Autism Together

Giles Shirley Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Giles Shirley Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

At the last inspection the service was rated good. At this inspection we found that some improvements to the service were required and as a result the service was rated as requires improvement.

Giles Shirley Hall is registered to provide accommodation for up to 12 people who require accommodation and support with their personal care due to living with learning difficulties. The home is located in Bromborough, Wirral. At the time of our inspection eleven people lived at the home.

In June 2017, CQC published best practice guidance called 'Registering the Right Support'. This good practice guidance sets out the values and standards of support expected for services supporting people with a learning disability and or autism. During our visit, we found that the service was not consistently developed or designed in line with this best practice guidance.

For example, the size and layout of Giles Shirley Hall did not comply with this guidance. It was situated in a campus style setting with the provider's day services accommodated in various other buildings outside the home. Day services also operated from within Giles Shirley Hall itself. Giles Shirley Hall, the provider's day services and associated car park were clearly labelled with exterior signs which identified them as providing services for people with learning disabilities and or autism. This detracted from the values set out in the 'Registering the Right Support' guidance which advocates that people's choice, independence and ability to live as life as ordinary in their own home should be promoted in service delivery. This signage therefore clearly defined people who lived at the home as a separate and distinct community group.

All of the people who lived at the home attended the provider's day services. From people's records it was clear that people had a choice in what they attended and enjoyed these activities. The provider's approach for supporting people who did not wish to attend day services was however unclear. Other aspects of service delivery did not always promote the values specified in the Mental Capacity Act 2005 with regards to gaining people's consent. Nevertheless we did see evidence of people's day to day choices being respected and for the most part they were free to choose how they lived their life at the home.

People's support plans contained clear and easy to understand information about their needs and risks and how to support them effectively. Support plans were person centred and contained information about people's preferences, daily routines and what was important to them. For those people who were unable to express their needs and wishes verbally, staff had detailed guidance on the behaviours, gestures and body language the person would use to communicate their needs or wishes. From talking to staff it was clear they knew people well. They were able to tell us about people's changing needs and how the support provided had been adapted to respond to these changes. People's support plans however had not always been

updated to reflect this.

The atmosphere at the home was positive and inclusive. The people we spoke with and their relatives were happy with the support provided. Everyone was confident that people were well looked after, safe and happy at the home.

New staff was recruited safely and there were enough staff on duty each day to meet people's needs. Staff had received adequate training and support to do their job role and staff spoken with told us they felt supported.

Medication was managed safely and people had access to a range of health and social care professionals in support of their needs.

There were mechanisms in place to monitor the quality and safety of the service but these were not always effective. For example, the provider's quality assurance system failed to identify that the service did not always reflect best practice guidelines or that aspects of service provision such as adapting the premises to meet people's needs.

People who lived at the home were given opportunities to express their views and where possible any suggestions for improvement were acted upon. Feedback on the service was positive and from our observations it was clear that people liked the staff and the place in which they lived. Staff morale was good and all of the staff spoken with had a positive, can do attitude. During our visit, we had no concerns about the support people received and the manager and staff team appeared committed to providing a good service.

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.

The premises were maintained but there was no safety certificate in place for the passenger lift.

Medicines were stored and administered safely.

Staff were recruited safely. There were sufficient staff on duty to meet people needs.

Staff were knowledgeable about types of abuse and the action to take to protect people from harm.

Is the service effective?

Requires Improvement

The service was not always effective

People were able to make choices in their day to day lives.

The Mental Capacity Act was not always considered when supporting people to make decisions.

People's nutritional needs and preferences were met. Information on people's food allergies required more detail.

The premises did not comply with best practice guidelines for learning disability services. Some premises adaptations had not been made as and when required.

Is the service caring?

Good

The service was caring

People's feedback on the support provided by the staff team was positive.

Everyone said staff were caring and supportive and knew them well.

People's bedrooms were homely and personalised with the things that were important to them.

Is the service responsive?

Good

The service was responsive.

People's relatives told us that they had a good relationship with staff and they were approachable and responsive.

Support plans were person centred. Staff had detailed guidance on how to support the person in the way they preferred.

People had access to day to day activities to occupy and interest them.

A clear complaints policy was displayed in easy read format for people who lived at the home to refer to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Aspects of service delivery required review to ensure they met current best practice guidance for learning disability services.

The provider had not always acted proactively to resolve issues that impacted on people's experience of the service.

People and relatives told us the support they received was good.

Staff morale was high. The staff team had a can do attitude and the culture of the service was positive.

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 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.

The inspection took place on 15 January 2019 and the provider was given 24 hours notice of the inspection. Giles Shirley Hall is a small care home for younger adults who are often out during the day. We gave short advance notice of our visit, as we needed to be sure that someone would be in when we arrived to carry out the inspection. The inspection was carried out by an adult social care inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since its last inspection by CQC in 2016. We also contacted the Local Authority for their feedback on the home.

During the inspection we talked to one person who lived at the home and two relatives. We also spoke with the registered manager and two house managers who worked in the home.

We looked at the communal areas that people shared in the home and visited a sample of their individual bedrooms. We looked at a range of records including two care records, medication records, staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

The home was clean and tidy and well maintained. A LOLER (The Lifting Operations and Lifting Equipment Regulations 1998) certificate to demonstrate that the home's passenger lift was safe to use however was not available at the time of the inspection. We saw that the passenger lift had been regularly serviced and maintained. We discussed the outstanding safety certificate with the manager of the service. They told us they would act on this without delay.

A Legionella risk assessment to identify and mitigate the risks of this bacteria developing in the home's water system was in place and showed the risk was minimal. The risk assessment required review as it was over four years old. A recent test of the home's water system showed that no legionella bacteria were detected.

The home's gas and fire safety arrangements were all safe and regularly checked. People had personal emergency evacuation plans in place which the manager told us were stored in a grab bag for staff to 'grab' in the event of an emergency. The home's fire evacuation procedure was displayed in the hallway of the home in easy read format so that people who lived at the home were reminded of the procedure to follow should they need to evacuate.

The people and the relatives we spoke with during our inspection told us people were safe and happy at the home. One relative told us "I really think (name of person) is happy. We love the staff here".

Staff spoken with had received training on how to recognise and respond to signs of potential abuse and were able tell us what action they would take to protect people from harm.

People's care files contained sufficient information about their needs and risks to enable staff to provide safe and appropriate support. The manager and staff were able to tell us about people's individual needs and the support they required.

We saw that appropriate pre-employment checks had been undertaken to ensure staff were safe and suitable to work with vulnerable people prior to them working at the home. The number of staff on duty was sufficient to meet people's needs. The same staff members had worked at the home for some time and knew people well. It was clear during our inspection that the people who lived at the home had positive relationships with the staff.

Medicines were stored and managed safely. We checked a sample of people's medication to see if the stock of medication left in the medication trolley was correct. We found this to be the case. This indicated that the people who lived at the home had received the medication they needed to keep them safe and well.

There was an electronic system in place for incident and accident recording and reporting. We saw that the details of the accident or incident and the action taken were recorded. From the records looked at we could see that appropriate action had been taken at the time the accident or incident occurred.

Requires Improvement

Is the service effective?

Our findings

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We saw that some people had a DoLS in place and that their DoLS had been renewed over a period of several years. We did not find evidence that people's capacity was always assessed when these safeguards were renewed. We discussed the implementation of the Mental Capacity Act with the manager, and the importance of ensuring that when people's DoLS were reviewed that the person's capacity was also re-assessed as part of this process.

One person had undergone a medical procedure. We saw that the staff had supported the person at each medical appointment. Records showed that the medical procedures to be undertaken had been thoroughly explained to the person and that staff had discussed the procedures to be undertaken with the person to ensure they consented. We did not find any evidence however that a capacity assessment had been undertaken to establish if the person had the capacity to consent to the medical procedure. We discussed the need for the manager and provider to ensure that the person's ability to consent to these procedures was assessed in accordance with the MCA if there were concerns about the person's capacity to do so. The manager assured us that staff had been confident the person understood the medical procedure to be undertaken and the risks involved at the time the decision to undergo the procedure was taken. Documentation maintained by staff in respect of these appointments confirmed this was the case.

We recommend that the provider reviews how the implementation of the Mental Capacity Act 2005 is implemented in the home to ensure that this legislation is fully complied with.

People who lived at the home were actively involved in making their own nutritional choices. They participated in menu planning each week and with a little help from staff were supported to make their own snacks and drinks as and when they wanted. A relative we spoke with told us that their loved one ate and drank well and was "Very well looked after". Another relative said "(Name of person) does their own bits in the kitchen. Staff support them (the person) to the best of their ability".

One person had a minor food allergy. We spoke with staff members about this person's allergy. Whilst staff members were aware of this person's food allergy, information in the person's support plan with regards to

this was sparse. This meant it was difficult to tell what type of allergic reaction the person experienced and staff lacked sufficient guidance on the action to take if the person had an allergic reaction. We spoke with the manager about this. They said they would be rectify this without delay.

The home was a larger than average domestic style Victorian property. There were 12 individual bedrooms and four communal areas for people to share . The home was situated in a 'campus' style setting surrounded by other autism together services which were openly signposted outside and clearly identified the service as a care home for people with learning disabilities. Some of the provider's day services were accommodated on the ground floor of the building which made it feel like less like an 'ordinary' person's home and less homely. The design and layout of the building therefore did not comply with the current best practice guidelines set out in 'Registering the Right Support'. This guidance recommends that people who live with learning disabilities and autism should be enabled to live as ordinary a life as any citizen. The design and layout of the building did not foster this philosophy and made it difficult to promote choice, independence and a sense that people were living in their own home.

Specific adaptations to parts of the home not been made to accommodate one person's changing needs. We spoke with the manager about this. They told us budget constraints had prevented the work from being undertaken. This meant that the person's ability to live as 'ordinary' and independent of life as possible was affected. The manager told us they would discuss the person's requirements with the provider again without delay.

There was no appropriate 'smoking shelter' outside of the home for people and staff who smoked to do so in comfort. The area outside used for this purpose was not fit for purpose and did not protect people from the elements. This required improvement.

Records showed that people had access to community based healthcare. For example, doctors, specialist medical professionals, dentists, audiologists and opticians in support of their health.

We looked at information relating to the supervision, appraisal and training of staff. Staff had received supervision from their line manager and an appraisal of staff skills and abilities took place each year. The manager told us that some staff had not received supervision as frequently as the provider's supervision policy recommended but said an action plan had been put into place to resolve this. We saw evidence to confirm this. We saw that the majority of staff had up to date training to do their job role effectively.

Staff meetings took place regularly and we saw that issues associated with the service and the staff team were openly discussed. We spoke with two staff members both of whom told us they felt supported by the manager and the provider. They told us they felt well trained to do their jobs. One staff member told us they "Really loved" their job. The other staff member told us they had recently been promoted to a supervisory role and had been supported by the provider to undertake a management qualification. This showed that the provider supported staff to perform their role effectively.

Good

Is the service caring?

Our findings

People and the relatives we spoke with told us that staff were supportive and caring towards the people they supported. One person said "Yes I like living here" and another said "I'm staying here forever". Relatives told us that people were well looked after and that the support provided was good.

One relative said "(Name of person) is very well looked after and happy with the people (staff) who support them". Another said their loved one was "Absolutely doing well" and told us the person had been "Happy to go back" to the service after a recent holiday. The relative had taken this as a sign that the person was happy at the home. It was clear from our conversations with people and their relatives that the manager and the staff team were highly thought of.

Staff we spoke with demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. Most of the people who lived at the home had difficulties communicating their wishes, feelings or needs verbally and each person communicated their needs in different ways. We saw that staff were familiar with each person's preferred method of communication. They had detailed information on the gestures or behaviours people would display when they were hungry, sad, happy or anxious or excited. This was good practice and enabled staff to anticipate people's needs and feelings so that appropriate support could be provided.

During our visit, we saw that the conversations between staff and people who lived at the home were spontaneous and natural and they looked relaxed and comfortable in each other's company. People bedrooms were personalised with the things that were important to them and they were supported to decorate their rooms in the colours and décor they wanted.

People's care plans contained details of the things that were important to them, the activities that supported their emotional well-being and the social interests that they enjoyed. There was a noticeboard on the ground floor that showcased people's positive achievements with their consent. This showed that the service cared about and celebrated people's individual successes with them. This was good practice.

During our visit the home had a relaxed atmosphere and we saw that people were supported to maintain independent living skills such as cleaning their own rooms and making their own snacks with staff support.

Resident meeting were held on a regular basis and people who lived at the home were supported to participate and express their views. Where people had made suggestions for improving the service, these had been acted upon by the manager were possible.

Good

Is the service responsive?

Our findings

Relatives told us the manager and the staff team were approachable and responsive to people's needs. One relative said they had "No worries" about the person's wellbeing. They said the person "Talks a lot now whereas they (the person) didn't before (they came to live at the home)". They told us this showed the person was happy.

Another relative told us tell us how quickly the staff team had responded to signs of the person's recent ill health. They told us that the staff team had been "Very, very good at communicating" with them about the person's illness and had ensured that the person got the support they needed.

All of the people who lived at the home had received support from the provider for many years either in this supported living service home or another of the provider's services. We saw that people's support plans were person centred and staff had clear guidance on how to meet their individual needs. Support plans covered all aspects of their physical and emotional health, their likes and dislikes and contained information about, the person's personality, life history and how the person preferred their support to be provided. From the way people's support plans were written it was clear that the person was at the centre of their own support. We saw that some of the information in people's files wasn't as up to date as it should have been. This was because when some people's needs had changed their support plan had not been updated to reflect this. Staff spoke with however knew what these changes were and the support provided was appropriate.

Some people experienced behaviours that challenged. We found staff were provided with detailed information on what behaviours people would display in various situations or when they became anxious or upset. The possible reasons why the person displayed these behaviours was outlined which helped staff to understand what people were trying to communicate when they behaved in a certain way. Staff also had clear information on the triggers to people's behaviours and what to do in order to reduce the person's anxiety or upset. This was good practice and enabled staff to provide the right level of support at the right time. This approach helped mitigate the risk of the person's behaviour and distress escalating.

There were systems in place to monitor incidents where people had displayed behaviours that challenged. Incidents of this nature were recorded on the provider's electronic accident and incident system. Clear details of who was involved, what happened and what action was taken were recorded. This was good practice as it enabled the provider to ascertain possible causes, triggers and solutions to why certain behaviour occurred. The incident reporting system gave staff a list of possible reasons for the which weren't always conducive to helping staff understand and learn from the events preceding them. For instance, one of the tick box reasons was classed as "attention seeking" which was very subjective.

Everyone who lived at the home attended the provider's day services known as 'CVS'. These services gave people the opportunity to develop a range of skills and enjoy a selection of creative and outdoor activities of their choice with their peers and staff. For example, there were opportunities for people to participate in vocational activities such as working in a coffee shop, the local garden centre, helping park rangers or

helping to maintain the local canal/barge walkways via River Trust. Other activities included landscaping, swimming, arts and crafts, information technology, music, animal husbandry photography and conservation. People were also supported to maintain their favourite hobbies and pastimes. This was good practice as it supported people's emotional well-being. This information could be further improved by including details of the skills people had learnt as a result of these services and how these skills were being maintained.

There was a complaints procedure in place which was openly displayed in the home. The procedure was available in easy read format to help people who may struggle to read or understand a written policy about how to make a complaint. The relatives we spoke with told us they had no concerns about the service and were very complimentary about the service and the staff team. They said that when they had had minor issues to discuss with the manager these had always been resolved quickly. They told us they found both the manager and staff to be fair, approachable and easy to talk to.

No formal complaints had been received about the service since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

We found that there were aspects of service delivery that were not always well led.

For example, the provider's quality assurance system had not identified that the service did not fully comply in full with 'Registering the Right Support' best practice guidance. The building's size, layout and location was not in accordance with current best practice guidelines for services supporting people with learning disabilities and or autism. There was little evidence the provider had reviewed the experience of people using the service in light of this guidance. Appropriate adaptations to the premises had also not been made to ensure one people's comfort and independence was maintained.
This meant the provider had not ensured that people were able to live as independent a life or as ordinary a life as any citizen.

The systems in place had not identified that the implementation of the Mental Capacity Act 2005 was not fully embedded into service delivery.

All of the people who lived at the home attended the provider's day services during the week. The provider's approach to those people who did not wish to attend these services was unclear. We asked the manager what would happen if a person who lived at the home did not wish to attend day services. They told us that it would have to be discussed with management and the person's funding authority. This response suggested that people did not always have the freedom to choose whether to participate in the provider's day service and did not indicate that the provider had an alternative strategy in place for people who did not wish to do so.

The staff team were responsible for managing the finances of some of the people who lived at the home. We saw that there was a clear process in place for the recording of people's expenditure. Checks of people's expenditure; receipts and remaining monies were undertaken regularly to ensure they were correct. Financial risk assessment paperwork however had not always been signed to show that people had participated in their own financial assessment or that they consented to staff managing finances on their behalf. This was not good practice.

A report on the service called an 'Action Review' was compiled by the manager each month and sent to senior management. This gave the provider oversight of how the service was performing. We could see from the sample of action review reports that we looked at, that the manager had reported ongoing issues with the home's boiler; re-decoration of the home and its flooring to the provider's estate department. The repetitive nature of the concerns identified however indicated that to date the provider had taken little action to address them. This did not demonstrate that the provider was always responsive to service issues that may impact on people's experience of the support they received. The manager showed us that these were featured in a redecoration plan that they had recently compiled for 2019.

There were monitoring systems in place to ensure medication was safely managed. There were also checks in place to ensure that the home's environment was safe and that first aid and evacuation equipment was

available.

People's views of the service were collated via a satisfaction questionnaire. The results were displayed on the home's noticeboard in easy read format. We saw that nine out of the ten people were happy with life at the home. We saw that one person had asked if they could have a pet and this had been facilitated.

During our visit, we found the manager and staff team to be inclusive and approachable. The culture of the service was positive and person centred and feedback from people who lived at the home and their relatives was very positive. Staff morale was good and staff spoken with told us they enjoyed working at the home and working for the provider.

The service had good partnership links with local healthcare providers, social work teams, community and vocational services. This ensured that people had access to the support they needed to have a healthy and meaningful life. This showed that there were aspects of the service that were managed well.