

Autism.West Midlands Wagstaff Way

Inspection report

3 Wagstaff Way
Marston Green
Solihull
West Midlands
B37 7GW
Tel: 0121 788 8168
Website: www.autismwestmidlands.org.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 17 June 2015 and was unannounced.

Wagstaff Way provides care and accommodation for up to four people with a diagnosis of an autistic spectrum disorder. At the time of our visit there were four ladies living in the home.

Every service is required to have 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. A manager had been appointed and was in the process of submitting their application to us for registration.

There was a homely atmosphere and people had formed friendships with each other. They enjoyed living together as a family group and staff supported them to

Summary of findings

communicate with each other. People were encouraged to make their own decisions and staff supported people to develop their living skills so they could lead more independent lives.

Staffing numbers were based on the needs of the people who lived in the home and there were enough staff to keep people safe at home and in the community. Staff understood their responsibility to be observant for signs that could indicate a person was worried or upset.

There was a positive approach to risk management which supported people, as far as possible, to live their lives as they chose. Risk assessments were about enabling people to do things rather than restricting them. Staff knew how to maintain a balance between encouraging people's independence and keeping them safe.

There was an effective system to ensure people received the medicines they needed safely.

Staff received a detailed induction to the service which included all the training considered essential to meet the needs of the people who lived in the home. However, training updates had not always been completed in the required timescales to ensure staff skills were maintained. The new manager had introduced more regular supervisions and staff told us they valued the opportunity to talk about their practice.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection.

People's physical and mental health was reviewed regularly and they were supported to attend visits with other healthcare professionals.

Care was planned to meet people's individual needs, abilities and preferences and to encourage their independence. People and their relatives were involved in regular reviews to ensure the care and support they received continued to meet their needs. People knew their complaints would be listened to and action taken to resolve any issues.

There had been significant managerial changes at provider and service level. Staff we spoke with were positive about these changes and the improvement in the support they received. Staff had opportunities to share information and raise any issues or concerns.

There was a system of quality assurance checks to ensure people received a high standard of care. Relatives were happy with the care their family members received and confident in the staff who provided that care.

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.

Staffing levels were based on the needs of the people who lived in the home and ensured people had the support they required to keep them safe. Risk assessments supported people to live their lives as they chose as safely as possible. Staff understood their responsibilities for keeping people safe.

Good



Is the service effective?

The service was mostly effective.

Staff received an induction to the home which included all the training considered essential to meet people's needs effectively. However, training updates had not been completed in good time to ensure skills were maintained. People were encouraged to eat healthily but could choose their own meals. People's health was regularly reviewed and referrals made to other healthcare professionals when a need was identified.

Requires improvement



Is the service caring?

The service was caring.

There was a homely atmosphere and people enjoyed living together as a group. Staff respected people's privacy and dignity and worked with people to develop their independent living skills. People's families were encouraged to be involved in the life of the home.

Good



Is the service responsive?

The service was responsive.

People had fulfilling lives because their lives were busy with activities and interests that were important to them. People were encouraged to try new activities and develop new skills. People and their relatives felt confident to share any concerns with the staff and the manager.

Good



Is the service well-led?

The service was well-led.

The manager had only been in post for three months but had already identified some areas that required improvement. Staff felt listened to and concerns had been addressed. Where issues had been identified, improvements had been made to ensure the quality of care was maintained.

Good



Wagstaff Way

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 17 June 2015. The inspection was unannounced and undertaken by two inspectors.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from relatives and external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with all the people who lived in the home, but only one was able to respond in detail. We also spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We also spoke with four relatives.

We spoke with the manager, two staff members and a manager from another home in the provider group. We reviewed two people's care plans and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

We spent time observing the interactions between the people who lived in the home and the staff supporting them. We saw people were relaxed and responded positively when approached by staff. One person told us, “I haven’t had any major problems here at all.” When we asked who they would speak to if they did not feel safe, they replied, “Whoever was the most senior person at the time. There is always someone around to talk to.” All the relatives we spoke with told us they were certain their family members were safe and well looked after in the home. One relative told us, “I have met the staff and I know they wouldn’t leave her on her own.”

Staff told us they had received training in safeguarding people and had a good understanding of what abuse might look like. They were observant of signs that could indicate a person was worried or upset. The staff told us they would not hesitate to report any suspected or observed abuse to the manager. Staff had access to the information they needed to help them report any safeguarding concerns. The local authority safeguarding contact numbers were displayed in the office should they be required. The provider had a whistleblowing policy and all staff had access to a confidential whistleblowing service. A recent safeguarding concern had been referred to the local authority as required.

There were enough staff to meet people’s care and welfare needs and provided the supervision and support people needed to keep them safe at home and in the community. We were told there were normally two staff on duty during the day, but staffing levels were flexible. The manager explained, “I am so proud to manage this staff team. They are so flexible. They are not at all rigid in their shift patterns. If someone is going to college, someone (member of staff) will always turn up earlier. The rotas are all about the service users and where they are going.” The member of staff responsible for completing the staffing rotas confirmed they were “based on the needs of the girls” and added that staff would stay past the end of their shift to enable an activity to continue.

Records showed staff were recruited safely, which minimised risks to people’s safety and welfare. The provider carried out police checks and obtained appropriate references to ensure staff were safe to work with people who lived in the home.

There was a positive approach to risk management which supported people, as far as possible, to do the things they chose. Assessments identified potential risks to people’s health and wellbeing for different environments and occasions and informed staff how those risks should be managed to keep people, staff and others safe. Where people had indicated they wanted to do something such as attend a local gym, there was a risk assessment to enable them to do this, rather than restricting them. Positive risk assessments supported people to live their lives as they chose, but made sure risks were minimised and people were safe.

Staff worked to promote and support people’s independence whilst balancing the need to keep them safe. For example, some people chose to travel independently to college or to visit family or friends. Staff initially accompanied people on new journeys and then observed them from a distance until both the person and staff were confident they were safe to travel alone. There were processes to monitor people’s journeys so action could be taken if they did not arrive at their destination when anticipated. Relatives we spoke with confirmed they were satisfied with the procedures in place to ensure the safety of their family member. One relative said, “They are always working towards more independence but they consider safety as well.”

We asked about the use of physical intervention techniques as a means of reducing risk of harm to people whose behaviour may present challenges. We were told that all staff received training in non-violent intervention using low arousal and de-escalation. The provider’s own behaviour consultant supported staff with behavioural strategies to minimise episodes of behaviour that could be challenging. This meant staff did not have to use physical intervention because they understood how to avoid events that could trigger anxiety and agitation.

The provider had taken measures to minimise the impact of unexpected events. Fire risk assessments were in place and fire safety equipment was regularly tested. A practice fire drill had recently been undertaken and this had been assessed and evaluated to identify whether any additional actions were needed to minimise risks.

Checks were carried out within the home to ensure the premises and equipment were well maintained and safe.

Is the service safe?

There was an effective system in place to ensure people received the medicines they needed safely. We saw medicines were kept securely in locked cabinets. The medicines administration records (MAR) we looked at were signed and up to date, which showed people's medicines were administered in accordance with their prescriptions. Medicines that had a shortened expiry date once opened had the date of opening recorded on them. However, we identified one medicine that had been opened and exceeded the expiry date which may have meant it was no longer effective.

Some people required medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines, but further detail was required to make sure such medicines were always given safely and consistently.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards. Staff told us they felt confident to report any medication errors and appropriate action had been taken after a recent error had been identified. This included a system of extra checks to ensure the error did not happen again.

Is the service effective?

Our findings

Relatives we spoke with were confident that staff had the skills and knowledge to meet the needs of their family member and the rest of the people living at Wagstaff Way. One relative told us, “We are more than happy. We think Wagstaff Way is a wonderful place and the staff are exceptional.”

We found that new staff had an induction programme that included all the training considered essential to meet people’s needs. It also included a period of working alongside a more experienced member of staff before they were able to work independently.

Staff described the training as “good”, however, when we looked at training records we found that 51% of essential refresher training was overdue, some in excess of 12 months. For example, all staff received training in autism so they understood how to respond effectively to the sensory and communication needs of the people who lived in the home. Records showed that half of the staff were well overdue their update training in this area. Whilst we did not identify any concerns during our visit, it is important that staff receive timely training to ensure their work reflects best practice and their skills are maintained.

Staff told us they would ask the manager if they felt there was any other training they required. For example, they had recently asked for Makaton training to help them communicate with one of the people who lived in the home. (Makaton is a language programme using signs and symbols to help people communicate). The manager confirmed they had received this request and were looking for a suitable provider to deliver the training.

Staff told us they felt supported by the manager and other staff because they had opportunities to talk about their practice and personal development (supervision). The manager explained that supervisions were now being held more consistently and said, “While I am getting to know everyone, I’m going to do them monthly and then they will be every two months.” They went on to explain that supervisions were going to focus more on staff competencies to ensure staff were putting their training into practice. All staff were completing annual appraisals at the time of our visit to discuss their career development. One staff member told us they were “looking forward” to

their appraisal as they had never had one before. They told us they had been given their appraisal form in advance which gave them the opportunity to prepare for the meeting.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. Care staff we spoke with had not received training in the MCA or DoLS and did not have a detailed knowledge of either. However, through our observations and talking with staff, it was clear they were working within the principles of the legislation. Staff told us the home was run specifically to enable people to lead independent lives so people always made their own decisions for their everyday living.

One person we spoke with confirmed they were able to make their own decisions and explained, “Downstairs I have an activity plan. That’s how I can do it. I can choose.”

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act if a person was not able to make a decision. Where there were any doubts about a person’s capacity to make a decision, a capacity assessment had been completed. For complex decisions that involved a lot of information to consider, the manager said they would arrange a best interests meeting with the person, their family and the appropriate healthcare professional.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. We saw that an assessment had been completed to assess whether there were restrictions on people’s liberty that required an application to be made. However, the assessment tool used was dated 2009 and did not take into account a court judgement in 2014 that had impacted on the criteria for a DoLS. No one was assessed as being deprived of their liberty or was under a DoLS at the time of our inspection.

People told us they liked the food and they chose what they wanted to eat. People made their own decisions about their meals with the help of pictures and photographs. The daily menu was displayed in the kitchen and recipes were adapted to suit all preferences. Fresh fruit was available and people could help themselves to drinks.

Is the service effective?

We asked one person if meals were enjoyable and they responded, “Actually, yes.” People’s weight was monitored to ensure they were eating a suitable diet to remain healthy.

The PIR stated, “All residents have access to the health professional they require and undergo a health review by their GP once a year.” Staff we spoke with were knowledgeable about people’s individual needs and

supported people to manage their physical and mental health. Staff recorded people’s appointments with health professionals, such as psychiatrists, psychologists and doctors, together with the advice provided. One person we spoke with confirmed they had routine health checks and went on to say, “If it is serious enough, they (staff) take me to the doctor.” Two people visited the dentist on the day of our visit.

Is the service caring?

Our findings

There was a homely, relaxed and welcoming atmosphere at Wagstaff Way. The manager explained, “It is very much a family atmosphere.” Relatives spoke positively about the caring attitude of the staff. One relative told us, “They (staff) are caring and very mindful. Her main carer is very good with [person] and understands her physical needs as well.” Another said, “It is a lovely home for her.” A member of staff said, “I love it here. It’s a rewarding job.”

The people who lived in the home had formed friendships and enjoyed living together as a group. All the people had chosen to go on holiday to Spain together in the autumn. Staff were preparing people for the holiday with visits to the airport so they understood the process and would not be anxious. One relative told us, “The girls are quite happy and they are all friends and that is really nice.” Another relative told us that staff supported people who had different methods of communication to interact. They explained, “There is a strong bond between the residents at Wagstaff Way. Staff have helped them communicate between themselves.”

The staff we spoke with knew people well. They understood people’s abilities, support needs, habits, preferred routines and social preferences. People we spoke with were particularly positive about the consistency of the staff team and their understanding of people’s individual needs. One relative told us, “Staff have been there a long time. We are more than happy with the level of staffing and consistency.” Another relative said, “[Person] wouldn’t like a lot of changes. The staff who have been there a long time know [person] well.”

Staff understood the importance of treating people with dignity and respect. Staff offered people support with everyday tasks according to their abilities and ensured they had the time and space to accomplish everyday tasks independently. One person was busy cleaning the laundry room when we arrived and another person proudly showed us their bedroom which they helped to clean and tidy. Staff did not go into people’s rooms unless invited and did not

assist with personal care unless it was necessary and with their permission. One member of staff explained that the focus of staff was on people “being able to choose what they want to do and what they need.”

Staff understood a major aspect of promoting people’s privacy and dignity was through supporting people to maintain and develop their independence. One person had a particular fear that prevented them from going to the shops alone. A member of staff explained, “With a lot of work and encouragement from the staff, [person] has overcome this fear and can now go to the shops alone.” Another person had expressed a wish to live independently. Staff were working with this person to provide them with the necessary skills so they could achieve this wish. For example, staff had drawn up a plan to work towards this person taking their medicines independently. Staff completed assessments of the person’s ability to safely take their own medicines which were then shared with the person’s social worker. The person was fully aware and involved in the assessment process.

The manager from another home in the provider group explained, “It (Autism West Midlands) takes care packages to people’s families as well, as it recognises the family is as important as the person receiving the care package.” Relatives we spoke with confirmed they felt involved in both their family member’s care and the life of the home. One relative told us, “They arranged for us to meet the parents of the other ladies there. It is good to form bonds with them as well.” Another relative explained, “They like to have little get-togethers with the other parents and the other service users. You get to have a chat together. It is quite nice.”

People were supported to maintain relationships with friends and family. One person’s family lived abroad. This person was able to make video calls over the internet. One person had been in a hot tub on a visit home and following a discussion it had been decided to raise funds to purchase one for the home. Both staff and the people who lived there had worked together to raise the necessary funds. This showed that staff were fully committed to the people they provided care and support to.

Is the service responsive?

Our findings

People at Wagstaff Way had fulfilling lives because they were occupied and engaged in activities that were meaningful to them. Relatives confirmed they were happy with the support people received to develop their interests and hobbies both inside and outside the home. One relative told us, "They are always doing something. They go to college, go to the disco, have days out. I am quite happy with the life she is living there." Another relative said, "They go out regularly, there is a lot of stimulation for her."

When we arrived for our visit, two people were already at a local day centre they regularly attended. When they returned they told us they had been bowling. Another person went to college where they were doing a course in 'Life and Living Skills' to support them to move towards more independent living. The fourth person went to an organisation, accompanied by a member of staff, where they did volunteer administrative work. One person enjoyed telling us about a disco they were going to that evening with the other people who lived in the home.

We saw that each person had a pictorial activity planner. The planners showed that whilst people engaged in activities with other members of the home, they were also supported to pursue individual interests that met their own specific needs. For example one person attended a cake decorating class while another went to Zumba dancing classes. People were also able to pursue interests in the community such as going to the gym, meals out and visits to the pub.

There was an understanding that people's interests might change so they were regularly reviewed to ensure people continued to do activities that had a positive benefit for them. People were also encouraged to learn new skills. For example, two people attended a flower arranging course at a local college. Examples of their work were proudly displayed around the home. These people also attended an animal management course, which photographs showed they clearly enjoyed. One staff member explained, "If they are interested in something we try our best to make it happen."

Each person had an individual care plan developed from an assessment of their needs, choices and capabilities. The manager from another home within the provider group explained the ethos behind providing care at the home. They said, "The ethos is looking at autism and the individuality behind the autism. Everybody has individual needs and we tailor the support package to the individual." We looked at the care plans for two people to see how their care needs were being managed. We saw they were detailed and clear as to how staff were to offer individual and appropriate care. They contained information about people's likes and dislikes to help staff deliver care that met people's individual preferences. They detailed how people were to be supported and what they could do independently. People with communication difficulties had a communication passport prepared by speech and language therapy to assist staff in responding to people's needs.

Relatives we spoke with told us they felt involved in making decisions about their family member's care and were invited to regular reviews. One relative told us, "They involve us all the way through." Another said, "They involve me in everything. We have a good relationship between us and Wagstaff. I've been invited to doctor's appointments and am always invited when she goes to see the psychiatrists." We asked one relative if staff understood their relative's likes and dislikes, and they replied, "Yes they do. We have worked that out between us."

The provider had a complaints procedure which was available in the service user guide in the entrance to the home. People told us they had no complaints about the service, but would not hesitate to raise their concerns. One relative told us, "Our first port of call would be to call the staff. After that I suppose we would go to Autism West Midlands." Staff told us they would support people in the home if they had any concerns and said, "Service users know if they want to complain they can talk to the staff or the manager. They are very willing and able to come forwards." The service had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

People and their relatives were happy with Wagstaff Way and the care and support provided within the home. Comments included: “We are more than happy with the care at the home. She seems to have quite a nice life there” and, “We are very happy she is there.”

A copy of the service user guide was in the entrance hall and available to all visitors to the home. The guide described the aim of the service as being to, “Provide an ordinary home life, enabling service users to enjoy their rights to choice, freedom and independence whilst at the same time ensuring dignity, respect and privacy.” During our visit we saw staff met this aim through the support they provided to people within a homely and caring environment.

The provider and the service had been through significant changes at managerial level in the months before our visit. The manager was positive about how the changes at provider level supported them in carrying out their role. They explained, “It has improved over the last two months. They have looked at the senior team and seen there were gaps. They have appointed a head of residential services and support has improved.” The manager told us they attended monthly meetings with other managers within the provider group at which they discussed development, issues and any new legislation which impacted on service provision.

Although the manager had worked for the provider for seven months, they had only been in their managerial role at Wagstaff Way for three months. Previously there had been several managers in post in a relatively short period of time. Whilst it was clear the quality of care had been sustained during this period, some of the processes to underpin the care had not always been maintained. For example, supervision meetings had not been completed regularly, appraisals had not been carried out and training was not completed in a timely way. We found the new manager had already identified these issues and taken action to address them. All the staff we spoke with told us there had been improvements after a period where “managers had been coming and going”. They told us they felt comfortable with the manager and described her as “very approachable”.

The new manager was also the manager of another similar service within the provider group. We discussed with the manager the level of managerial oversight they would be able to provide on a day to day basis. The manager told us they would visit the home regularly. They also planned to use the new appraisal process to identify staff who could take on more senior roles to provide support on the days they were not there. There was also an on-call system so staff had managerial support 24 hours a day.

Staff meetings were held regularly and staff were given the opportunity to add items to the agenda in advance. The minutes produced clearly indicated tasks to be completed, who was responsible for completing the tasks and by when. At a recent meeting we saw that staff had raised a concern that managerial approval was not required before they gave people “as required” medicines. They felt this could be an issue if staff were working alone. Staff confirmed the manager had listened and the procedure had been changed so managerial approval had to be obtained before such medicines were given. The provider also had an employee forum which we were told, “provides access for all employees to have their say. We can use the internet to give feedback or attend the forum meetings.”

Staff told us they felt confident to report any concerns or errors and as a consequence improvements had been made. We were told about a recent medication error which had resulted in wider discussion between the staff group and the manager. This had led to changes in how medicines were stored and administered with some medicine checks now taking place daily.

The people who lived in the home were encouraged to take an active part in making decisions about how the home was run during regular residents meetings. Staff were able to give various examples of changes that had been made following discussions in these meetings. For example, a rota using symbols had been implemented for cleaning the kitchen to ensure fairness. Each person also had a keyworker who they met with on a regular basis. People were able to talk about whatever they wanted to during these sessions and were able to discuss any changes they would like to see.

There was a system of internal checks and audits completed within the home to ensure the quality of service was maintained. The manager explained they wanted to start analysing these more to drive forward improvements. For example, the provider had recently introduced new

Is the service well-led?

accident and incident forms which required more information and detail. These were then sent to the health and safety lead at head office and regular meetings were to be introduced to discuss any learning curves identified.

We asked the manager what they believed were going to be their greatest challenge over the coming months. They

responded, "It is just getting to know the people. I am confident with the team. It think it is a good, strong team and caring and the service users themselves are very happy. On the whole it is a really happy home."

We asked the relatives we spoke with if there were any improvements they could think of that would make the service better. They all responded that they were totally happy with the quality of care provided at Wagstaff Way.