The Wirral Autistic Society

Giles Shirley Hall

Inspection report

York Street
Bromborough Pool
Wirral
Merseyside
CH62 4TZ

Tel: 01513347510
Website: www.wirral.autistic.org

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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 comprehensive inspection took place on 7 and 13 July 2016 and was announced. We announced the inspection because people living at Giles Shirley Hall attended day services and other activities and staff accompanied them. We wanted to be sure there would be someone there.

Giles Shirley Hall is registered to provide accommodation for persons who require nursing or personal care and also provides end of life care. The home is registered to provide accommodation and care for up to 12 people. At the time of our inspection, there were 11 people living in the home. The people who lived in Giles Shirley Hall had conditions on the autism spectrum and other conditions related to this.

Giles Shirley Hall is part of a large Victorian building. The provider is Wirral Autistic Society (WAS), now known as Autism Together. It occupied about half of the building at one side and the other half provided day care facilities for a range of people using the services of WAS.

The home was split into four flats and there were large communal areas and a sleep-in/office room. Also nearby this building were other WAS homes and a garden centre. The church building adjacent to Giles Shirley Hall had been converted and now offered drama and music sessions to people supported by WAS.

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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Giles Shirley Hall had a registered manager who had been in post for several years.

We looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

We observed the people in the home on the day of our inspection, but most were unable to communicate verbally with us.

We saw that people received sufficient quantities of food and drink and had a choice in the meals that they received.

Medication procedures were followed and the medication stored tallied with the records.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what

their role was and what their obligations where in order to maintain people's rights.

We found that the care plans and risk assessment monthly review records were all up to date in the six files looked at there was updated information that reflected the changes of people's health.

The home used safe systems for recruiting new staff. These included using Disclosure and Barring Service (DBS) checks. New staff had an induction programme in place that included training them to ensure they were competent in the role they were doing at the home. Staff told us they did feel supported by the deputy manager and the registered manager.

We saw that people appeared to feel safe and confident in the staff. The staffing levels were seen to be appropriate to support people and meet their needs and the staff we spoke with considered there were adequate staff on duty.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidents. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

We looked at records relating to the safety of the premises and its equipment, which were correctly recorded.

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 had been trained how to report any issues about safeguarding. People appeared happy with staff.

Is the service effective?

Good

The service was effective.

Staff were trained and this was kept up-to-date.

Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards. They had made appropriate referrals.

Many of the documents relating to people and posters in the home were '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 people's care at the heart of their practice.

We saw that the relationships which people had with friends and family were well maintained.

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.

People were able to take part in activities of their choice.

The complaints procedure was available in 'easy read' format and we saw records that complaints were dealt with properly.

Is the service well-led?

Good

The service was well led.

The registered manager was approachable and professional and staff told us that they were well supported.

We saw that all the records relating to people who used the service, staff and the running of the home were up-to-date and stored appropriately.

Giles Shirley Hall

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.

One adult care inspector completed this inspection.

We asked for information from the local authority quality assurance team before the inspection. We checked the 'HealthwatchWirral' internet site.

We toured the building and looked in the communal areas and some of the flats where we were permitted access by the occupants.

We spoke with two people, with the registered manager, a deputy team leader and three other staff members.

We observed care and support in the home, viewed three care files for people living at Giles Shirley Hall, training records for all the staff, three recruitment files and other records relating to how the home was managed.

Good

Is the service safe?

Our findings

One person told us, "I feel safe here".

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 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.

We saw staff rotas for the previous two weeks, which showed that there were always sufficient staff on duty. Depending on what the people were doing each day there was one or two staff in the home during the day and other staff would accompany people to their activities. Appropriate numbers of staff were rostered for night duty.

The training records we reviewed showed that the staff were regularly updated with safeguarding training and able to tell us about abuse and how to report it. We saw notices in the home about safeguarding which gave the telephone numbers to contact, if there were any concerns. These were also available as 'easy read' posters for the people living in the home to use. Easy read documents are those which make written information easier to understand and which often includes pictures, for people who have a condition on the autism spectrum and those with learning disabilities.

We saw that staff had been recruited according to the legal requirements. All staff had been checked for criminal records, qualifications, right to work in the UK and all had at least two references. Staff had not been allowed to work until these requirements have been met and a satisfactory interview had taken place. We saw records of application forms, interview notes and the other documents in the staff recruitment files. The provider had various policies relating to employment, such as disciplinary and grievance procedures. This meant that there was clear guidance about the relationship, expectations and requirements between the employer and employees.

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

Two of the people smoked and this had been risk assessed accordingly. They had an outside area to use for smoking. One person self-medicated and this had also been risk assessed and documented in their care records.

The medication cabinet was kept in the sleep over room locked room along with the medication administration record (MAR) sheets. We saw that the medicines stocks stored in the cabinet and the MAR sheets, tallied. The carried forward figure did not appear on the MAR sheets and this made it difficult to

follow and accurately audit. All the drugs were in date and we saw records stock had been checked in properly, stored correctly, and administered appropriately.

There were no controlled drugs needed and none were stored. Nobody in the home was receiving any of their medication covertly, which is where it is hidden in drinks, food or a syrup, for example. PRN (as required) medication and homely remedies were recorded in a similar way. Again the stocks tallied with the record.

The temperature of the room where the medication cabinet was situated was normally checked twice a day in the morning and evening but had reached temperatures of up to 28C in the afternoon. We were told that that afternoon staff had noticed that the temperature was very warm and had switched on the air conditioning unit in the room to cool it. We discussed with the manager that a more pro-active solution might be considered and the manager agreed to turn on the air conditioning unit earlier in the day on warm days.

There were smoke and fire detectors throughout the home, with the necessary firefighting equipment placed around the home. We saw that this equipment had been recently checked and serviced. Regular checks of the alarm system were carried out. We saw records that fire drills involving the people who used the home, happened monthly.

There were appropriate fire 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. These plans were on a poster in the office and there was a 'grab bag' for staff to use, near the front door, in the event of an emergency. The grab bag contained important information about individuals in the home. We also saw that accidents, incident and complaints were all dealt with appropriately and responded to quickly. There were policies relating to each of these.

The cleanliness and hygiene of the premises was good; all of the areas were seen to be clean on the day of the inspection. There were sufficient soap dispensers and paper towels in the communal toilets for staff and visitors to have the opportunity to disinfect and dry their hands appropriately. The routine safety checks and certification had been completed on the building as required, such as fire safety, fire alarms, electric, gas and water systems and legionella checks and testing.

Good

Is the service effective?

Our findings

One person told us, "The staff are good".

All the staff had induction training at the beginning of their employment and we were given the schedule of this. Staff went through a probationary period of six months during which time they had to achieve certain standards and have training in various aspects of their work, such as medication training, person centred care, mental capacity, safeguarding and whistleblowing. Staff also undertook more specialist autism spectrum condition training which included 'management of actual or potential aggression' (MAPA) also known as 'nonviolent crisis intervention'.

Staff told us they continued to be updated with their training and records showed that staff were regularly updated with their training. Staff were encouraged to take further qualifications or other training opportunities for their own benefit or if they want to progress through the organisation. We saw the training matrix that showed that training was provided throughout the year.

We noted that there were records of supervision which occurred about every two months. Each member of staff had a yearly appraisal. Staff told us that they attended supervision regularly and that it was a two-way process. Notes were made and both the member of staff being supervised and the supervisor kept a copy. Staff were able to meet regularly at staff meetings. These meetings were structured and usually had a training aspect to part of the meeting. Policies and procedures, issues around the home and planning for activities for the people living there, were often discussed. We saw that some staff had received awards or commendations for their attendance in any one year, which showed that the Wirral Autistic Society (WAS), now known as 'Autism Together', valued them.

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. The service had followed the principles of the MCA and DoLS and we noted that four people had been deemed to have capacity in all aspects of their lives, applications for DoLS had been made for the remainder of the people and at the time of our inspection, the service had received three authorisations back form the local authority.

The staff members and the manager we talked with were able to tell us about the MCA and DoLS. The manager demonstrated to us that there was a clear procedure with records in place, which showed what

actions had been taken in relation to the MCA. The documentation that we looked at recorded that the appropriate applications for DoLS had been made to the local authority. We saw that staff were trained in this subject and were regularly updated.

Many of the documents in the care plans and the posters on the notice boards were in 'easy read' format. There was a 'picture exchange communication system' (PECS) in place and staff had been trained to use this. The goal of this was to learn communication and find the motivators for people with a view to them becoming more independent. Most of the people were able to communicate with staff using spoken language as well as using signs and gestures. Body language was also observed, respected and used by the people and staff, during our inspection.

The kitchen/dining room was large and was of domestic style. People had been risk assessed to use sharp cutlery and there was no one at risk for its inappropriate use. People were encouraged to participate in menu planning food preparation and cooking where they could or wanted to.

There was discussion between the people living in the home and the staff about the menus. The staff told us that they tried to promote healthy eating but sometimes this proved difficult as people made other choices and decisions about their diet. People were free to choose alternatives if they wished, on the day. We saw people had access to drinks outside of mealtimes.

Good

Is the service caring?

Our findings

One relative had commented in the compliments and complaints book, that the service had enabled their son's progress with his independence.

Another relative, had written, 'Thanks for keeping me informed of [Name's] health situation.

We saw that staff interacted and supported people with care and patience. We noted that staff communicated and supported the people living in the home in a friendly, informative, caring but professional way. There were jokes and laughter between staff who showed people respect. .

Many of the people living at Giles Shirley Hall were receiving 'one to one' care and support from staff; however, we saw that there was opportunity for people spend time in private if they were able to.

We noted that the records relating to the individual people living at the home were kept confidentially and that they were only accessible by the staff.

The information in the care plans showed that assessments and reviews had been done involving people and their families. The information that was within them was readable by both families and the person they were about. Much of the information was either in large type or in 'plain English', or was in an 'easy read' format.

'Easy read' refers to the presentation of text in an accessible, easy to understand format. It is often useful for people with learning disabilities and may also be beneficial for people with other conditions affecting how they process information. The information also informed the professionals involved in people's care, as it showed how they needed to be supported by everyone involved in their care.

We saw the people were able to express their views. Much of this was documented, we saw, in the care files and other information was evident when we observed the relationship and interactions between the people living there and the staff.

We saw that the relationships which people had with friends and family were well maintained. They were encouraged and enabled to visit friends and family and to keep in touch.

There was information available on the noticeboard about advocacy services. We saw in the care files that most of the people living in the home had relatives who supported them.

Good

Is the service responsive?

Our findings

A social care professional wrote, 'They have done a sterling job and I am impressed with the format of the file'. Another complimented the service and went on to say that the 'files were amazing'.

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 family 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. These care files contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs.

People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and what activities they enjoyed. The plans were effective; staff were knowledgeable about all of the people living at the home and what they liked to do.

Staff completed a daily log for all care given and activities completed and the entries we looked at were very detailed. The registered manager told us that staff would discuss immediately any changes in people's health with her or the deputy manager. All staff we spoke with confirmed this procedure.

Activity plans were recorded in peoples care files and showed that where possible, people had made their own decisions about of how to spend their time.

We observed that each person was treated as an individual. Each was enabled to choose the decor of their rooms to some extent and what they wanted to do with their time each day. People's activities and interests had been tailored to them.

We saw that people were involved in activities such as media, dance, drama, music and outdoor activities such as the plant nursery landscaping. Some people were involved in a group called 'Beathoven'. This was WAS's award-winning band which we were told, had won 'The Battle of the Bands'. This group had travelled widely including to Glastonbury festival and they rehearsed in the church building next door to the home.

The complaints policy and procedure was up-to-date and recently reviewed. It was displayed on the noticeboard in full and also in poster form. We saw a poster on a noticeboard, entitled 'It's okay to complain'. This was a visual, 'easy read' poster which enabled people to easily understand how to complain. No recent complaints had been recorded.

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. Residents' meetings were held regularly and relatives were informed any issues or changes.

Good

Is the service well-led?

Our findings

One social care professional commented, 'Giles Shirley Hall is an impressive service'.

The registered manager told us they were proud of the service and that they had a good team working there.

The registered manager was available during our inspection. The staff on duty appeared to have a good rapport with the them and were friendly but respectful. The registered manager was equally so, to them. . Staff confirmed that they had a good relationship with the registered manager who supported them well. They were able to talk to the registered manager about any issue or concern.

We saw that the leadership was transparent, informed and open and that staff did not have any hesitation in talking with the registered manager. The registered manager and the staff demonstrated to us that the care, comfort and safety of the people at Giles Shirley Hall were their prime concern.

The registered manager told us that they kept up-to-date with current policies, procedures and good practice by attending training sessions and attending various national conferences.

We saw that all the documentation relating to the people living at Giles Shirley Hall, the staff, the environment, health and safety and other records relating to the running of the home had been completed properly and in a timely manner.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service so that we could check that appropriate action had been taken.

The registered manager of the home had informed the CQC of significant events in a timely way. The home and the registered manager met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

It was clear from the care plans that there was good partnership working between staff at Giles Shirley Hall 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 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 an action plan with the dated time for completion.

All the documentation was stored appropriately and safely in various locked cupboards within the home

and locked staffroom.

Some of the activities provided by Wirral Autistic Society to the people living in Giles Shirley Hall included gardening and landscaping services and growing vegetables and garden plants from the small farm on one of their sites. This enabled people to develop good community links both locally and a little further afield. The band which some people were part of also took them further afield to music festivals and competitions.