

## Wirral Autistic Society

# Wirral Autistic Society - 41 Church Road

### Inspection report

41 Church Road  
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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 inspection took place on 18 and 19 December 2014. 48 hours' notice of the inspection was given because the service is small and the registered manager was often out of the office. The people who used the service were also often at day services or supported employment. We needed to be sure that they would be in. We visited the home whilst the people were there and the following day, visited again to view records.

Wirral Autistic Society (WAS) and the service, 41 Church Road, offer individualised life skills training, activities and supported employment for people with autism and support for their families.

41 Church Road is a detached house which provides residential care for three people who have autistic

# Summary of findings

spectrum conditions and/or learning disabilities. At the time of our inspection there were two people living there, with another person due to move in at the end of the month.

The two people who lived there occupied a bedroom each and shared communal facilities including the bathroom, kitchen, lounge and dining room. It was staffed full time with at least one staff member and one staff member was always present overnight in the sleep-in room.

The home had a registered manager. A registered manager is a person who has registered with the CQC, to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The staff we observed and spoke with clearly understood the needs of the people they were supporting and were skilled and trained to provide support to them. The care was based on national and local best practice. At the time of our visit, the service was accredited and validated under such national bodies as the National Autistic Society which researched the condition and provided information, support and services. They were also a member of the Autism Partnership which scientifically researches and validates new treatments and practices.

The people who used the service told us they were happy there. People were able to use their skills and interests to occupy themselves as they chose. They had individual and personal plans of care, training and support. They engaged in the day to day running of their home and were supported by a group of caring and skilled staff. Their relationships with the staff who we saw with them, were friendly and trusting.

We found that the staff were knowledgeable and caring and had been recruited safely and appropriately. The home was clean, bright and had been recently redecorated and people's rooms had been personalised to their choice. The home maintained good and comprehensive records about the people and their needs as well as about audits and checks which had been done periodically. The people and their relatives were happy and said they felt confident they would be safe. Professionals told us the standard of care was very good and the service was forward thinking and used current best practice.

The registered manager assessed and monitored the quality of care consistently. The provider encouraged feedback from people who lived at 41 Church Road, staff who worked there, relatives and professionals involved in the care of the people. They used the information to make improvements to the service.

# 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 we spoke with knew how to keep the people they supported safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Staffing levels were sufficient to meet the needs of the people living there.

The service had effective systems to manage risks to people's care without restricting their activities. Staff managed people's medicines safely and encouraged them to be independent with their care when this was possible and safe. Staff had been appropriately and properly recruited.

Good



### Is the service effective?

The service was effective. We saw that people and their families were involved in their care and were asked about their preferences and choices.

People received care from staff who were trained to meet their individual needs.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Assessments of people's ability to make important decisions had been carried out.

Good



### Is the service caring?

The service was caring. During our visit, staff were kind and compassionate and treated people with dignity and respect. Staff went 'the extra mile' with people to support them and sometimes came in to help at events when they were off duty.

People had been involved in the creation of their care plans and continued to be involved throughout their stay in the home. The people who used the service were supported, where necessary, to make these choices and decisions.

Good



### Is the service responsive?

The service was responsive. Care, treatment and support plans reflected people's needs, choices and preferences. They were always asked for consent before any support was given.

We saw that the service was flexible and pro-active to people and their needs.

The environment was suitable and appropriate facilities had been provided to meet the individual needs of the people living there.

Good



### Is the service well-led?

The service was well-led. The provider had a strong management ethos which was reflected in the culture of the home.

The provider continually strove to improve the service and this was evident in the processes and strategies the staff at 41 Church Road, used. The provider had been awarded accreditation through different bodies.

Good



# Summary of findings

People had been asked for their views on the service and we saw they had been listened to.

# Wirral Autistic Society - 41 Church Road

## 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 checked 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.

We inspected 41 Church Road on 18 December 2014. This was an announced inspection which meant the staff and provider knew we would be visiting. We gave 48 hours' notice to the registered manager that we would be visiting the service on 18 December 2014. This was done to ensure that people and staff would be present for our visit, as they were often away during the day.

The inspection was conducted by an adult social care inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We also checked the information that we held about the service and the service provider. No concerns had been raised since we completed our last inspection. We also asked the local authority quality assurance team to inform us of any concerns or issues they had with the service. They told us they had no concerns with the service.

During our inspection we observed how the staff interacted with the people. We looked at how people were supported during their evening meal and during individual interactions. We reviewed the two care records of the people living in the home and four staff files. We also reviewed a range of records about how the home was run and about how the service was audited and managed.

We spoke with the two people who used the service. One was quite prepared to chat and the other had some communication difficulties and was unwilling to talk much with us. We also spoke with the home's registered manager and with two staff members. All the people and staff we spoke with referred to the service as '41' or 'Laurel Cottage'.

# Is the service safe?

## Our findings

One person when asked if they were treated well told us, "Yeah, they do". A second person said, "It's safe". We saw that each person was treated as an individual and that the staff member on duty during our visit gave each person appropriate attention and support.

The registered manager told us, "We have a very settled staff. They have all been here for some time".

The provider had effective policies and procedures and protocols for ensuring that any concerns about people's safety were appropriately reported. They also had a copy of the local safeguarding protocols and trained their staff in both regularly. Staff told us, and training records confirmed that staff had received regular training in safeguarding and whistleblowing to make sure they stayed up to date with issues and the process for reporting safety concerns.

We saw that at a recent staff meeting, safeguarding was discussed and staff went through the process and the roles and responsibilities of staff were refreshed.

Both of the staff we spoke with could clearly explain how they would recognise and report abuse. There had been no safeguarding events reported in the last year. Risk assessments had been completed, recently reviewed and updated for people and they had been discussed with the individual person. They and staff had decided what was safe for them to do and how best to do it.

People were actively encouraged to engage in discussions about their accommodation, risks and lifestyle choices. Risk assessments had been completed for various activities. An example was that one person had a risk assessment for their independent use of public transport.

We saw that people were encouraged to participate in community and communal activities and that they had been taught how to stay safe whilst doing so. One person used a mobile phone to 'check in' with staff that they were safe.

Medicines were stored safely in a locked cupboard and records were kept of medicines received and disposed of. The Medication Administration Records (MAR) charts were correctly filled in, accurate and all had been signed and dated with the time of administration. The medications policy and procedure was followed.

We saw that all drugs quantities tallied with the MAR sheets and that all homely remedies, such as paracetamol, were in the correct packaging and were in date. Authorisation forms had been signed for homely remedies by a GP, although this was not a legal requirement. We were told that it was an additional safety precaution and supported the audit trail for the medicines audits which occurred every week and month.

We viewed the health and safety file and all staff had signed in October 2014, to say that they had read the file and would adhere to the policy.

Health and safety had been checked through various risk assessments and audits. Fire risk assessments had been recently reviewed and we saw a 'residents fire drill record'. We saw an evacuation plan and a fire safety action plan. Fire exit signs were around the home. A legionella risk assessment had been completed with recommended actions. This had been tested since with the last test certificate being done in May 2014 with a rating of 'satisfactory'. Various other checks and audits were completed regularly to ensure that health and safety was in good order. People were supported to take risks such as going horse riding.

All the records and some of the medicines held at the home were kept in the staff room. This was secured by a fire door which at the time of our visit was locked. This meant that confidential records and medicines were stored safely and appropriately.

The provider recruited staff effectively and safely, ensuring that the correct evidence was obtained of a person's right to work in the UK, their qualifications and that references including Criminal Records (CRB) or Disclosure and Barring Scheme (DBS) records had been obtained. This ensured that as far as possible people who were recruited to WAS were safe to work with vulnerable people, before an offer of employment was made. The provider had a disciplinary procedure and other policies relating to staff employment.

The staff we spoke with had been in the service for several years and knew the people living there, well. The ratio of one staff to two people was very appropriate to people's needs and enabled adequate time for safe, individual and person centred care, to be provided. The provider had several nearby homes and their staff were known to the people living in the home and were available to meet any unexpected staff shortages at 41 Church Road.

# Is the service effective?

## Our findings

One person told us that they “Wanted more curries” when we asked about the food in the home.

A staff member told us, “My training is up to date. It’s appropriate to the people we support. I have gone as far as I want to with qualifications but the organisation would support me if I changed my mind and wanted to go further”.

Both people living in the home had done so for several years. The building was a detached house in a quiet neighbourhood. It provided a homely environment and atmosphere with the usual facilities. It had been recently decorated and was furnished as any ordinary home might be and people’s bedrooms had been personalised and decorated to their choice.

Much of the information in the care plans was in an easy read format and was readily available to people. An easy read format included pictures as a way of explaining information to people who may have communication difficulties. We saw that the staff had also been trained in other forms of signing, such as Makaton. Makaton uses signs, symbols and speech to help people communicate. We saw effective communication between the people who used the service and the staff supporting them.

The service were very keen on promoting healthy eating and we saw that hot, home cooked food was served in the evening of our visit including a good portion of vegetables. The mealtime was leisurely and was shared, in the dining room, between the people who used the service and the staff member supporting them, who had also cooked the meal. People had been able to choose the menu although sometimes compromises were reached. If someone did not like the food on offer, an alternative meal would be made for them.

We saw that staff had received supervision regularly and had annual appraisals. This provided a formal opportunity for staff to talk one to one with their manager to receive

support and training. We were told that the manager also had an ‘open door policy’ and that staff felt comfortable to discuss any issues which cropped up on a day to day basis, or seek advice.

WAS had a dedicated training department. This enabled staff to be developed on site and to receive consistent training throughout their career. We saw that the training matrix demonstrated that a comprehensive training schedule was undertaken by the homes’ staff which allowed for professional qualifications to be gained. Staff at 41 Church Road had NVQs (National Vocational Qualification) at level two and three. This ensured that staff had the right mix of skills, competencies and qualifications to meet the needs of the people who used the service.

The staff were trained so they provided specialist care to people. The staff we spoke with had completed an annual two-week mandatory training period. Examples of subjects covered during this training included care planning, consent and safeguarding. Staff also completed additional training both as e-learning and classroom based learning. They also had competency-based assessments to make sure that they could demonstrate the required knowledge and skills. Examples of these assessments were medication and fire drills.

We received a copy of the staff training matrix by email. Training had been provided to meet staff needs and aspirations. This meant that people who used the service received care from staff who were skilled and competent to support them. Staff were able to develop and acquire new skills and be kept up to date with best practice.

The provider trained staff in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) The service was following the MCA code of practice and made sure that the human rights of people who may lack mental capacity to take particular decisions were protected. Staff had were able to demonstrate that they understood the requirements of the MCA and DoLS and acted in a lawful manner. The provider had acted in accordance with current guidance

# Is the service caring?

## Our findings

One person told us about staff, that “They are good”. They went on to say that they, “Would not change anything”. The other indicated to us that staff were supportive all the time.

Both people we spoke with told us they were happy with the care and support they received at the home. We observed them and saw that they were relaxed with the registered manager and the other staff and there was some good humoured chat and banter between them, they seemed very comfortable and at home.

People told us that they could raise anything with the staff and that they were respected. They told us that staff gave them enough information about the home and the activities they could do.

People were encouraged to make and keep relationships inside and outside the home. Families were invited to meetings and could visit freely. People were enabled to visit their relatives or/and to go on trips and holiday with them.

We observed people as they came home after a day away at work or activities organised by the provider. They were chatty with the support worker and each other and went about their own occupations until dinner was served. We saw that staff went ‘the extra’ mile with people to support them and were willing to change their plans for the day to support peoples wishes, such as being asked for a lift somewhere.

One person was less happy talking with us and spent some time alone. We were told that this was normal for them and their decision was respected by staff who knew the person well and respected their preferences.

One person was listened to and talked to in a respectful way by the registered manager and the staff member on duty. It was clear from the content of the person’s conversation that matters were often discussed and their views sought and respected. The relationship between the staff member and the registered manger, with the people at 41 Church Road, was adult, calm and confident.

People were encouraged to participate in everyday activities such as choosing what to wear or helping in the house and this helped to promote their independence. People had independence to go out to nearby places and to buy things they wanted. An example was that we were told by people that they went swimming, or to cafes or the pub.

People were involved and had a say in running of the home on a day to day basis, although staff undertook most of the domestic tasks. ‘Service user’ meetings were held monthly and we saw the minutes for the last three months. These had been signed by all present. We saw that the issues raised at the meetings had been further discussed with the individuals concerned.

Swipe cards were available to operate the front door and people could choose whether they wished to use this system or not.

Through the provider, there was an effective system in place to request the support of an advocate to represent their views and wishes.

# Is the service responsive?

## Our findings

One person told us, “I use my money for my hobbies”. They went on to say, “They give me choices, yes”.

Both people and their relatives were actively encouraged and enabled to express their views about the service, as were professionals involved in people’s care. We saw that information was available to people in formats they could understand. Staff had been trained to use various communication aids to support their work with people and to enable better understanding of their needs and preferences

People chose the activities they wanted to participate in daily and staff respected their choices. The provider at their main site, provided community and voluntary services and supported employment which was attended by people. Opportunities to pursue hobbies or go on holidays were available and enjoyed by the people in the home.

Supported employment provided an occupation and people were able to spend or save the money they earned, as they liked. One person told us that they were getting bored with day services and the registered manager agreed to review the situation.

Staff at 41 Church Road supported people with care, co-operation and understanding. We saw that staff ensured that people had full and meaningful lives according to their choices and preferences. We noted that people received

person centred care and that they were involved with their care planning and were supported to lead a lifestyle of their choosing. There was a strong, person centred culture evident in our observations of the staff to person interactions.

Care files were comprehensive and easy to use. A pen picture was included so that new staff could quickly evaluate the care needs of a person. People’s allergies were recorded in the pen picture and at other times throughout the contents of the care plan. The care files contained information about the person and their health and social care needs, their contacts and relationships and their preferred activities. We saw that the care plan files were regularly reviewed and updated. Many documents were written as ‘easy-read’ ones and so were accessible to the people they referred to. We saw that care plan files and the MAR sheets had photographs of the person they were for, to enable staff or relief staff to readily identify the individual.

The staff used assessment and monitoring tools to identify changes in the people’s health and wellbeing so they could quickly access appropriate health, social and medical support when needed. People visited their GP’s who would also visit the home as required.

The home had a complaints policy and people and their relatives told us they knew how to complain. They told us they could feed back into the service any concerns they had. We saw that there had been no complaints made about 41.

# Is the service well-led?

## Our findings

One staff member told us that “We’re very happy working with the registered manager”. Another said, “She’s brilliant. I love her. She is the listening type and takes on board whatever problems there are”.

People and staff, through their various reviews, appraisals and supervision sessions, had been encouraged to develop the service in the home and we saw this recorded in records we viewed. Quality assurance processes were in place. People, staff and other professionals had been asked for feedback on the service. Records also confirmed that respondents were listened to and as a result, some changes had been made, such as alterations to activities or home visits.

The home completed various other audits throughout the year, which contributed to an annual audit. An action plan had been produced to address any areas of concern identified through all of the audit and feedback processes. Support and person-centred plans, risk assessments medication and health and safety, amongst other audits, had all been recently completed. We saw that there were policies in place for a range of issues and these policies had been reviewed regularly. The provider had recently updated their ‘Statement of Purpose’ and had sent us this, as required.

Wirral social services quality assurance department had audited the service and found it met their standards.

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 leadership was visible at all levels of the service. It was obvious that the registered manager was well known to the residents even though she managed several services. Staff were able to tell us that they had a good relationship with the registered manager.

The registered manager and the provider had a system of supervision and appraisal with staff to ensure that a two way conversation and feedback was measured and recorded. Individual professional development was encouraged by the management and they offered courses and other opportunities for staff to improve their skills and progress if they chose. We saw and heard that staff were comfortable with the registered manager and were confident to tell her of any problems. The registered manager visited the service frequently through each week.

The provider and the 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.