

The Wirral Autistic Society







Wirral Autistic Society - 86 Allport Road

Inspection report

Bromborough
CH62 6AG
Tel: 0151 334 7510
Website: www.wirral.autistic.org

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2015
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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 30 October 2015 at Oak House (the headquarters of the provider, Wirral Autistic Society) where we looked at some records relating to 86 Allport Road and on 2 November 2015, when we visited the home itself.

This home is one of a range of services provided by the Wirral Autistic Society. The home is a detached house in a quiet residential area. The house is four bed roomed, three of which were used by the people living in the home and the other smaller bedroom was used as a staff sleep

in room and contained the locked medicines cabinet and the records relating to medication administration. This lockable room also contained many of the records relating to the running of the home. There was a large lounge and a dining room. The kitchen was complemented by room off it which was called 'the snug' and which was used for ironing and for storing people's craft items. There was also a garage which was used as a utility area and where the washing machine, dryer and fridges and freezers were stored. At the rear of the house was a private garden.

Summary of findings

We last inspected this home in July 2014. We had not found any breaches of legislation.

The home provided support and accommodation for up to three people. At the time of our inspection there were three people living there who had all lived there for some time. The three people living in the home had various conditions on the autism spectrum.

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. There was a registered manager in place who had been there for several years as had many of the staff.

We observed that people who lived in their home, were relaxed and got on well with staff. They were able to take the initiative of deciding what they want to do and how they wanted to do it. The staff were supportive and enabled people to be as independent as they could be. Activities during the week included attending some of the other services which the provider ran and things such as shopping, going to church and visiting family.

We saw records to show that staff were properly recruited, well-trained and supported. When we talked with them, they demonstrated that they had knowledge of autism and that they cared about people living in the home.

We saw that medication in the home was appropriately stored and administered and that proper records were kept relating to this. In other areas of the home we saw firefighting equipment and smoke alarms and the house was clean, tidy, personalised and homely. Each person had chosen the decor and furnishings of their own room, were able to lock it and we saw that the communal rooms were comfortably appointed.

All the records and audits had been correctly compiled and those which were confidential were securely stored. The records were comprehensive, understandable and they were 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.

People told us that they felt safe and we noted that there were sufficient staff on duty, who had been recruited appropriately and safely.

We saw that medication was stored correctly and administered safely and staff told us that they knew how to report any safeguarding concerns.

Good



Is the service effective?

The service was effective.

We saw records that staff were trained and staff told us that they received training regularly.

Staff were able to tell us about the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards and records told us that they put this into practice.

Good



Is the service caring?

The service was caring.

People and staff were observed to get on well together and we saw there appeared to be a lot of trust between them. Staff demonstrated that they had people's care at the heart of their practice.

People living in the home were encouraged to maintain relationships with their family and friends

Good



Is the service responsive?

The service was responsive.

We saw that the care records were person centred and we noted that people were treated as individuals by the staff.

We read in the care records that people had been involved in the creation of their care records. People confirmed that this has happened.

People knew how to complain or make any other representations to staff and to the manager and they told us that they felt confident that these should be dealt with properly.

Good



Is the service well-led?

The service was well led.

We saw that the registered manager was well-known to the people who lived in the home and was very aware of people's needs. We noted that the registered manager was approachable, professional, and understanding of their needs.

The records relating to people's care files, the running of the home, the audits necessary to ensure safety of the home had been completed appropriately and stored securely.

The home, its staff and the registered manager worked well with other agencies in order to provide the right service and support for the people who lived in the home.

Good



Wirral Autistic Society - 86 Allport 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 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 took place 30 October 2015 and 2 November 2015. We gave notice because the home was a small one and people who lived in it were often out in the day; we needed to be sure that someone would be in.

We visited the headquarters on 30 October and the home itself on 2 November 2015. On the first day, when we visited the headquarters of the society, we looked at recruitment records and staff files. On the second day we visited the home and saw the records relating to people who lived there and the home.

The inspection team comprised of two adult social care inspectors.

Previous to the inspection we read the provider information return which had been completed by the provider, we checked with the local authority for any concerns or comments, and we also checked the Wirral HealthWatch website for any comments.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also looked at our own records, to see if the service had submitted statutory notifications and to see if other people had made comments to us, about the service.

We talked with all of the people who used the service, with two staff who supported them and with the registered manager and we looked at three care files, four staff recruitment files and other records which related to the running of the home and training of the staff. Some of these records were in paper and others were held electronically. We observed the care, support and interactions between staff and the people who lived in the home and we case tracked one person through from the file which recorded their needs, to the experience of the support provided to them.

Following the inspection, we telephoned relatives of the people and professionals who were involved in their care, to get their views about the service. We spoke with one relative.

Is the service safe?

Our findings

One person told us, "I feel safe and supported".

A relative said, "The home is safe". They went on to tell us, "They have tried to maintain a stable team".

Our records showed that there had been no safeguarding incidents reported to us and on checking the files we saw that there had been no incidents recorded in the home's records.

People told us that they were very happy in the home and that they had lived there for a long time and there were no issues with either the staff or the other people living in the home.

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 had 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 showed that there was clear guidance about the relationship, expectations and requirements between the employer and employees.

Staff were able to tell us that they were trained to support people safely and we saw records to demonstrate that they had been.

The training records we reviewed showed that the staff were regularly updated with safeguarding training. We saw notices in the home 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 include pictures.

We saw staff rotas for the previous two months, which showed that there were always sufficient staff on duty. Recently there had been a couple of resignations and staff changes when staff had moved to other positions within the organisation or gone on maternity leave. The provider

had a bank staff system which could be used to fill in those gaps and also used agency staff if necessary. Recruitment was ongoing and the registered manager told us that they hoped to be fully staffed very shortly.

Depending on what the people were doing each day there was one or two staff on duty in the daytime and one staff member would be on duty throughout the night, sleeping in. The people who lived in the home seldom needed support throughout the night and all knew how to summons help if they did need it. There were bed monitors placed to ensure that staff were aware of any adverse movements, such as a person having a seizure.

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, bed monitors, 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.

The medication cabinet was kept in the locked staff sleep in room along with the medication administration record (MAR) sheets. We saw that the medicines stocks stored in the cabinet and the MAR sheets, tallied. All the drugs were 'in date' and new stock had been checked in properly, stored correctly, and administered appropriately. There were no controlled drugs or drugs which needed refrigeration and none were stored. The temperatures of the room where the medication cabinet was situated were checked twice a day and were all below the required 25°C.

PRN (as required) medication and homely remedies were recorded in a similar way. Again the stocks tallied with the record. The GP who looked after people's health in 68 Allport Road had written to advise which homely remedies could be given to each person and the circumstances which might require it.

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. We also saw that there had been an issue with a fault relating to a tripped switch which had been immediately fixed by the providers' maintenance team.

There were appropriate fire evacuation plans, should there be an emergency. We saw that individual Personal

Is the service safe?

Emergency Evacuation Plans (PEEPs) had been written for staff to use in an emergency. These plans were on a poster in the office and there was also a 'grab bag' for staff to use, near the front door, in the event of an emergency. The grab bag contained copies of the PEEPS and also contained brief but important information about individuals in the home.

We noted that all the provider's health and safety procedures had been followed and we saw that the PAT (portable appliance testing) had been completed recently. We also saw that accidents and incidents were all dealt with appropriately and responded to quickly. We noted that there were policies relating to each of these.

Is the service effective?

Our findings

One person living in the home told us that they thought the staff, “Were properly trained”.

A relative we spoke with told us, “They are very well trained; they are certainly the best trained staff I have experienced”. They went on to say, “Even with the cuts, WAS are not cutting back on staff training”.

We saw in the recruitment files, that all staff had induction training at the very beginning of their employment and we were given the schedule of this. Staff had to complete 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’.

The staff continued to be updated with their training and we saw that these records were now kept electronically which showed when staff needed to be next updated on aspects of their training. These records showed others 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 noted that there were records of supervision which occurred about every two months. Each member of staff had an annual appraisal. Staff told us that they attended supervision regularly and that it was a two-way process, as was the appraisal. Notes were made and both the member of staff being supervised and the supervisor kept a copy. We saw records of these notes.

There were regular staff meetings. We saw that the notes of these meetings reflected that they were structured and usually had a training aspect to part of the meeting. Policies and procedures, issues around and about 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) valued them.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

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 best interests meetings had taken place and appropriate applications for DoLS had been made to the local authority. We saw that staff and the registered manager were trained in this subject and were regularly updated.

Many of the documents in the care plan and the posters on the notice boards were in ‘easy read’ format. ‘Easy read’ is an accessible format designed for people with a learning disability. The easy read format was easy to understand because it used simple, jargon free language, shorter sentences and often was accompanied by a picture. There was also a ‘picture exchange communication system’ (PECS) in place and we saw that 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. The people in the home were able to communicate with staff using a mix of spoken language and signs and gestures. Body language was also observed, respected and used by the people and staff, during our inspection.

There was a weekly discussion between the people living in the home about the menu they were going to choose for the following week; this was sometimes overridden by people choosing to have different things than they had decided upon and these changes of decision were accommodated. We saw the food was prepared and

Is the service effective?

cooked by both the people and the staff who supported them. We noted that people were able to access drinks outside of mealtimes. If people didn't want to eat at the dining table they were enabled to eat elsewhere.

The whole house was large, airy and pleasantly and comfortably furnished and carpeted. People told us that they liked living there. One person told us, "I am happy living here".

Is the service caring?

Our findings

One person had some communication difficulties, but clearly showed their happiness about the service, their room and the staff, when we talked with them.

Another told us, “We are very happy here. We have been here for a long time”.

Two people showed us their room. These rooms were personalised, with different soft furnishings and layouts. People told us that they chose how to furnish and decorate their rooms.

Each room was able to be locked. The people we spoke with told us that they were able to be private. One told us that staff always asked to enter their room and that they could stay in their rooms if they wanted to be on their own. One person told us that they were in touch with other people through e-mail and that the registered manager enabled them to access this.

We also saw that records relating to the individual people were kept confidentially and that they were only accessible by the staff. The registered manager told us that one of the people living in the home was very curious and when people’s files were being used, staff had to be very careful and not leave them unattended.

We heard that the people living in the home were able to express themselves and be involved in the running of the home and they made decisions around their life. Much of this was documented, we saw, in the care files and other information.

We saw that positive and caring relationships had been made between the people living in the home and the staff and the registered manager. This was evident when we observed the relationship and interactions between the people living there and the staff. One person told us they wanted the registered manager to be present when we talked with them, which showed the trust they had in the manager.

We observed the people who lived in the home walking around the house freely and that their privacy and dignity was respected. Staff followed people’s wishes at all times. Staff told us that they knew that people liked to spend time alone in their rooms at times and that they respected this.

A relative told us, “We have found 86 [Allport Road] and WAS excellent”.

Is the service responsive?

Our findings

One person told us, "I do my own ironing and washing. I go to church and I work in the garden centre on Sunday afternoon and I go to CVS (Community and Vocational Services) on Mondays".

A relative said, "I don't have any complaint about the service. I know how to complain; I have no qualms about this service".

One staff member told us, "It's a nice place to work because you really get to know the service users". Another staff member told us they enjoyed their work and the only issue at the time of our inspection was that they had staff vacancies.

The registered manager told us about the three people who lived in the home. They demonstrated they had an understanding of people's individual differences, likes and dislikes, routines, personality traits, activities which were undertaken during the week, people's favoured method of communication and the level of support they required. The registered manager told us they had met with the staff recently to review the care and supervision being provided to all the people and had identified that one person had increased their independence since living at the home, to such a degree that staff were now only required for emotional support and reassurance. Options were being considered for this person and the registered manager told us that the person themselves would be part of the discussions about their future.

People told us they were encouraged to do different things. They were involved in various activities throughout the week. We noted that staff respected people's decision making. We observed that two people had a visual plan of activities and when we questioned why the other person did not have one displayed; the registered manager told us "[name] doesn't want one". This demonstrated that staff respected people's choices. One staff member told us they respected people's decisions and said, "I respect their decision if they don't want to go outside, for example". We were told by the registered manager that people were encouraged to socialise and we noted that two people had attended the Client Forum Group on the evening of the day of inspection.

We saw that the care plans for the people living in the home were detailed, person centred, up-to-date and easy

to follow and understand. They contained personalised and individual risk assessments. Other information included family contacts, healthcare information and information about preferred activities. They had all been reviewed regularly. We also saw that the people and their relatives had been involved in the creation and reviewing of their care plans. We looked at all the care plans and tracked one in detail. This care plan showed that the person had difficulty in communicating verbally and that the person's communication needs had been properly assessed and support had been arranged in order to meet their needs. Many of the documents in the care files were an easy read format so that people could understand them easily.

Staff demonstrated they reviewed the needs of people using the service. One staff member told me they had discussed in the staff meeting the previous week to our inspection that they wanted to arrange for a re-assessment of [name's] communication needs. The staff member told others that this person enjoyed using their lap top. The staff member was aware there was a voice activated computer software which was available through the Wirral Autistic Society and that they were investigating whether this would be of use to the person.

Staff told us that they established what a person's likes and dislikes were and that they knew the triggers for behaviour patterns from the care plan and from speaking to other staff during shifts and at handover where they shared information. Each time a staff member accessed a file they recorded this on the front sheet in the file. We saw that there were many recent signatures which showed that staff updated their information by reading the files regularly.

Staff told us they did most of the cooking but that people to one extent or another joined in and that all were involved in their own meal planning and they all ate where and when they chose to. However, people were encouraged to eat together in order to socialise with each other.

We spoke with two staff members who demonstrated they knew the needs of the people living in the home by telling us about them. We saw that each person was treated as an individual, with differing needs.

We were told that one person liked to cross out each meal written on their 'meal planner' when they had eaten it. Another person had their own locked food cupboard in the kitchen as they preferred to have their own food separate

Is the service responsive?

from the others, including 'treats' which they purchased themselves. People living in the home were enabled to do their own laundry, with the support of the staff. These examples showed that people were treated as individuals and enabled to make their own decisions about their life.

There was an easy read poster on a noticeboard, with the complaints process on it. It contained pictures of the staff and also informed people that there was a pictorial complaints form that they could use. We saw there was a complaints policy in the staff office. The registered manager told us that there had not been any recent complaints and we saw the record which showed this. One staff member described to us, the process of making a complaint. This staff member was also able to tell us about whistleblowing and safeguarding policies the Wirral Autistic Society followed.

One person expressed to us that they were upset by another person living in the home, who used language they did not like directed at them. We heard this person assertively ask the registered manager what could be done about it. The registered manager responded by listening and offering some solutions which were acceptable to this person. This demonstrated the registered manager offered reassurance and commitment to resolve the issue.

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 each month and relatives told us that they met regularly with the provider and if they weren't able to attend they had the minutes of that meeting sent to them.

Is the service well-led?

Our findings

Staff told us that a staff meeting had taken place the previous week to our inspection. They told us that they were listened to by other staff and the registered manager, when they had a suggestion to improve any aspect of care being provided. They told us they felt involved and valued.

The registered manager was present during our inspection. This person had been a registered manager for several years. We saw that they were approachable and respected by the staff in the service and that the people who lived in the home were very happy to talk with the registered manager and seek their advice. We looked at the training record for the registered manager and found that they had benefited from management and leadership training as well as training in subject areas such as medicines management, safeguarding and specialist training relating to the autism spectrum disorders.

We saw that this training was put into good use by the registered manager who clearly demonstrated that they were informed and transparent about the way they managed their staff and how they related to the people who lived in the home. Both the registered manager and the staff showed us through their practice, that the support, comfort and well-being of the people who lived in the home were their prime concern. A relative told us, “[Name] was very unstable in previous homes, but the team here have helped a lot”.

We looked at the records relating to the home and saw that they were up-to-date and that where issues had been noted, these had an action plan to resolve those. Policies

and procedures were up-to-date and had been reviewed regularly. The care record reviews and other records relating to the running of the home such as fire safety checks and drills, PAT checks, medication and other audits, health and safety incidents and accidents at all were completed within the providers' timescales. A washing dryer had developed a fault and we saw that the registered manager immediately tried to find out whether that could be repaired, which it couldn't. They then, on receiving this information, ordered a new dryer to be delivered as soon as possible.

We noted that the care records demonstrated a good relationship between the registered manager, staff and the provider with other professionals involved in the care of the people living in the home.

We were told by two people, that there were good community links, such as the local pubs, shops and church. We were told that people were welcomed into these and they enjoyed using them. Some of the activities provided by Wirral Autistic Society included gardening and landscaping services and growing vegetables and garden plants from the small farm on one of their sites. These activities enabled people to provide a service to the public and to sell produce.

There were also classes in cooking and arts and crafts and the items produced from these display both in Oak House where there was a large CVS centre and at 86 Allport Road. We were told that these items were also sold at various local Fetes. These were examples of activities which people undertook and which enabled them to develop good community links both locally and a little further afield.