

Wirral Autistic Society

Weatherstones Court

Inspection report

Weatherstones Court
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Cheshire
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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

The inspection took place on 29 April 2015 and it was announced. We gave the service 48 hours' notice as we needed to ensure that people and staff were available to talk to us.

Weatherstones Court is a supported housing and domiciliary care service. It is a service provided by Wirral Autistic Society (WAS) to support and provide personal care to people who have Autism. Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also

affects how they make sense of the world around them. It is a spectrum condition, which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. The service is provided to people living in their own apartments, rented through a partner landlord. This arrangement is often known as 'supported living'.

Summary of findings

Weatherstones Court had 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.

Relatives that we spoke to told us that people using the service were safe, well cared for and supported to become more independent. We saw that there was a positive relationship between people using the service and the staff providing them with supervision and support.

We saw that people were supported with day to day living tasks but were also encouraged to participate in community based activities. Staff had clear care plans and directions as to how to support a person in order to ensure that their needs were met consistently.

We saw that people were encouraged and enabled to make choices and decisions for themselves. Where staff felt that a person using the service lacked the mental

capacity to make a decision, a mental capacity assessment was carried out and, where appropriate, a best interest decision was made involving all the key people in that person's care. The registered manager had made applications to the local authority for consideration as to whether restrictions placed on people's liberty needed to be authorised by the court of protection.

People were supported by staff that were deemed as suitable to work within the care sector and had been given training in order to ensure that they were skilled to work with people who had autism. Staff were supported by a management team who closely monitored their day to day work. Relatives of those using the service also told us that they had confidence in the management team to sort out any concerns or problems that they had.

Wirral Autistic Society had robust quality monitoring processes in place to ensure that the care being delivered was safe and effective. We saw that where issues had been identified, actions were taken in order to make improvements.

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.

Relatives of people using the service told us that they felt reassured that people using the service were being kept safe. Staff were able to identify what constituted abuse and poor practice. The provider had policies in place for staff to follow.

People were supported by staff that had been recruited correctly and supported people appropriately. There were enough staff to support people with their various needs and activities.

Staff were aware of what they needed to do to support people with taking their medication and the provider had comprehensive procedures in place to support staff to do this safely.

Good



Is the service effective?

The service was effective.

The staff underwent an appropriate induction programme and received on-going training and support according to the needs of the people they supported. Staff had monthly supervision and annual appraisal.

Staff demonstrated an understanding of the Mental Capacity Act and we saw that they supported people to make decisions. Staff followed appropriate techniques where people needed to be restrained for their safety and that of others.

Staff were aware of the nutritional requirements of the people they supported and encouraged people with healthy eating.

Good



Is the service caring?

The service was caring.

Relatives of those people using the service told us that staff had a good relationship with the people they supported. We observed that staff had positive interactions and knew the person they cared for well.

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

Good



Is the service responsive?

The service was responsive.

We saw that the care that people received was personalised and met their own unique needs. People were encouraged to maintain links with the community and to participate in activities.

Complaints and concerns were dealt with promptly and relatives told us that they had confidence in the management team to find solutions.

Good



Is the service well-led?

The service was well-led.

Summary of findings

Staff told us that there were open channels to the managers of the service and this view was supported by relatives of those using 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.

Agencies told us that there was good partnership working to ensure that care was coordinated for the individual.

Weatherstones Court

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 the provider had completed a provider information return (PIR). This is a form which asks the provider to give some information about the service, what the service does well and improvements they plan to make. We also checked our own records for any further information such as notifications or enquiries made about the service.

Before the inspection, we spoke to the relatives of seven people who used the service to ascertain their views and thoughts. We also spoke to agencies that commission the care at Weatherstones Court. All those that we spoke to had positive comments about the care.

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.

During the inspection we spoke to six members of staff as well as two locality managers and the registered manager. We also took the opportunity to spend time with some of the people who used the service.

We looked at the records that the service kept regarding the care of five people. This included care plans, risk assessments and medication records. We also looked at the records that the service kept in respect of monitoring quality, safety and staff support.

Is the service safe?

Our findings

People that we spoke with told us that they felt reassured that their relative was being kept safe and that they were well cared for. "I still worry about [name] and I still miss [name] because he will always be my child but I really know that [name] is safe and well cared for and treated with kindness".

Staff we spoke with were able to identify situations that could be of a safeguarding nature or poor practice. They were clear as to how to report any safeguarding issues and told us that they felt confident to do so. Staff were aware of the whistleblowing policy. The registered provider of the service had a clear safeguarding policy that staffs were aware of and this reflected that of the local authority. We saw that the provider reported to the local authority on a monthly basis any low level concerns that had occurred. The Care Quality Commission (CQC) had been informed of any safeguarding referrals made. We saw that these had been appropriately investigated and positive actions taken to minimise further risk.

Relatives told us that they were assured that staff were competent to keep people safe. We saw that there were measures in place to ensure that people were safe within their own living environment as well as in communal areas or outside. Any activities that were undertaken were taken in a safe way. Risk assessments had been carried out to identify risks to people using the service, those supporting them and others. There were clear management plans in place.

The registered provider had carried out the necessary checks, in conjunction with the landlord, to ensure that the premises were safe. People had their own apartments and were able to maintain security for their possessions by being able to lock their rooms. Mental Capacity Act assessments had been carried out to identify those persons who were able to keep their own key.

We saw that the registered provider had various procedures in place, 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 building that were simple and easy to follow. A "traffic light" system was in place that indicated the degree of assistance required. There was evidence that fire drills and evacuations were carried out on a regular basis so that people using the service became familiar with the process.

Accidents and incidents were recorded by the registered manager and an analysis of themes and trends carried out by the registered provider.

Safe procedures were in place for the recruitment of a staff. This ensured that appropriate references and disclosure and barring service checks were carried out prior to commencement of employment. This meant that people were being cared for by people deemed suitable to work within the care sector.

We saw that the management team monitored performance of staff closely and disciplinary procedures were implemented where this was required. Thorough investigations were carried out and actions taken where there had been concerns. We saw that learning took place following these incidents such as changes to policy, documentation and further training.

People using the service were supported by staff to ensure that they took their medication as required. The registered provider had quality audits in place to ensure that problems with ordering, administration, or storage were picked up quickly and remedial action taken. We saw that where staff had made errors they had been removed from administration of medication until they had undertaken further training and a further competency assessment had taken place. Each person using the service had a medication care plan in place, which included an assessment of their mental capacity, and indicated the amount of support they required with their medication. Systems were in place to ensure the medication was transported safely between services or to other locations. This was using a "red tag bag". Some people had medication "as required" care plans were in place to ensure that all staff knew why this medication was prescribed and in what circumstances it was to be administered.

Is the service effective?

Our findings

Relatives told us that staff provided good care that met people's needs and were very positive about the service and support. Comments included "[Name] has a very specialised diet and we're really pleased the way the staff help them manage this. They plan healthy eating and encourage [name] with foods". We saw during our observations that staff did this and that the person had achieved a healthy weight through their positive intervention. Another relative told us "Staff take a consistent approach with [name] and use specific keywords and gestures to stop repetitive behaviour. They have made sure that all the other support services, including myself, use the same words and approach and this has really helped."

Relatives said that the staff at Weatherstones Court were very good at communicating with them and keeping them informed with any changes to people or to the service. "I still like to feel involved and staff ensure that they text me every day with an update of what [name] has done and how they have been".

Staffing numbers at Weatherstones Court were flexible as support packages were tailored to meet individual needs. Staff were flexible and told us that they would cover vacant shifts wherever possible as "bank staff" did not know the people they cared for as well as them.

Staff told us that they received a thorough induction which included both training and shadowing. Staff also had a probationary period during which time their performance was closely monitored, which we saw documented in staff files. Staff told us, and records confirmed that they received supervision and this normally took place on a monthly basis. Supervision included support and discussion on personal well-being, professional development, and the challenges of the day-to-day work. A staff member told us that "You don't know what you don't know until you start working with someone but senior staff are always there to support and advise". We also saw that staff had regular appraisals and staff were actively encouraged to develop new skills and grow within the organisation. The Registered Manager told us that a number of staff have been through "performance management" but this was seen as a positive addressing issue for development rather than concentrating on the negatives.

From discussions with staff and the reading of care plans, we saw that individuals were presumed to have the mental capacity to make some choices and decisions in their lives. We saw that staff encouraged people to participate and to make choices no matter how small. Some staff comments were, "[name] likes to open the medication cupboard" and "[name] likes to sign their name when staff have given tablets". Where more difficult or complex decisions had to be made, there was evidence that best interest meetings and discussions were held with relatives, professionals, and staff. For example a person using the service was in a relationship and staff were concerned about their personal wellbeing. There was clear evidence of involvement the person, the social worker, and staff in reaching a best interest decision on supervised contact. We also saw that it was clearly documented for one person that any decisions around medical treatment were to be considered and made by clinicians under "best interests" due to the potential implications of family beliefs.

We spoke to the registered manager about the implications of the "Cheshire West" ruling, around the Deprivation of Liberty Safeguards, in supported living as a number of people using the service had their freedom restricted with constant supervision. Both the registered manager and staff were aware of this and told us that a number of applications had been submitted to the local authority for consideration for referral to the Court of protection. Staff were aware of the need to look for the least restrictive options. The people who used the service exhibited behaviours that challenged staff and others. Staff told us that they are trained in the Management of Actual or Potential Aggression (MAPA). This "enables staff to safely disengage from situations that present risks to themselves, the service user, or others. It used a range of holding interventions that are appropriate to the circumstances when a person expresses themselves through challenging, aggressive, or violent behaviour, and enables staff to make defensible choices regarding the use of disengaging from and/or holding a person". The provider had a robust policy to guide staff in such circumstances.

We saw that staff had the opportunity to undertake training in key areas of work. Staff told us that the training "Was amazing" and "Set me up for the job". People we spoke with were confident that the staff were sufficiently trained and knowledgeable in order to be able to deliver effective care.

Is the service effective?

We saw records that demonstrated that people had received health care services, such as GP visits and nurse visits, which had usually been accessed by staff on people's behalf. Staff were aware of people's health needs and had processes in place to monitor conditions such as those associated with diet, epilepsy etc. Where people did require

further support in these areas we found that care plans provided clear guidance to staff. For example we saw how people's nutritional needs should be met, what their preferences for food and drink were and how people's weight was to be managed.

Is the service caring?

Our findings

We had positive feedback from relatives about all of the staff. “Staff are brilliant I’m very pleased and happy with [my sons’] care”, “My [daughter] has people that she likes and gets on with to care for her and staff really try very hard”, “I would wholeheartedly recommend this to anybody in my position that needed care for their relative” and “People are treated with kindness and I really couldn’t have wished for a better place”.

Most people who received support from the staff at Weatherstones had limited verbal communication but relatives told us that they are able to tell from their behaviour and gesture that they were settled and cared for “[name] is settled and happy at the place. The staff are great they do lots and care lots”, “the staff are absolutely amazing” and “I know that [name] is happy and cared for because when they visit me, they are happy to leave. They would want to stay here if they weren’t happy.”

We observed some of the interactions of staff and people using the service. The verbal and non-verbal communication was calm and friendly and people appeared to feel safe and comfortable in the presence of staff.

We saw that people were treated with dignity and respect. Staff ensured that they sought the consent of the person before asking if we could come into their home or speak to them. Care plans also reflected this, “ensure you knock on the door” “ensure that you ask what [name] wants” and “ensure that the curtains are drawn when providing personal care”.

Staff were passionate and enthusiastic about their jobs. “I love my job and coming to work every day” and “Every day is different and I care about making a difference to someone’s life”. Staff spoke to us about the satisfaction that they have from seeing people make positive changes to their lives and “[Name] is getting so much more out of life”, “When [name] came here they only had a handful of words, now they have over 100”, “Everyone here is progressing, no matter how small the steps” and “I love the challenge of making a difference”.

We saw that staff involved people in making choices for themselves around what they wanted to wear and what they want to do for their day care. Staff respected a person’s right to make, “unwise choices at times”, “[Name] room is a mess but it’s how they like it” and “[Name] wanted chicken nuggets for tea, I tried to persuade her to have something healthier but it’s what she wanted and it was her choice to make”.

Is the service responsive?

Our findings

Relatives who spoke with us said that care staff and management moved quickly to try to resolve any issues in relation a person's care or tenancy. For example a person was allocated a carer who did not drive and this was very important to the person as they liked to get out and about. The registered manager moved very quickly to ensure that an alternative car driver was found.

The registered provider had a clear complaint process in place. We looked at how the registered provider had managed a complaint in regards to the domiciliary care service and saw that there had been a thorough investigation within the set timescales.

Staff told us that they were very much guided by the individual in terms of activities for the day and evening. We saw that care was personalised and individual needs and aspirations taken into account. People had individual goals and action plans in place that were achievable and these were reviewed regularly. We saw that people were encouraged to maintain social interest's such as swimming, drama, theatre, horse riding, or "employment" within charitable organisations like Community Voluntary Services and Scope. We saw that staff, wherever possible, tried to identify inclusive community-based activities rather than taking people to specialist resources. Staff had introduced a "grab" file for each person. This was a "crib sheet" with some very basic but essential details about the care that a person required. This ensured that new or bank staff knew exactly what was required. A relative confirmed "Staff have taken time to set up lots of signs, processes, and protocols so somebody knows exactly what [name] needs, how they like it. The care is really personal".

Professionals that we spoke with told us that the move to Weatherstones Court had been a really positive one. "Since the move to Weatherstones Court the change in [name] has been really dramatic, their whole presentation is better, they always appear happy and they are keen to tell me about their achievements".

Where person's behaviour change or mood alter, staff spent time trying to identify possible causes and worked as a team. Care plans around individual's behaviour focused on the positive rather than the negative impact and identified proactive strategies. We saw that when one person using the service displayed aggression, staff were advised, "Do not ask how his day as been as it gives an opportunity to be negative". They were also clear on the types of situations that could trigger a negative response for a person such as noise or children.

We saw that the registered provider had worked hard to try to ensure that people received consistent, planned and coordinated care when they moved into the supported housing scheme from another community setting. Some of the staff told us how they had worked with people prior to them moving into the service so that they had already started to build relationships and an awareness of what was important to the individual. People using the service had "passports" to take with them to other services as well as to hospital so that there was some information as to how to meet their needs. We saw that a person with complex medical needs had a "my journey through A&E" "document in place". This made clear their rights under the Equality Act to have reasonable adjustments made by staff at the hospital in order to minimise distress.

Is the service well-led?

Our findings

Relatives we spoke with were positive about the management team. Their comments included: “I have all the e-mails and mobile numbers of the management they are always really approachable and accessible. Some issues are very tricky to resolve but they just get on with it. If they can't resolve something it's usually because it's asking the impossible”. One relative felt that there was a need for more management support on a day to day basis in the housing complex.

Relatives and staff told us that their only concern was that staff teams were not always consistent as staff, “Move on”. They did not feel that this impacted greatly on the care but it, “Would be the icing on the cake if staff were rewarded to stay”. We spoke to the registered manager who was already aware of this being a concern. We saw that they had completed a report for the registered provider on “recruitment and retention” and had made some proposals in order to try to improve the situation.

Staff told us that the management were approachable and that they felt supported by them, “There is nothing I cannot go to management about”. They also told us that they were involved in discussions about the service and its future developments. We saw that supervision, appraisals and team meetings took place where the vision and the values of the service were discussed.

The registered provider had a robust audit system in place. Audits took place at all levels of management and ensured that all aspects of the service were evaluated such as care plans, risk assessments, medication and health and safety. The audits in place were thorough and any issues highlighted actions plans put in place to ensure that improvements were made.

The registered provider had carried out a “Supporting Living” questionnaire in June 2014 but this was across the entire organisation. Weatherstones Court was not able to identify points of relevance to them. We spoke to the registered manager about ways of ascertaining feedback directly about the service they provided such as relatives meetings or service specific questionnaires.

The registered provider was 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 registered provider had its own in house ‘autism practice department’ which supported staff with their practice and informed them of latest innovations and research. Weatherstones Court service had also been shortlisted for a Laing Buisson independent specialist care award in the supported living category. The Independent Specialist Care Awards celebrates outstanding innovators and performers in the UK Specialist Care sector.