

Autism Together

The Green

Inspection report

1-2 The Green
Bromborough Pool
Wirral
Merseyside
CH62 4TT

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

Date of inspection visit:
24 July 2017
25 July 2017

Date of publication:
14 September 2017

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 24 and 25 July 2017. The Green is one of a range of services provided by Autism Together. It is a large Victorian building in Bromborough Pool village that has been divided into four self-contained flats. At the time of inspection 10 people lived in the house.

The service had a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in August 2015 and gave it an overall rating of good.

The majority of people's medication was correctly administered, stored and recorded. However, not all 'as required' (PRN) medication, such as pain relief, had been properly recorded. Staff had had training on safe administration of medicines and there were policies and procedures in place to support staff. The registered manager arranged additional communication and training with staff to address the issues with PRN following our inspection.

Staff were safely recruited and supported with an induction process. All staff also had regular supervision and appraisal meetings with the registered manager.

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

We observed people looking comfortable in a homely environment, including some people who were enjoying the warm weather in the large garden at the rear of the property. We saw caring and friendly interactions between the people living at the service and staff.

The people we spoke with and their relatives told us they enjoyed and were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs. Some of the people living at the service were supported to cook their own meals, as they enjoyed doing this.

Staff encouraged people to maintain their independence and supported people to enjoy their hobbies and interests.

People living at the service had personalised care plans and risk assessments. We saw that the care plans we looked at were regularly reviewed by the registered manager. The people living at the service and, where possible, their relatives were involved in the process of reviewing this information.

The registered manager and other staff at the service regularly checked the safety of the premises and the quality of care provided through a range of audits.

The local authority told us that it did not have any concerns about the service and it had not received any complaints or safeguarding alerts about the service.

Records showed that staff had received training on safeguarding vulnerable adults and there were policies and procedures in place to guide staff in relation to safeguarding adults. Staff told us that they felt people living at the service were safe. They said that they would be confident raising a concern if necessary and they believed that the registered manager would listen to any concerns and take appropriate action.

Staff had received training on mental capacity and Deprivation of Liberty Safeguards (DoLS) and there were policies and procedures in place to meet the requirements of the Mental Capacity Act 2005 and the associated DoLS. Most staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 and DoLS. Following our inspection the registered manager committed to discussing these issues individually with all staff and at the next team meeting to ensure complete understanding across the whole staff team.

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.

Overall, medication was correctly administered, stored and recorded.

People said they felt safe living at the service. Staff and relatives also felt people were safe and appropriate training and information was available to raise any concerns if necessary.

The premises were safe and well-maintained.

Staff were appropriately recruited and there was a sufficient number of staff working to meet the needs of the people living at the service.

Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their work and were well-supported by regular supervisions and appraisals with the registered manager.

Staff had received training on mental capacity and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place and appropriate steps had been taken to meet the requirements of the Mental Capacity Act 2005 and the associated DoLS.

People were given a choice of suitable nutritious foods to meet their dietary needs and they told us that they enjoyed the food and drink they had at the service.

Is the service caring?

Good ●

The service was caring.

People told us that they felt the staff knew them well, they had known most of the staff for some time and they got on well with staff.

We observed positive and caring interactions between staff and the people living at the service.

We saw that people's dignity and independence was both maintained and encouraged. People were well-kempt and staff supported people as required to maintain their personal hygiene.

Is the service responsive?

The service was responsive.

People and their relatives were involved in planning their care and their care plans were regularly reviewed.

People had access to information about how to raise a complaint presented in a format they could understand.

Good ●

Is the service well-led?

The service was well led.

There was a caring culture amongst staff at the service, reflecting the visions and values of Autism Together.

Staff and the people living at the service told us that the registered manager was caring, approachable and listened to them.

Good ●

The Green

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 announced inspection was carried out on 24 and 25 July 2017 by two adult social care inspectors. The registered manager was given 48 hours' notice of our inspection because the service provides care for people with learning disabilities who are often out during the day; we needed to be sure that someone would be in. We also gave this advanced notice so that the people living at the service could be informed of our inspection in order to minimise the impact this may have had on them.

At the time of our inspection there were 10 people living at the service. During the inspection we looked around the premises and we observed the support provided to people in the communal areas of the flats and the garden. We spoke with two people who lived at the service, two relatives and five members of staff who held different roles within the service.

We looked at a range of documentation including two people's care records, medication storage and records, three staff files, staff training records, accident and incident report forms, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff and other management records. We also gathered feedback about the service from the local authority.

Is the service safe?

Our findings

We asked the people living at the service if they felt safe. They said "Yes, very safe" and "Yes I feel safe here, I can speak to the staff if anything is bothering me." When we asked one relative if they felt their relative was safe at the service they said "Yes absolutely, [relative's] lived there a long time and is very happy."

We inspected medication storage and administration procedures in the service. We found the medicine cupboards were secure and clean. We looked at the Medication Administration Records (MARs) of four people and these were fully completed by staff when medicines were administered. This showed that people received their medications in a timely manner. All the medication we looked at was in date and appropriately labelled. The home also attached a photograph of the person to medications that were not blister packed to reduce the risk of medication errors. People who were able to self-medicate were given appropriate support to ensure their independence was maintained and this was fully recorded. The majority of medication was administered via a monitored dosage system supplied directly from a pharmacy. We saw that two staff members administered medication and their competency to administer medication was checked regularly.

There were some people who had boxed medications that were not dispensed in the monitored dosage system, for example 'as required' (PRN) medications such as pain relief. We noted that not all PRN medications had been logged on the MARs, or recorded elsewhere. This meant that we were unable to see an exact total of medication held by the service. Medication audits were carried out by the management staff but the inconsistencies in recording had not been identified. This indicated that the audit process was not effective. We highlighted these issues to the registered manager, who arranged additional communication and training with staff to address the issues with PRN following our inspection.

Records showed that staff had received training on safeguarding vulnerable adults. Staff told us that they felt people living at the service were safe and all of the staff we spoke with told us that they were confident and able to raise a safeguarding concern if necessary. They also had confidence that the registered manager would listen to any concerns and take appropriate action. The service had sent us three safeguarding notifications since our last inspection. All of these issues were appropriately managed by staff to keep people safe at the service and they were promptly reported. The service had safeguarding and whistleblowing policies and procedures in place. These policies were easily accessible for staff, along with the relevant contact details to raise a concern.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. We also saw legionella checks had been completed and an external contractor visited the home on a monthly basis to carry out checks of water systems. The registered manager ensured that the health and safety of the premises was maintained by regularly carrying out various risk assessments and audits. We saw that there were weekly fire checks and there was a fire evacuation plan that had been reviewed and updated. The service had 'grab bags' for use in the event of an emergency at each of the two main emergency exits. These file contained Personal Emergency Evacuation Plans (PEEPs) for each of the people living there. The PEEPs for each person had a photograph of them, clear information about where they lived in the premises and what, if any, assistance they would need to evacuate in an emergency.

Risk of injury in the event of fire was reduced as the home carried out regular fire drills. This meant that the people living in the home and the staff knew what to do in an emergency. We also saw that firefighting equipment in the home had been regularly checked and maintained.

There were two external fire doors with signs on them stating 'Fire Exit, keep clear'. However, we found that one of the corridors leading to the door was partly blocked by a carpet cleaner. This was immediately brought to the registered manager's attention and the item was removed from the area before we left the service that day. The registered manager explained that this equipment is usually stored upstairs and staff would be reminded about this at the next team meeting.

We saw that any faults within the premises were immediately reported to the maintenance department of Autism Together. We were told that the reports were responded to quickly. We saw evidence of this during our inspection when we identified some loose electric cable trunking and exposed water pipes in one of the downstairs bathrooms. We told the registered manager about these issues on the first day of our inspection and when we returned the following day the manager showed us that the works had already been completed.

We found that some of the internal corridors of the premises were cluttered with various items, including a Hoover, a dehumidifier, mops and buckets and a step ladder. We also saw a pile of waste materials, including an old garden parasol set and a mop and bucket in the patio area of the garden. We told the registered manager about these issues on the first day of our inspection. By the end of the second day of our inspection additional internal storage had been ordered, external storage had been purchased and installed and the waste materials had been removed. The registered manager told us that one of the people living at the service had helped a member of staff take the waste materials to the tip and they had really enjoyed this experience.

We saw that accident and incident policies and procedures were in place and the registered manager had documented any accidents and incidents that had occurred. There had not been any accidents or incidents that we should have been notified of since our last inspection. However, the registered manager was aware of their responsibility to notify us when necessary.

The three staff files we looked at contained evidence to show the appropriate checks had been carried out during the recruitment process to ensure that staff were suitable to work with vulnerable people. This included having previous experience and qualifications relevant to their role at the service, verified references, photographic identification and the appropriate criminal records checks known as Disclosure and Barring Scheme (DBS) records. The registered manager told us that there was a staff disciplinary procedure and the HR department of Autism Together assisted with any disciplinary issues. The registered manager told us that some disciplinary action had been taken since our last inspection and they were able to demonstrate how the steps they had taken were appropriate and in line with the policy.

People living at the service, relatives and staff said that they felt there were enough staff available when people needed them, both during the day and at night. We saw that there was an adequate number of staff working to meet the needs of the people living at the service. The service sometimes uses agency staff to deliver care but the majority of the time staff based at other Autism Together services help to cover shifts when possible. This meant that the people living at the service had relatively consistent support from staff.

Staff had had training on infection control and told us that they were competent using personal protective equipment (PPE) and managing infectious illnesses. During our inspection we were able to see a weekly hygiene audit that included bedrooms, lounge and kitchen. People living in the home were encouraged to

keep their living areas clean as part of their independence. We observed that the home was clean with no offensive odours.

Is the service effective?

Our findings

We asked the people living at the service and their relatives if they thought staff had the skills and knowledge to do their jobs well. They told us "Yes, the staff are very supportive and they help to calm people down when necessary."

The registered manager was supported by two deputies and there were 10 permanent staff. We saw that new staff were supported with an internal induction process and completed a six month probationary period. During this time staff met with the registered manager monthly, spent time at Autism Together's head office completing training and shadowed shifts. There was evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provided staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. The registered manager was also supported through their own supervision and appraisal system. We were told that Autism Together also held registered managers meetings and the manager told us that this was helpful and supportive.

We looked at the staff training records and saw that staff had completed the service's essential training. This included mandatory training such as safeguarding vulnerable adults, health and safety, fire safety, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), safe handling of medicines, infection control and first aid. We also saw that staff had completed training specific to their roles and the people they were supporting, including autism awareness, sensory issues, various types of sign language and management of actual or potential aggression (MAPA). This meant that staff working at the service had the necessary training and skills to meet the specific and varied needs of the people living there. The registered manager explained that the service is now using an online system to track, plan and book staff training. The registered manager and staff were positive about the new system and said that it makes it easier to see what training has been completed, what needs updating and what upcoming sessions are available for staff to book on to.

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 is 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). The appropriate applications for those people who had been assessed as lacking capacity had been made to the local authority and they were carefully monitored by the registered manager. Staff had received training on mental capacity and DoLS and there were policies and procedures in place to meet the requirements of the MCA and the associated DoLS. Most staff demonstrated a good understanding of the principles of the MCA and the associated DoLS. Following our inspection the registered manager committed to discussing these issues individually with all staff and at the next team meeting to ensure complete understanding across the whole staff team.

Staff told us that there were rare occasions when they had to use restraint techniques. They told us that they had had specialist training for this and they were both confident and well-informed when they explained to us the key principles of their training for dealing with such situations. This meant that staff had the specific skills and experience to effectively meet the needs of people living at the service.

People told us that staff asked for their consent when it was needed and they respected their choices. We saw evidence that people were actively involved in planning their care and they were given choices by staff, for example deciding what activities they wanted to take part in.

We asked people what they thought about the food on offer at the service and if they get enough to eat and drink. One person told us "Yes we do, we get plenty of choice too." Another person said "I am very happy with the food and drink here, it's just like at Mum's." We asked people's relatives about the food at the service and they said "The food is great" and "[Relative] definitely enjoys his food and he is encouraged to go out and buy and cook his own food." We saw that people living at the service were given a choice about what they ate and drank and they were encouraged to choose healthy options and maintain a nutritious balanced diet. Staff also supported people to cook their own meals.

We saw that people had been supported to personalise their own rooms and the people we spoke with told us they were happy with their rooms. One person had a shower cubicle in their bedroom, as this was beneficial for their behaviour. This had recently been replaced due to wear and tear. There were pictures of the people living at the service with friends, family and staff. This helped to make it feel homely.

Is the service caring?

Our findings

People living at the service told us that the staff were "Very kind, they try their best for you and they listen." The relatives we spoke to said that staff were "Very friendly and approachable, the staff are great. We feel lucky that [relative] lives there" and "There's nowhere better than The Green, it's well run and the staff are caring."

We observed positive and caring interactions between staff and the people living at the service. People told us that they felt the staff knew them well, they had known most of the staff for some time and they got on well with staff. The staff we spoke with had worked at the service for many years. They were confident telling us about various people living at the service, what their needs were and how they ensured that the environment was as positive and comfortable as possible for them. It was clear that staff had caring and well-established relationships with the people living at the service.

We found that staff enabled people living at the service to get involved and take an active role in various day-to-day aspects of life. One person we spoke with enjoyed helping with some of the cleaning, taking bins out and hoovering. They told us that they liked doing this as it made them feel helpful. Another example we saw of this was one of the people living at the service helping to take the waste materials we pointed out to the registered manager to the tip, which they enjoyed taking part in.

We saw pictorial information in people's rooms and throughout the communal areas of the flats to help people's communication and understanding. Each person living in the home had their timetables in pictorial form in a place of their choice. This included on wardrobes, doors or outside their bedroom doors. In one flat there was pictorial instruction on how to make coffee independently. In a bathroom there was pictorial information for a person to be able to wash their hair independently. This showed that the service was committed to helping people to communicate and more easily understand the world around them.

The people we spoke with said that staff respected their privacy and confidentiality. They told us that they were able to spend their time as they wished and if they wanted to be alone then they could be. We saw that confidential information, such as people's care plans, was kept securely in a locked cupboard in each of the relevant flats. We saw that people's dignity and independence was both maintained and encouraged. People were well-kempt and staff supported people as required to maintain their personal hygiene. One relative said "I am very happy that staff at The Green support [relative] with his independence going out to places, they do this but also protect him as he can be vulnerable."

Is the service responsive?

Our findings

People we spoke with told us they were aware of their care plans and had been involved in making decisions in the plan. This meant that people were encouraged by staff to choose how they spent their time. One person we spoke with, who has a swipe card to get in and out of the premises, said "I can come and go as I wish, I can go to the shop when I want but staff are always there for me if I need them." We also asked people's relatives about care planning at the service. One relative said "Yes, the service did involve me in [relative's] care plan and sought my input, there were no problems with this." Another relative said "Yes, I have been involved in [relative's] annual review of their care plan. I am happy with how this is done and I think it is robust and effective. I know that if something changed with [relative] then we could speak with the registered manager to update the care plan, we wouldn't have to wait."

The care plans that we looked at were person-centred, detailed, regularly reviewed and met the needs of the people living at the service. The files contained relevant information about the individual, such as their background, health, emotional, cultural and spiritual needs. The files also contained clear information about people's routines throughout the day. This meant that any member of staff could quickly access this information and understand what each person's needs were at various times of the day. Failing to support the people living at the service to carry out their routines could have a detrimental effect on people but the information available to staff minimised the risk of this happening. There were daily logs of what the person had done that day, which were up to date.

People living at the service were supported to take part in Autism Together's Community and Vocational Services (CVS) during the week, which offer people with autism meaningful, realistic and achievable training, on the job work experience and valuable life skills through a variety of different activities. Some of the options available included Information and Communication Technology (ICT), horticulture, animal husbandry and performing arts. This helped people to avoid social isolation and maintain an active role within the local community. Staff told us that they work closely with the CVS staff and the people living at the service to ensure that people are able to choose activities that they are interested in and enjoy. Staff knew the people living at the service well and they were able to tell us about various different things people like to do to relax and pass the time, such as puzzles and jigsaws. The activities staff told us people liked to do reflected the information we had seen in their care plans.

We found that there had not been any complaints since our last inspection. However, the service had a complaints policy in place. We saw that people were encouraged to make a complaint if they needed to and the details of how to do so were clearly displayed on the noticeboards in each of the flats. The noticeboards also gave information about the date of the next residents meeting and the last meeting minutes. These meetings gave people the chance to share their views and ideas about the service.

The people we spoke with told us they felt they could approach any of the staff, including the registered manager, if they had any concerns or if something was bothering them and the issue would get resolved. One person told us an example of this was regarding sharing the kitchen area of the flat. Both of the people using the kitchen preferred to cook and eat separately but there was no system in place to ensure this

always happened. The people agreed with staff times that suited them to cook their dinner and they had separate rooms where they could eat. The person told us that they were happy with how this situation had been dealt with and resolved.

Is the service well-led?

Our findings

One relative told us "I would say it's probably one of the best run establishments out there. [Relative] is carefully monitored but he is supported with his independence in a safe way." Another relative said "We feel very lucky [relative] lives at The Green, it's an ideal place for them."

The people living at the service told us they could speak with the registered manager and staff if they needed to. There was a caring culture at the service, which aimed to provide people with the support they needed in ways that suited them. One person said "I like the atmosphere, I have lots of friends here." The registered manager and the staff we spoke with were confident they had the skills, knowledge and experience to meet the needs of the people living at the service. One member of staff said "All the staff here are approachable and supportive. People are good at their jobs and it's a nice place to work." All of the staff we spoke with told us the registered manager was approachable, listened to any concerns and acted when necessary.

We asked staff what achievements they were proud of at the service. They said they are proud of the strong and trusting relationships they have developed with the people living there. They also said that they are proud that some people who cannot easily communicate can communicate very well in their own ways with staff.

There was evidence of staff meetings taking place every four to six weeks. This meant that the team were included in the changes to the home and that staff were made aware of their responsibilities to the people who use the service. We saw that the service had held meetings for the people who lived in the home, which were regularly well-attended and they gave people the opportunity to air their views and for the service to share any important information.

The registered manager knew all of the people living at the service and staff very well and had worked for Autism Together for many years. They demonstrated a clear understanding of and commitment to the visions and values of the company, as did all the staff we spoke with. There were clear lines of accountability and responsibility at the service. All of the staff we spoke with knew their roles at the service and told us that they felt they had the support of more senior staff. The registered manager told us that they felt well supported by senior staff at head office and other registered managers.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The service had sent us three safeguarding notifications since our last inspection. All of these issues were appropriately managed by staff to keep people safe at the service and they were promptly reported. The registered manager was aware of their responsibility to send us notifications of significant events. The service was also meeting the legal requirement to display its most recent CQC ratings.

Staff had access to key policies and procedures on areas of practice such as safeguarding, whistleblowing and safe handling of medicines. These were regularly reviewed by the service and provided staff with up to date guidance. We saw that there were weekly, monthly and annual audits in place to assess the quality and

safety of the service provided.

Relatives told us that the service sent them an annual questionnaire to share their views and feedback on the service. Staff also showed us that people living at the service were supported to complete similar questionnaires with pictorial information to gather their views too.

Staff told us that they were confident working in partnership with other local health services to ensure all of people's needs are met, such as GP services, district nurses and hospital services. We saw on the first day of our inspection that staff supported one of the people living at the service to attend an outpatient appointment at hospital.