

## The Wirral Autistic Society

# Wirral Autistic Society - 60 Manor Place

### Inspection report

60 Manor Place  
Bromborough Pool  
Wirral  
CH62 4TX  
Tel: 0151 334 7510

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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

This comprehensive inspection took place on 10 August 2015 at Oak House (the headquarters of the provider, Wirral Autistic Society) where we looked at some records relating to 60 Manor Place and on 26 August 2015, when we visited the home itself.

The home was an end of terrace house where accommodation and personal care were provided for two

people who have autism. The home is one of a range of services operated by Wirral Autistic Society (WAS) which is a registered charity. At the time of our inspection there were two people living at 60 Manor Place.

The home required 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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in place who had been in post for several years as had many of the staff.

The people living in the home were able to express themselves in a safe environment. They were able to choose the way they spent their day. They were taken to activities outside the home and encouraged to keep family connections by visiting family where possible. Residents meetings were held frequently. People who lived at the home decided the sort of food that they would like to eat themselves, shopped for it and were supported to cook it by the staff.

We found that the staff were well trained and supported. They were able to demonstrate skill and competency in their knowledge about autism and the support people required. The people living there were clearly happy with the support that staff gave them and there was a good rapport between them.

We checked the medication cabinet which was stored in the staff sleepover room. We saw that medication was given as directed and stored appropriately. We talked with staff who were able to demonstrate their knowledge of safeguarding and were able to tell us how to report abuse. The home environment was clean and well decorated and there was appropriate fire fighting equipment and evacuation plans in place, in case of an emergency.

Each of the people's bedrooms had been personalised by the people who lived in them and they looked homely and cared for. They were able to lock their bedroom doors, choose who entered their rooms and go in and out of the front door freely.

Care records, staff records, audits and other documents relating to the running of the home, were well-kept and up-to-date.

# 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.

Staff had been recruited safely. There were disciplinary and other employment policies in place.

Sufficient staff were on duty at all times.

Medication was administered and stored correctly.

Appropriate safeguarding procedures were in place and staff knew what to do in the event of an allegation. People told us that they felt safe.

Good



### Is the service effective?

The service was effective.

Staff were properly inducted and receive on-going training and they were supervised and appraised regularly.

Staff understood and applied the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards and had made the appropriate referrals.

The premises were well-appointed and suited the people living there. Many of the documents in the care files and around the home, were in 'easy read' format, which meant that the people living there could read them.

Good



### Is the service caring?

The service was caring.

Staff were caring and approachable but remained professional throughout all interactions with the people living in the service.

People were able to laugh and joke with staff and they appeared very at ease with them. People's privacy and dignity were respected and every effort was made by staff to ensure that people were as independent as possible.

Good



### Is the service responsive?

The service was responsive.

The care plans reviewed showed that person centred care was very important to the staff. People living in the service and their families had been involved in care planning and reviews and the people were able to follow their preferred activities.

There was a complaints procedure which was available in easy read text and available on the noticeboards. Records showed that complaints had been dealt with appropriately and promptly.

Good



### Is the service well-led?

The service was well led.

There was a registered manager who was available and who offered support to the staff.

Good



# Summary of findings

Documentation was good, clear and up-to-date. The quality of the service was regularly checked and action plans put in place to rectify any issues found.

There were good community links and we saw that relationships between all levels of staff were open and transparent.

# Wirral Autistic Society - 60 Manor Place

## 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 inspection took place on the 10 and 26 August 2015. We announced this visit in order to ensure that staff would be available on the day of the inspection and that we would be able to speak to some of the people using the service. 60 Manor Place was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by two adult social care inspectors. We asked for information from the local

authority quality assurance team before the inspection. We checked the Healthwatch Wirral and the NHS Choices internet sites. We also looked at our own records, to see if the service had submitted statutory notifications and to see if other people had sent us feedback on the service.

During the inspection we were not able to talk at any length with people living in the home, but observed them and the staff supporting them. We talked with the one staff member on duty. We also talked with the registered manager and the team leader.

Later we telephoned relatives of the people who used the service and professionals involved in their care to get their views about the service. We were only able to speak to one family member.

We observed care and support in the home, viewed two people's care files and the training records of three staff, eight recruitment files, and other records relating to how the home was managed.

# Is the service safe?

## Our findings

A relative told us, "Obviously, being a parent we wouldn't put our son anywhere that wasn't safe". They went on to say, "I think it's a safe little spot".

One of the people living in the home told us they felt safe, when we asked them.

Records showed that all staff had received training about safeguarding vulnerable people from abuse. The safeguarding training commenced within the first couple of days of induction and was refreshed annually. The home had safeguarding and whistleblowing policies and procedures and staff knew how to contact social services with any concerns. The safeguarding policy contained all the appropriate numbers of which Wirral Autistic Society (WAS) staff should contact in the event of an allegation of abuse being made and the contact details for the local authority safeguarding team and CQC. It also had a flowchart about the actions they should take.

The staff member we talked with was aware of the whistleblowing and safeguarding policies and procedures and told us they were aware of how to report any concerns. They told us that they knew about abuse and how to report it and demonstrated to us they had a good understanding of what different types of abuse were. We saw records which told us that safeguarding concerns and incidents had been appropriately reported, recorded and investigated.

We viewed staff recruitment files and found that all the appropriate recruitment processes and checks had been made. For example, all the files contained two references, proof of identification and right to work in the United Kingdom and had the appropriate criminal records checks completed on each person. We saw how new staff were trained during induction and developed in their first six months' probation.

WAS had various policies relating to employment and working safely, such as grievance and disciplinary policies, health and safety and medication administration policies. We saw records for some staff in relation to disciplinary procedures which showed they had been conducted according to the WAS policy.

We looked at the staffing rotas for July and August 2015 and they showed that there was always sufficient staff on

duty. Staff who worked in the home also acted as the keyworker for one person. A keyworker is a staff member who takes a special interest in the person they are supporting, forging and maintaining links with the families. They take particular interest in their key person's welfare and wellbeing. There was one staff member on duty during the day, the team leader also visited and one staff member slept over at night.

The locked staff sleepover room contained the locked medication cabinet and the medicine administration records (MAR). We saw that the room temperature had been taken twice a day over the last two months and most readings were below the normal safe level for the storage of the types of medication in there, which was 25°C. We did notice that there were four occasions in July where the temperature had exceeded 25°C. We discussed this with a manager who told us that staff used fans in the room when it was a warm day. We discussed with the manager that these temperatures had been recorded at 8:30 am and 9:30 pm each day and were still high at times. The manager told us that they were looking into this issue to see if other arrangements could be made, such as moving the medication cabinet to another part of the house which was cooler in summer.

We looked at the medication cabinet and checked August 2015 MAR sheets against the medication which was stored within the cabinet. We saw that each MAR sheet had a photograph of the person it related to for ease of identification. There were also copies of staff signatures, for those who were authorised to administer medication and signed MAR sheets. There was information about allergies, any food restrictions and people's conditions in terms of emergency action on the MAR sheets. The records had been correctly filled in and the quantities we found in the cabinet were accurate and reflected that medication had been given, as prescribed. We saw no missed signatures.

Some people had items prescribed to be given 'as required' (PRN). These items were accurately recorded on the MAR charts and the PRN packs or bottles of medicine and the amounts left, tallied with the MAR sheet. Each person's PRN medication was stored in an individual box.

All the medication was in date and appropriately labelled. This meant that people had received their medicines as prescribed by their doctor. No controlled drugs were kept in the home. Infection control was that of a domestic home, with the usual hand wash facilities available with

## Is the service safe?

suitable soap and towels in the kitchen and bathroom. We saw that each person had his own choice of colour co-ordinated towels to use. Information about how to wash hands was in an easy read poster on a wall of the bathroom.

The people who lived in 60 Manor Place completed a range of tasks and activities, which, we saw from the records, were risk assessed. Examples of these were, going out, using the kitchen and dealing with money. Staff activities were also risk assessed, such as moving and handling people and equipment, lone working and safe hygiene. We

noted that the risk assessments (RA) were reviewed regularly and adjusted if required. We saw that any accidents or other incidents were appropriately logged and investigated if necessary.

We saw records to show that various checks and audits were made on the home and equipment within it. Many of these were completed weekly, such as carbon monoxide sensors, window restrictors, and fire extinguishers. When we arrived at 60 Manor Place, these checks were in the process of being completed. Fire drills were completed monthly with a complete evacuation and the system was checked weekly. Health and safety issues had been risk assessed and audited. The manager was responsible for checking the environment.

# Is the service effective?

## Our findings

One relative told us, "The staff are very good. I don't know what training they have, but they are very good and well chosen".

We looked at the training schedule for all staff. Staff were up to date in their training and had been booked to attend some refresher training in the coming months. We looked at the training materials and information and saw that training was provided in-house by the provider, either face to face or through e-learning. We were shown the induction training programme and other training records which showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Staff, shadowed staff on a decreasing basis in order to learn 'hands on' during their induction and probationary period

Training included health and safety, fire safety, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control. Specialist training relating to autism and associated conditions was also part of staff training plans. The staff we spoke with had completed the provider's mandatory training and the specialist training. Staff told us that they were happy with the training provided. We saw however that one person had received training in safeguarding anticipatory care, manual handling and DoLS some time ago. We saw on the training record that some training, notably safeguarding and DoLS had no expiry date on the record which is why this staff member needed refresher training. We were told that this had now been rectified and that the staff member had been booked in on courses in the near future.

Staff were encouraged to undertake progressive training in order to improve their knowledge and/or to progress through the organisation. We saw in the recruitment and training records that WAS staff were able to benefit from this opportunity to gain promotion within the organisation.

CQC has a duty to monitor the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The staff member we talked with was able to tell us about the MCA and DoLS. The manager was knowledgeable about MCA and DoLS and had implemented a clear procedure

with records in place, to show what actions had been taken in relation to the MCA. The documentation that we looked at showed that the appropriate applications for DoLS had been made to the local authority.

Staff told us that they had regular supervision meetings every two or three months, with the manager. We saw that there was also an annual appraisal procedure implemented for staff. Staff we spoke with confirmed this. Records showed that regular supervision took place and that it was a two way process, with both parties contributing. Notes had been made of the meeting and shared between the parties.

Staff told us they were appropriately supported and that there was an open door policy at WAS where they could talk to the manager about any concerns they had and that they always felt listened too.

Staff meetings were held regularly during the day and the staff who worked at night also had their own meetings. We saw that at these meetings, various topics such as training, policies and procedures and social activities for the people living in the home and the staff, were discussed.

Communication with the people living at the home was supported by having easy read information and posters for them. Many of the documents in the care plan were in easy read format. We saw in one person's care plan that there was a full explanation of how they processed information and this we observed during our visit when we saw staff encouraging them to help build some equipment for the home.

The cooking was done by both staff and the people who lived in the home. People decided upon their own menus for each week but there were always alternatives available, if a person changed their mind. Shopping was done by the people themselves with staff support, Special diets were accommodated for and we saw that notes about special diets were in the care plans. Food and dishes were displayed pictorially so that the people could easily understand them.

Each person had their bedrooms decorated and furnished to their taste. One person told us that they had chosen the wall pictures themselves as well as the soft furnishings, the bed and the colours. They also told us that they had arranged the bedroom the way he wanted it.



## Is the service effective?

The smallest bedroom was used as a staff sleepover room. Communal areas were clean and well-furnished and well-suited to the people living in the house. The kitchen was a little small but it had an annex off it which contained

a washing machine. The bathroom was situated on the ground floor and had been recently refurbished. The people who lived in the home had been involved in deciding how the bathroom was going to be refurbished.

# Is the service caring?

## Our findings

A relative told us that, "Staff keep us up-to-date with what's going on". They also said that, "He can speak for himself and he enjoys the tasks of caring for the house. He had a choice about what he's doing". They went on to say, "He's very happy there".

We observed staff interacting people who lived in the home. We saw and heard good and friendly interactions. There was confidence in people's communication and we heard people expressing choices and making arrangements and decisions. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection engaging with people, supporting them to make decisions and being very patient.

We noted the people who used the service were supported where necessary, to make choices and decisions about their care and treatment. It was clear from the care plans that each person had been involved in the writing and reviewing of their own care plans.

One person went out shopping to choose their own bedroom curtains with a member of staff. On their return there was discussion about what they had done and seen that day. The people who lived in the home helped to look after the house, completing shopping, laundry and cleaning. This promoted their independence.

One person was involved in making a piece of equipment for the bathroom. We saw that the support given to this person, by staff, was personalised and promoted their independence. There was appropriate banter and we saw that the communication strategies staff used, encouraged a full response from the person. The staff member obviously knew the person well and adapted their manner to support them appropriately.

We observed that people were able to be private when they wished to be and that staff respected this. Staff were friendly but professional when they spoke to people. During our visit we saw that people moved about the house as they wished. People's opinions were discussed and their views were sought and respected. The relationship between the staff and the people who lived in the home, were respectful, friendly and courteous.

We were told that people could express their wishes and that they had family/friends to support them to make decisions about their care. We saw that on the day of our inspection people did make choices and decisions about their lives and we saw that staff respected these decisions.

The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. Information about advocates was displayed on the notice boards.

# Is the service responsive?

## Our findings

The relative we spoke with told us that staff knew about each person who lived at the home. They said, "We could ring up any time and they know what the situation is".

They went on to say, when asked about their relative's day-to-day activities, "He gets stimulated at his workplace; they try all the activities and then choose which ones they want to pursue. They have projects in and out of the house".

This relative told us that they knew how to make a complaint if needed. They said, "We haven't made any complaints in the last three or four years. We have meetings with the staff. We can always speak over the phone. They bring him to the phone and are great".

We spoke with a staff member who gave a full and detailed account of one of the person's likes and dislikes and everyday routines which we saw had been reflected in the care plan.

The two care files we saw 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. This meant that care plans were living documents that guided people's care.

The care plans were person centered and comprehensive records of the individual person's needs, choices and activities were included. We saw that people had been consulted about their care plan and had contributed to it.

Care plans contained personalised risk assessments, health care information and other information such as financial, emotional and spiritual needs and family involvement. We observed people during our visit and saw that each care plan was reflective of the person it was written about.

Much of the documentation was in easy read format. The care plan had been reviewed regularly and 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 saw that there were certificates of achievement in the dining room and lounge which demonstrated various aspects of people's lives and accomplishments.

We were provided with the complaints policy and procedure. The complaints procedure was displayed on notice boards. We were told by the relative that they had a complaint some time ago which they had been upset about. They were very complimentary about how the complaint had been handled. They told us staff and the management had taken their complaint seriously and respected their point of view. They said, "They listened to us, they heard us and the matter was resolved to our satisfaction".

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. We noted that residents meetings were held each month and the relative we spoke with also confirmed these meetings took place.

# Is the service well-led?

## Our findings

One person told us that the manager was, "Very nice". This was confirmed by the relative we spoke with. Another person told us, "I think the paperwork is all right, the staff spend a lot of time doing it".

The home had a registered manager in post. This was a condition of the registration of the home. The other conditions for registration had also been met. The registered manager had later provided us with the contact details of professionals and relatives of people who lived in the home.

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

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

The registered manager and the staff had a good understanding of the culture and ethos of the organisation, the key challenges and the achievements, concerns and risks. The aim of the Wirral Autistic Service was to support the individual person with autism and to maximise life opportunities for them. The registered manager kept up to date with developing practice and research by attending training sessions and conferences.

The leadership was visible at all levels of the service. It was obvious that the registered manager was well known to the residents even though they managed several services. The registered manager was present whilst we were doing our inspection. It was clear that there was a good relationship between them, the staff and the people who lived in 60 Manor Place. There was a lot of good-natured banter and chat between them all.

Staff were able to confirm that they had a good relationship with the registered manager. They also knew of other managers located at Oak House and their relationship with them was positive and supportive. We saw records of 'return to work' interviews which evidenced the support staff had.

Staff told us that they respected the manager and that the leadership was clear and open. We saw that the staff member on duty that day interacted with the manager in a respectful but friendly and happy way. This was responded to in a similar fashion. In our conversation with the manager, it was clear that the well-being of both the people living in the home and the staff was a priority.

We saw from the documentation in the care plans and other records that there was good communication with other professionals. We saw that 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 were necessary.

The manager regularly sent out feedback forms to people, their relatives and to professionals to assess their opinion of the home and the support staff gave. We saw the feedback and the record of actions taken to address any issues raised. We also saw notes of staff and 'client' meetings and noted that people were able to attend the service user forum.

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 date and time of completion.

The provider and service was a well-known one in the area and many local community links had been made. The parents of people supported by the provider had their own group and informed and supported each other. The relative we spoke with told us that they maintained a good relationship with the organisation and had done for many years.

All the documentation we saw was stored appropriately and safely in various locked cupboards within the locked staffroom.

Is the service well-led?