'easy read' format.

'Easy read' refers to the presentation of text in an accessible, easy to understand format. It is often useful for people with learning disabilities and may also be beneficial for people with other conditions affecting how they process information. 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 their views. 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.

We saw that the relationships which people had with friends and family were well maintained. They were encouraged and enabled to visit friends and family and to keep in touch.

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

A staff member told us, "We are always out and about with people".

We looked at people's care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs.

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.

People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and what activities they enjoyed. The plans were effective; staff were knowledgeable about all of the people living at the home and what they liked to do.

Staff completed a daily log for all care given and the entries we looked at were very detailed in describing the care that had been given to each individual. The registered manager told us that staff would discuss immediately any changes in people's health with her or the deputy manager. All staff we spoke with confirmed this procedure.

Activity plans were recorded in people's care files and showed that where possible, people had made their own decisions about how to spend their time.

We observed that each person was treated as an individual. Each was allowed to choose the decor of their rooms to some extent and what they wanted to do with their time each day. People's activities and interests had been tailored to them and met where possible.

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.

The complaints policy and procedure was up-to-date and recently reviewed. It was displayed on the noticeboard in full and also in poster form. We saw a poster on a noticeboard, entitled 'It's okay to complain'. This was a visual, 'easy read' poster which enabled people to easily understand how to complain. No recent complaints had been recorded.

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 regularly and relatives had been informed of the impending change to Raby Hall and had been consulted about people's needs in relation to this. Relatives who had not been able to

attend had the minutes of that meeting sent to them.

## Is the service well-led?

### Our findings

The registered manager told us they were looking forward to the refurbishment of the old building.

The registered manager was available during our inspection. The staff on duty appeared to have a good rapport with the registered manager and were friendly but respectful. The registered manager was equally so, to them. 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 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 Raby Hall were 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.

We saw that all the documentation relating to the people living at Raby Hall, 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.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service so that we could check that appropriate action had been taken.

The registered manager of the home had informed the CQC of significant events in a timely way. The home and the registered manager met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

It was clear from the care plans that there was good partnership working between staff at Raby Hall 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.

Some of the activities provided by Wirral Autistic Society to the people living in Raby Hall 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.