

The Wirral Autistic Society

The Ferns

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 announced inspection took place on the 14 and 16 March 2016. On the first day of the inspection we visited the headquarters of Wirral Autistic Society to view some records relating to The Ferns which were kept there and on the second day of our inspection we visited the service.

The Ferns is a single-storey, modern and purpose-built home in the grounds of Raby Hall. It has a large secure garden and had been designed by a specialist architect, specifically for people with autism. It has wide corridors and a lot of natural light and is neutrally decorated. It has seven bedrooms which are all ensuite, communal rooms such as lounges and a kitchen and also had a sensory room. The service provides respite care for over 70 people with autism and their families. The service offers short stay, emergency, urgent and respite support for people with an autistic spectrum condition and their families. This support is provided for varying amounts of time ranging from an overnight stay to several weeks or even months at a time

The service is required to have a registered manager and one was in post and had been for several years. 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.

We found that the home was safe and secure and tailored to the needs of people with autism. Staff have been trained in safeguarding adults and in medication administration and they were able to tell us about these processes.

There were appropriate fire prevention systems in the building and staff had been trained to use these and they had been checked regularly.

Staff have been recruited using safe methods of recruitment and the rotas reflected the appropriate level of staff for the numbers and needs of the people they were supporting throughout each day. We found the medication had been administered and stored correctly and checks made to ensure that this had happened.

Staff had been trained to perform their role and supervised regularly. Part of this training was mental capacity act training and staff are able to tell us about the Mental Capacity Act and the deprivation of liberty safeguards.

The design of the house was airy light and appropriate for people with autism. There were two sides to the building which enabled a more intimate feel to people's accommodation.

The kitchen was well-designed and people could choose what they want to eat and help prepare and cook

food if they wanted to.

We saw that staff were caring, considerate and approachable and they provided information and explanations to people as necessary and tried to involve them in as much as possible.

The care was person centred and care plans were updated frequently. Many documents were in easy read format which enabled people to understand them.

Activities were tailored around the individual, were varied and often involved going out into the community or into the providers other premises.

There was a registered manager in post who had been in post for some time and we saw that they were open and transparent and supportive of their staff. Policies and procedures were up-to-date and quality of the service had been regularly checked.

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 and their relatives told us it was a safe home.

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 in 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 their care obviously at the heart of their practice.

We saw that staff involved people and gave explanations about what was happening and that they respected their privacy.

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.

A variety of activities was available for people according to their preferences.

Is the service well-led?

Good ●

The service was well led.

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

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.

The Ferns

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.

The inspection took place on the 14 and 16 March 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who were often out during the day and we needed to be sure that somebody would be in and staff would be available for us.

The inspection was carried out by one adult care inspector.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received. 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.

We spoke with three support staff, a team leader and the registered manager. We reviewed four staff files, four care files and other records related to the running of the service.

We spoke with two relatives of people who used the service and with two people who were receiving respite care at The Ferns at the time of our inspection.

Is the service safe?

Our findings

One relative told us, "I think the staff are fine with my boy. I'm very confident".

A staff member told us, "The way we support people helps them to stay safe".

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 provider or 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.

When we looked at staff recruitment files and we saw that staff had been recruited using safe recruitment methods. There had been appropriate application and interview process and before any staff member had started in employment there had been checks made on their previous employment history and any criminal records.

We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures.

We saw that staff rota's provided adequate staffing dependent on the nature and amount of support to people needed throughout each visit and each day. One relative told us, "I know he will get one-to-one throughout the day and two to one throughout the night with the waking night staff". A staff member told us, "The only downside is the staff shortages at the weekend. There are enough staff but a lot are agency but we do try to use the same agency staff for consistently".

We inspected medication storage and administration procedures in the home. Medication was generally administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system.

We inspected medication storage and administration procedures in the home. We found the medicine storage was secure and clean. Medicines were stored in a designated room which we saw was locked when not in use.

The medication cabinet was kept in the locked medication 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 MAR sheets had the person's photograph on them for easy identification. All the drugs were 'in date' and new stock had been checked in properly, stored correctly, and administered appropriately. PRN (as required) medication and homely remedies were recorded in a similar way. Again the stocks tallied with the record.

We saw that where people required medication and who were going out for the day, staff were given medication in a special bag which clearly showed the details of the person.

We saw the empty medicines refrigerator was situated next to the source window and during our visit the displayed temperature which fluctuated between 7° and 9°C. Most medicines which required refrigeration needed to be kept at a temperature below 5°C. This meant should any medicines to be stored in the refrigerator; they would not be safe because the temperature would higher than the recommended 5°C.

We saw that the medication room's temperature had been monitored regularly and most temperatures were recorded as being 25°C or below, but one was recorded as 26° recently. Medicines which do not require of refrigeration are recommended to be stored at 25° below. Temperatures were also taken as approximately 8 o'clock in the morning and eight o'clock in the evening which meant they were not recording the warmest times of the day. We discussed this with the registered manager who told us that they would adjust the time of day when these temperatures were taken and also they would have to medicines refrigerator checked or moved as appropriate.

Due to the nature of the service, weekly and monthly audits were not done on medication because often medication was for a person who is there just for just for a day or two. However 'medication balance sheets' were completed daily which showed that the correct medication had been given throughout the day.

In the care files we saw that risk assessment had been completed on the various aspects of the individual's life, such as using transport, using money and taking part in various activities. Staff also had risk assessments completed for aspects of their work such as moving equipment and dealing with chemicals.

We saw that all the checks on such things as legionella, water temperatures, gas and electrical installations had been done regularly and were up to date and within safe limits. There were smoke and fire detectors throughout the home, with the necessary fire fighting equipment placed around the home. These were also checked and serviced regularly. There were appropriate fire alarm checks and fire drills and the home had 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.

The kitchen was large and tidy and the kitchen and the equipment in it, was clean. The fridge and freezer temperature checks were completed twice a day and the food temperature checks as and when necessary. All were recorded as being within safe limits.

We found the home to be clean and well kept. The relative we spoke with was very happy about the environment and we saw that people appeared happy and at ease in it. Those people who were able to communicate with us expressed their satisfaction when we asked if the home was clean by nodding and smiling and one person proudly told us, "I sometimes help to keep it clean".

The home had an infection control policy. Infection control was aided by a clean environment and we saw that the communal toilets and the kitchen all had soap and towels and were in a clean state.

Is the service effective?

Our findings

One person told us, "I think it's peaceful and quiet here where you can relax and enjoy your time here".

A staff member told us, "The building being in two parts is good".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty were being met. We saw the service was working within these principles and that many applications for DoLS had been made. This was in part due to the respite nature of the service and the fact that there were no people permanently living there and also due to the fact that a large number of people used the service.

We looked at records for four staff members and also looked at staff training records. We saw that new staff completed induction training and saw the schedule for this. We noted that staff had attended a range of training including food hygiene, first aid, and safeguarding. Further specialist training was arranged for staff such as the 'management of actual or potential progression' (MAPA) and communication training such as 'picture exchange communication system' (PECS). We saw that staff had been trained to understand the MCA and the DoLS process and they were able to tell us about it. We saw that training was updated regularly. A staff member told us, "We've just got an update for some training which is just been booked into a team meeting. Our internal training department are doing it". Another staff member told us "The training is quite good. Everything is kept updated after your induction".

The provider encouraged staff to develop their career and supported further training such as the diploma in health and social care, throughout their employment with them. Staff told us that they felt well supported and trained by the provider. We saw that they received regular supervision and appraisal. A staff member told us "Supervision happens every two months. It's always regular. It's a two-way process, issues are resolved straightaway". Staff told us that they worked well as a team. One staff member told us, "We all muck in together".

The building which housed the service had been specifically designed for people with a condition on the autistic spectrum. It had also been designed with respite support in mind. A staff member told us, "It's probably the only bespoke respite care service for people with autism specific conditions in the country".

The bedrooms which were occupied for a longer period had been personalised to an extent. A decision had been made to provide ensuite rooms which had a bath and to decorate rooms in a fairly neutral way, because they would often be only used for a day or two. Bedrooms are able to be lit with different coloured lights according to the needs and preferences of the person occupying them. We saw that all the doors to all rooms were large and that the bedroom doors had anti-ligature designed handles.

The building was in two parts which enabled a more homely shared accommodation and these were joined by the communal areas. There was a large lounge which looked over the garden through a glass wall which allowed lots of natural light into the room. There was a laundry and we were told that some people helped with their own laundry and we noted that each person has their own basket for their clothes. There was a room which was used as an activities room and there was also a sensory room which contained themed, coloured and mobile lighting. There are several communal toilets and communal bathrooms which also contained showers. The corridors were wide and easy to navigate and had 'curved corners' to doorways which enabled people to navigate them easily.

The garden was secure, large and accessible and able to be accessed through several external doors in the building including the large glass doors in the lounge. A staff member told us, "It's a safe environment".

The kitchen had been designed to both accommodate staff and people if they would want to help with meal preparation and cooking and was large and well laid out. The signage in the kitchen enabled people to easily identify where things were stored and gave straightforward instructions. People were encouraged to eat a healthy diet and are offered alternatives if they did not like the menu for that day. Staff told us that some people had specific dietary needs such as gluten intolerant or that they were diabetic and they said that they could accommodate these dietary needs as and when necessary.

Is the service caring?

Our findings

One relative said, "[Name] is non-verbal but I can tell by his body language that is very comfortable with the staff and the home". They went on to say, "I feel like nothing is too much trouble; they are very accommodating and caring".

During our visit, we saw staff communicating and supporting the people living in the home in a friendly, informative, caring but professional way. There were a lot of jokes and laughter. A relative told us, "He gets on well with the staff, he is cared for".

We noted that staff gave explanations to people about things that they are about to do and involve them in many aspects of their life while they were living at The Ferns.

One told us that staff always asked to enter their room and that they could stay in their room if they want 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.

The information in the care plans them showed that assessments and reviews had been done involving people and their families. The information that was within them was readable by families and the person they were about as well as the professionals involved.

We were told that the service was in high demand throughout the year and provided a valuable service to many people with autism. It was clear from the conversation that we had with several staff members that they understood the relationship between themselves and the people who use the service and that they understood of both the persons and the relative's needs.

We overheard a telephone conversation between a staff member and a family member of someone who used the service. The conversation was respectful, helpful and showed care and an in depth knowledge of the person concerned. The conversation was about a parent enquiring about availability for respite in the coming weeks and a staff member tried very hard to accommodate the request but was unable to. The staff member appeared genuinely sorry that they were unable to meet this parent's request.

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

One person told us, "In college I do ICT and I use my iPad".

One relative told us, "They treat everybody as an individual here".

Another relative told us, "He loves the sensory room and I know he really enjoys it. He likes to get out and about a lot and has lots of activities to do".

Although the service had seven bedrooms it provided a service to over 70 people and their families for varying and sometimes erratic lengths of time. This meant that care assessments often changed over the year as people moved in and out of the service.

We saw that the files were all person centred and up-to-date. They contained appropriate information about the person's needs and the best way to support them.

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 families 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. The files we saw each had a document for staff to fill in when they accessed the file. There were many entries which indicated 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.

We observed that each person was treated as an individual. Staff are able to tell us about various people who using the service at the time of our inspection and it was obvious that they treated each one in a person centred way.

People's activities and interests were tailored to them. We saw the people were involved in activities such as art, media, dance, drama, music and outdoor activities such as landscaping and helping in the provider's gardens and small farm. One person told us, "I like art, it's my favourite subject. I do painting and drawing and modelling plasticine and I am quite artistic". They went on to say, "I am going to do a sports unit tomorrow. My best sports are football, cricket and golf".

In the building was in activities room and also a sensory room where people could experience changes in lighting and sound. This was often beneficial for people who had autism.

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 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.

Is the service well-led?

Our findings

A relative told us about the management, "I have no issues or concerns. I'm very happy".

When we asked the staff member about the management of the service they told us, "I have no issues at all with them. I think [Name] is the fairest manager you can meet. They always try to accommodate any requests. They are good, fair but firm. They run a good ship".

The manager was available during our inspection. The staff on duty at the time appeared to have a good rapport with him, were friendly but respectful. The 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 manager. The manager and the staff demonstrated to us that the care, comfort and safety of the people at The Ferns was their prime concern.

The manager told us that he kept up-to-date with current policies, procedures and good practice by attending training sessions himself and attending various national conferences. A staff member said, "If we get an emergency we all know what to do; it all runs smooth. It's due to the management and the training". Staff told us that they had a good relationship with the manager who supported them well. They were able to talk to him 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 documentation relating to the running of the home had been completed properly and in a timely manner.

It was obvious from the care plans that there was good partnership working between staff at The Ferns 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 daily medication checks, health and safety incidents, 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 of 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.