

Wirral Autistic Society

Wirral Autistic Society - 32 York Street

Inspection report

32 York Street
Bromborough Pool
Wirral
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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 was an unannounced inspection carried out on 19 December 2014. York Street provides accommodation and support for two adults who have autism. The home is run by the Wirral Autistic Society, a charity who provide services for people with autism in the local area.

The house is a terraced house based in a residential area of Bromborough. It fits in with the local neighbourhood

and is in keeping with the principle of supporting people to live ordinary lifestyles in their local community. Shared space includes a lounge, dining room, kitchen and bathroom. Outside, a back garden provides seating with parking on-street at the front of the house. Each of the people living at the house has a large bedroom of their own, with a smaller third bedroom used as an office and staff sleep-in room.

Summary of findings

During the inspection we spoke with both people who lived at the home and with two members of staff. We also spoke with the 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. Following the inspection we spoke with relatives of both of the people living at the home.

We last inspected the home in January 2014. At that inspection we looked at the support people had received with their care, welfare and nutrition, we also looked at staffing levels, the premises and whether people were treated with respect and involved in their care. We found that the provider had met regulations in these areas.

The home met the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

People were consulted about their care and were supported to make choices about their everyday lives. Relatives commented that they felt communication between staff and themselves could be improved.

Care plans provided sufficient information to inform staff about people's support needs. This included information about their health, chosen lifestyles and the support they needed with their autism.

People were supported to choose their meals and were involved in planning, shopping for and preparing their food and drink.

Medication practices at the home were safe. Medication was stored safely and people received their medication as prescribed and on time.

Staff had received training and understood their role in identifying and reporting any potential incidents of abuse. People told us that they considered York Street a safe place to live. No referrals for safeguarding adult's investigations had occurred since our last inspection in January 2014.

There were enough staff working at the home to support people with their daily lives. This included pursuing their work and hobbies and getting out and about in their local community. Staff had received the training they needed to support people safely and well. The staff team remained as consistent as possible. Staff knew the people living at York Street well and were able to support them and communicate with people in a way they understood and responded to.

Quality assurance systems were in place to assess the quality of the service provided and identify areas for improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had undertaken training in safeguarding adults and were aware of the procedures to follow if they suspected abuse had occurred. No safeguarding adults incidents had been reported for investigation. People told us they felt York Street was a safe place to live.

Medication was safely managed within the home. People received their medication on time and as prescribed.

Recruitment policies were in place to ensure that all of the required documentation was obtained for a member of staff before they commenced working for the provider. People living at the home were consulted about staff joining the team at York Street.

There were sufficient staff available to support people with their everyday lives. This included their health, managing their autism and participating in their local community.

Good



Is the service effective?

The service was effective.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Proper policies and procedures were in place. The registered manager had undertaken training to understand when an application should be made and how to submit one.

People were able to choose their meals and received support to plan, shop for and prepare their food and drink.

Staff had received the training they needed to support people with their everyday lifestyles and to manage their autism.

Good



Is the service caring?

The service was caring.

Staff interacted positively with the people living at York Street. This included providing them with emotional support as well as support with everyday living. People told us that they liked the staff team and had confidence in them. Relatives felt that communication between staff and with themselves could be improved.

Staff promoted people's privacy and independence and spent time listening to people and talking through any concerns they had.

Good



Is the service responsive?

The service was responsive.

Care plans were up to date and comprehensive. Staff had a good knowledge of the support people needed and support was provided to people as described within their care plan.

People received support to live a lifestyle of their choosing. This included support to engage with their local community, attend education and work and pursue their hobbies and interests.

Good



Summary of findings

A system was in place and had been followed for dealing with any complaints received. People living at the home and relatives knew how to raise a complaint and were confident to do so. A relative told us they did not always raise minor concerns as they felt these were dealt with too formally.

Is the service well-led?

The service was well led.

A registered manager was in post and people living at the home, their relatives and staff told us they found him approachable and supportive.

Quality assurance systems were in place to check the service provided. This included health and safety checks and systems for obtaining the views of the people living there.

Records relating to people living at the home were well maintained and stored confidentially

Good



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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.

This inspection took place on 19 December 2014. The provider was given 48 hours' notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by an Adult Social Care Inspector.

Prior to our visit we looked any information we had received about the home and any information sent to us by the registered manager since our last inspection in January 2014.

During the visit we spoke with both of the people living at the home and with two members of care staff. We also spoke with the registered manager. We looked at shared areas of the home and with their permission visited people's bedrooms. We also looked at a range of records including care and medication records for the two people living there, training records relating to three members of staff and records relating to health and safety.

Following the inspection we spoke with two relatives of the people living at York Street. Following our visit we asked the registered manager to send us further information relating to Deprivation of Liberty Safeguards (DoLS), health and safety checks, staff meetings and quality assurance. This information was forwarded to us in a timely manner.

Is the service safe?

Our findings

One of the people living at York Street told us that they felt safe living there. They said that if they had any concerns they would feel able to report them to staff. Relatives told us that they were confident York Street was a safe place for their relative to live and that they were confident that people living there were treated well.

The provider had a policy in place for identifying and reporting potential safeguarding adults incidents. In our discussions with staff it was clear they had an understanding of safeguarding adults and their role in reporting potential abuse. No allegations of abuse had been reported at the home since our last inspection.

Staff told us that they were aware of the provider's whistleblowing policy and knew how to use it. Whistle-blowing protects staff who report something they suspect is wrong in the work place. A copy of both the safeguarding adults and whistleblowing procedures could be accessed by staff either via the company intranet or via the staff handbook. Minutes of a staff meeting held in November 2014 showed that staff had been reminded of the policy and routes for raising any safeguarding concerns that arose.

During our inspection we noticed that the bathroom light was not working. The manager advised us that due to the height of the ceiling staff were unable to replace this and needed to request a replacement from the provider. He arranged for a battery operated light to be purchased and used overnight so that the bathroom could be safely used.

We looked at health and safety records for the home. These showed that external checks had been carried out on gas and electrical services, electrical equipment and fire equipment in a timely manner. They also showed that regular in-house checks had been undertaken including checks of water temperatures and the fire safety system. Risk assessments were in place and had been reviewed for environmental risks including risk of fire, lighting on the landing area and water temperatures.

Both of the people living at York Street have 14 hours individual support day. Each person had a staff team consisting of three members of staff who provide their support as often as possible. The manager explained that when a member of the persons support team is not available then staff who are familiar with the person provide the support. This helps to minimise disruption for

the person. Overnight there is a member of staff sleeping in at the house. We looked at a sample of staff rotas and found that these staffing levels had been maintained. Records showed that the one to one support was used to support people to get out and about in their local community and to engage in their hobbies and work with appropriate support.

None of the staff working at York Street had been employed within the past year. However we looked at the providers recruitment practices and found that they had policies and procedures in place to ensure enough information was obtained about staff before they start work. This included obtaining references and a Disclosure and Barring Check (DBS). These checks help to ensure staff are suitable to work with people who may be vulnerable. A member of staff had joined the team from within the organisation recently. The manager explained that they had offered one of the people living there the opportunity to be involved in the recruitment process and to ask questions. This is good practice as it supports people to be as involved as possible in the running of their home.

One of the people living at York Street told us that staff looked after their medication for them. They said that they were happy with this arrangement and confirmed that they always got their medication on time. In discussions with staff and with the person it was evident that they had been involved in decision making about their medication and had received staff support to discuss it with their doctor if needed.

The provider had a medication policy in place which provided guidance to staff on how to manage medication safety. A locked cabinet was provided for storage of medication. We checked a sample of medication and found that it tallied with stocks held and records of medication given. Care plans contained clear guidance for staff to follow for giving people medication prescribed 'as required'.

Records showed that staff had undertaken training in medication administration. We saw that a system was in place for counting medication held in the home. The system used did not include recording the amount of medication brought forward from the previous count minus any taken. Due to the small amount of medications

Is the service safe?

held at the home staff explained they would be aware of any discrepancies quickly. Recording the amount that should be available alongside the actual amount would help to further reduce a risk of errors occurring.

The provider had an infection control policy in place which provided guidance to staff on dealing with any potential outbreaks of infection. Liquid soap and gloves were

available if needed. However there were no aprons or paper hand towels available. A small supply of these in the home would help to ensure they were equipped to deal with any outbreak of infection that occurred. Separate mops were available for use in the kitchen and bathroom.

Water and fridge temperatures had been checked regularly to ensure they were within safe limits.

Is the service effective?

Our findings

One of the people living at York Street told us that they were supported to make decisions for themselves. They explained that staff offered them “Good advice”, when needed. Care plans contained clear information about the choices people could make and how to support them to make decisions. Throughout our inspection we observed staff consulting and discussing everyday matters with people and respecting their choices.

One of the people living at York Street explained that they were involved in planning meals and shopping for food. They explained, “We choose different meals,” and told us that staff helped them to prepare meals. They also said to us “I can just go and get a drink,” whenever they wished. Care plans gave information about the support people needed to plan meals, shop and prepare food. They also provided guidance on any support people needed with eating their meals.

A record of menus showed that people had been offered a variety of meals. A care plan we looked at stated that the person should be supported to eat a healthy diet. However the menu book was not detailed enough to show whether people had been offered or encouraged to plan meals based around current guidelines for healthy eating. A more detailed record would support people to monitor whether they were eating a healthy diet so that they could make informed decisions around this.

The manager had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). These laws and safeguards are a legal way to ensure people are not deprived of their liberty unduly. They also provide protection for people in ensuring decisions the person is unable to make are made in their best

interests. In discussions with the manager it was evident that he understood his role in supporting people to make decisions wherever possible whilst ensuring their rights were protected. We saw evidence during our inspection that the provider had acted lawfully and in keeping with the latest guidance around DoLS.

Staff told us that they had received regular supervision from their manager and had received the training they needed to carry out their role effectively. A member of staff told us that they had always found the manager and provider supportive. Records of staff supervision showed that individual staff supervision had not taken place regularly within the past twelve months. The manager was aware of this and explained that he had plans in place to address this issue. Individual supervision provides staff with the opportunity to discuss their work and plan any training and support they may need.

Staff meetings had been held, with the last taking place in November 2014. Minutes of this meeting showed that a variety of issues had been covered including the individual support people living at York Street needed, policies and procedures and staff matters.

The provider has a central training department that organises basic and more specialist courses for staff. Both the manager and a member of staff told us that if they identified a training need specific to their work they were confident the provider would arrange training for them. Staff told us that they felt they had received the training they needed to carry out their role. Training records showed staff had undertaken training in basic areas of care including fire safety, food safety and safeguarding adults as well as in more specialist areas including how to support people who have autism.

Is the service caring?

Our findings

The people living at York Street told us that they liked the staff who supported them. One person told us, “Staff do a good job. They are supportive and kind.” Relatives said that they felt staff had a good approach to supporting people. One relative told us, “They treat him well. They understand him.”

Throughout our visit we observed staff spending time with the people living at York Street. Staff communicated with people in the way they preferred and spent time reassuring people when needed and giving people time to make everyday decisions for themselves. In discussions with staff it was clear that they knew people well and were aware of how to adapt their approach to meet people's communication methods and to respond to how the person was feeling at the time.

Care plans gave detailed advice about how to support people in the way they preferred. They were clear that routines were flexible depending on the person's choices and their health at the time. We observed that the people living at York Street viewed it as their home and made full

use of the house as they chose. We saw people using the lounge areas, making a drink and sitting in their room as they chose. We also saw that staff obtained permission before entering people's bedrooms. Staff provided people with privacy to talk with us but also provided support if the person wanted them to.

House meetings had been held during the past year. Minutes of these showed that a variety of subjects had been covered including the places people would like to go on holiday and new activities people would like to try. Relatives told us that they had been sent a form each year asking for their views of the service provided.

Both of the relatives we spoke with told us that they felt communication between themselves and between staff could be improved. One relative described this to us as a, “Minor problem” and another relative told us, “It's not perfect.” Examples included receiving more than one call from staff about the same piece of information and not being informed about changes to the staff team. We discussed this with the registered manager who stated he would address this issue.

Is the service responsive?

Our findings

One of the people living at York Street told us that if they felt unhappy about anything they would raise it with a member of staff. They said they had confidence that staff would help them to deal with their concern. An easy to understand complaints procedure was available for the people living there. This was pinned to a kitchen notice board so that it could be easily seen and used pictures to help people understand the contents.

Relatives told us that they knew how to raise any concerns or complaints that they had and were confident they would be listened to. One relative told us that they would like minor concerns they raised to be dealt with in a lower key manner. They told us that concerns they had raised in the past had led to a formal meeting attended by a number of people. They explained that this could put them off raising a concern as it became more of a serious matter than they intended it to be. With their permission we passed their views to the registered manager who stated that he would put a system into place for contacting relatives on a one to one basis to discuss any queries or concerns they may have.

The provider had a complaints policy in place that listed the steps that would be followed in dealing with a

complaint and the timescales for doing so. We saw records of one complaint that had been made to the home within the past twelve months. This had been investigated in accordance with the provider's procedures.

Individual care files were in place for both of the people living at York Street. We looked in detail at one of these. The care files were comprehensive documents. The size of the files could make it difficult to find information easily. Care plans contained detailed information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, everyday living and how the person communicated. A full review of the person's care had been held with the past year and had included the person and their relative. Care records also showed that staff had supported the person to monitor their health and to see health professionals as needed.

The people living at York Street were supported to take part in activities and work of their choosing. This included attending college, paid and unpaid work and exercise sessions run by the provider. The manager explained that the provider had a member of staff whose role it was to coordinate work placements for people. They had recently worked with one of the people living at York Street to help them find a new work placement that met their interests. People had plenty to occupy them whilst at home. This included everyday household tasks and gardening as well as engaging in their hobbies and interests.

Is the service well-led?

Our findings

The home had a registered manager in post who had been in post for twenty three months and had also worked as a registered manager in other locations operated by the provider. This is a condition of the registration of the home. The other conditions for registration had also been met.

Throughout the inspection we observed that the registered manager knew the people living at York Street well and that they felt comfortable talking with him. Relatives knew who the registered manager was and told us that they knew they could contact him if they wished. A member of staff told us that they had found the manager and provider approachable and supportive.

A number of systems were in place at York Street for checking the quality of the service provided.

Regular checks had been carried out on water temperatures, fridge temperatures and the temperature of the room medications were stored in. The checks we looked at showed that temperatures had been within a safe range.

Checks of the environment including window restrictors and fire equipment has also been carried out regularly. These checks help to ensure that any issues could be quickly noted and therefore addressed.

The views of people living at the home had been obtained via house meetings and individual reviews of their care. Relative's had been given the opportunity to comment via annual surveys.

During our inspection we saw a copy of an audit carried out in December 2014 by a registered manager who worked elsewhere within the organisation. This audit had looked at a number of areas including care plans and the environment. Where areas for improvement were noted an action plan had been drawn up for the registered manager to complete.

Following the inspection the registered manager sent us a copy of the last audit he had carried out in the home in August 2014. This had covered a number of areas including the support provided, people's views of their service, health and safety, medication and the environment. An action plan had been produced to address any areas for improvement noted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.