Autism Together

Helen House

Inspection report

Raby Hall Road
Bromborough
Wirral
Merseyside
CH63 0NN

Tel: 01517375926
Website: www.wirral.autistic.org

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This comprehensive inspection took place on 29 and 30 September 2016 and was announced. We announced the inspection because people living at Helen House attended day services and other activities and staff accompanied them. We wanted to be sure there would be someone there.

Helen House is part of a wide range of services provided by the registered charity Wirral Autistic Society. The house is on the Raby Hall campus alongside other Wirral Autistic Society services. Helen House is registered to provide accommodation and personal care for up to 20 people. At the time of this inspection there were 15 people living at the service. Three of the 15 people lived in an annex building consisting of three separate flats.

The service is located on the Raby Hall site and is a distinct and separate building from the others.

Helen House is owned and staffed by the provider, Wirral Autistic Society (WAS), which now has the 'working name' of Autism Together. The service is still registered as being provided by WAS. Also nearby this building were other WAS homes and a home farm centre and day services for the people living on the site.

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.

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

The home was furnished in a homely way which was according to people's taste, especially in their own rooms. We observed the people in the home on the days of our inspection. However, we were unable to speak with the people as most had limited verbal communication. We spoke with the relatives of the six people who used the service. They gave us their views on the service and about the care provided to their family members. People appeared happy and comfortable with their surroundings and with staff.

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

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

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements

and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations where in order to maintain people's rights.

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

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

The staffing levels were seen to be appropriate to support people and meet their needs and the staff we spoke with considered there were adequate staff on duty.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff on duty and they had been recruited appropriately and safety.

Medication was minimal was stored appropriately and administered safely.

Staff had been trained how to report any issues about safeguarding. People appeared happy with staff, who engaged in activities and conversations.

Is the service effective?

Good

The service was effective.

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

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

Many of the documents relating to people and posters in the home were 'easy read' format which allowed people to understand more readily what they were about.

Is the service caring?

Good

The service was caring.

People and staff were seen to be getting on well together and we observed that staff had people's care at the heart of their practice.

Is the service responsive?

Good

The service was responsive.

The records we saw were person centred. We observed that staff treated each person as an individual. We saw that people and their relatives had been involved in the creation of their care plan

which had been regularly reviewed by them.

We saw people were engaging in activities of their choice.

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

Is the service well-led?

Good

The service was well led.

The registered manager was approachable and professional. Staff told us that they were happy with the management arrangements

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

Helen House

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 was 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 comprehensive inspection took place on 29 and 30 September 2016 and was announced. We announced the inspection 48 hours before, because people living at Helen House attended day services and other activities and staff accompanied them. We wanted to be sure there would be someone there. One adult social care inspector completed this inspection.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We toured the buildings and looked in the communal areas and bedrooms where we were permitted access by the occupant. The registered manager told us that they had created two additional quiet areas which were originally bedrooms. This meant people could sit away from the main areas if they wanted to. We also visited the annex building which was occupied by three people who used the service.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We spoke with the registered manager and two team leaders and a deputy team leader and three support workers. They told us about the training and induction and how they were supported in their roles.

Good

Is the service safe?

Our findings

We spoke with five relatives about the care provided at Helen House. They told us that staff always acted appropriately to ensure people who used the service were safe. One relative we spoke with said, "The staff at the home make sure they support my [family member] to be as independent as possible. They is sufficient staff to keep my [family member] safe when they are out in the community."

The accommodation at the service was spacious with two main areas where people could relax and spend time doing activities. It was clear from our observation that people felt safe and comfortable being in those areas. Other people used their bedrooms and small lounges for quiet times and staff only entered if invited. People living in the three flats also had access to the own front doors so that they could lock them if they chose to.

Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe and that their needs were met and the service operated in a flexible way. We were told by staff that if they needed additional help then this was available. The registered manager told us that sometimes additional staff was needed so that staff working with a person could have time out.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise those risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents, and incidents and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the acting manager. We saw staff had received training in this subject.

There was a whistle-blowing policy in place. Staff were able to tell us what it entailed and the importance of blowing the whistle on poor care. Where the risk had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively.

We saw notices in the home about safeguarding which gave the telephone numbers to contact, if there were any concerns. These were also available as 'easy read' posters for the people living in the home to use. Easy read documents are those which make written information easier to understand and which often includes pictures, for people who are on the autism spectrum and those with learning disabilities.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up

to date fire risk assessment and people had an emergency evacuation plan in place in their records.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. We checked staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Medicines were stored and administered safely. Staff were aware of what medicines were to be taken and when they were required. All medication was stored appropriately. Where people were unable to consent to taking their medications we saw appropriate mental capacity assessments had been undertaken. There was an audit system in place to make sure staff had followed the provider's medication procedure. We saw the team leaders had carried out regular checks to make sure medicines were given and recorded correctly. Staff had received training in the safe management of medicines and regular competency checks were undertaken by managers to ensure staff were adhering to policies and procedures.

Some people were prescribed medicines to be taken only 'when required', for example painkillers and medication to help with agitation. The team leaders we spoke with knew how to tell when people needed these medicines and gave them correctly. We were shown protocols to assist staff when administering these types of medication.

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. The routine safety checks and certification had been completed on the building as required, such as fire safety, fire alarms, electric, gas and water systems and legionella checks and testing.

Good

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. The support workers we spoke with told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. Relatives we spoke with told us that they were very satisfied with how support was delivered at Helen House. One relative we spoke with told us that their family member was very settled living at the service. They said, "They have lived at the service for many years and staff continue to support my [family member] in the same way so that they can experience things that they enjoy like walking and swimming." Another relative said, "My [family member] is enjoying having the small lounge so that they can spend time away from the main group. We still feel involved in their care and staff keep us informed about their care needs."

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The care plans we saw demonstrated that people's mental capacity had been considered. Throughout the care plan we saw it detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure. The registered manager told us that all of the people who used the service had either an authorised DoLS or were awaiting an outcome from their applications.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

We were told that all staff had received training in the principles associated with the MCA and DoLS. All the staff had six week induction training at the beginning of their employment and we were given the schedule of this. Staff went through a probationary period of six months during which time they had to achieve certain standards and have training in various aspects of their work, such as medication training, person centred care, mental capacity, safeguarding and whistleblowing.

Staff also undertook more specialist autism spectrum training which included behavioural management, also known as 'nonviolent crisis intervention'. Before staff commenced working with people who used the service they spent several shifts shadowing more senior members of staff to ensure they had the skills and

competencies to work with individuals. We spoke with a recent new employer who confirmed these arrangements. They told us that they thought the training was excellent and they were very happy with the way they were introduced to people who used the service before working with them.

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

We noted that there were records of supervision meetings which occurred about every two months. Each member of staff had a yearly appraisal. Staff told us that they attended supervision meetings regularly and that it was a two-way process. Notes were made and both the member of staff being supervised and the supervisor kept a copy.

Staff were able to meet regularly at staff meetings. These meetings were structured and usually had a training aspect to part of the meeting. Policies and procedures, issues around the home and planning for activities for the people using the service, were often discussed.

Good

Is the service caring?

Our findings

People experienced care that was empowering, supportive and individual to their needs. Staff were respectful, compassionate and caring. This helped to create a safe environment where people could develop skills and independence. People who used the service were involved in developing their person centred plans which were written in a way they could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, spending time with family and friends. They also told us how they needed support with hospital and other health appointments.

Relatives we spoke with thought their family members were happy living at Helen House and staff knew them and supported them appropriately. We saw that staff interacted and supported people with care and patience. Although the people living at Helen House were receiving on-going support from staff, we saw that there was opportunity for people spend time in private if they were able to. People had their own bedroom and could spend time away from the communal lounge, when appropriate.

People's information was treated respectfully. We noted that the records relating to the individual people living at the home were kept confidentially and that they were only accessible to the staff.

The information in the care plans showed that assessments and reviews had been done involving people and their families. The information that was within them was readable by both families and the person they were about. The information also informed the professionals involved in people's care, as it showed how they needed to be supported by everyone involved in their care. Relatives we spoke with told us that they knew what was written in their family members' care plans and they felt involved in their care. Relatives consistently told us that they were involved in care reviews, which were held periodically throughout the year.

We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be. The care records had a section which described how the person communicated and how staff should approach each person to enable them to express their views and feelings.

Staff retention was good, and staff knew people well and had built good relationships. Staff came across as very committed and there was a nice, relaxed atmosphere. One staff member we spoke with said, "I have worked here for a while and really enjoy working with each individual living at Helen House."

We saw that the relationships which people had with friends and family were well maintained. They were encouraged and enabled to visit friends and family and to keep in touch. One relative told us how staff escorted their family member to visit them. Another relative told us how they visited their family member at Helen House. They said, "Staff are always helpful when we visit, they tell us how our [family member] has been and what activities they have been involved in."

We found that staff respected people's spiritual and cultural needs. Staff were knowledgeable about this aspect of people's needs and this information was also clearly reflected in people's care and support plans.

There was information available on the noticeboard about advocacy services. We saw in the care files that all of the people living in the home had relatives who supported them so did not need independent advocacy services. People were encouraged to seek their relatives' involvement in decisions relating to their care, when necessary. We saw records of meetings and other communications with relatives, whose views were taken into account.

Good

Is the service responsive?

Our findings

People told us they had freedom and choice. They said they chose what they wanted to do in the evening and when they wanted to go to bed. If they decided that they did not want to do a planned activity one evening, they could change their plans. We were told people were being asked if they wanted to spend the evening in Blackpool to go through the lights. On the second day of the visit we were told that people decided to go for a drive and have a fish and chip supper rather than visiting Blackpool.

Relatives we spoke with told us that staff kept them informed about their family members activities. One relative said, "My [family member] enjoys swimming in the on-site pool and also working in the gardens where there were small animals and vegetable garden." Other relatives told us Helen House had taken their family member on holidays abroad for example, to Disney Land Paris.

The care files that we saw were clear, understandable and person centred. They were comprehensive accounts of people's needs and demonstrated that each person and their family had been involved in the creation of their care file. Understanding and comprehension of their files have been facilitated by the use of 'easy read' documents. These care files contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs.

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

The staff we spoke with told us that it was important that they promoted people's independence. They described how they met people's individual needs and promoted their rights. Staff also described how people were observed and monitored in relation to their general well-being and health. There was emphasis on observations, especially for signs of any pain, as some people could not always communicate their needs verbally.

We saw that symbols and pictures were often used to provide information to people in formats that aided their comprehension. The support provided was documented for each person and was appropriate to their age, gender, cultural background and disabilities.

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

Activity plans were recorded in people's care files and showed that where possible, people had made their own decisions about of how to spend their time. We were told that some people attended the community vocational services (day services) while other people preferred to take part in other activities of their choice. Staff were available to accompany them to activities and people had plans in place which gave some

structure to their days.

We saw bedrooms were decorated to people's own taste and the rooms were personalised. A relative we spoke with told us that their family member was able to use the bedroom next to theirs, which had been converted into a small lounge. They told us they thought this had improved their family member's wellbeing.

The complaints policy and procedure was up-to-date and had been reviewed. It was displayed on the noticeboard in full and also in poster form. We spoke with six relatives who expressed satisfaction with the service. One relative told us that they had raised a concern about the decoration in their family member's bedroom. They said, "We discussed this with the manager who dealt with it straight away." Another relative said, "We found the door bell was not working which delayed us getting into the home. The manager listened to us and made sure the repair was made immediately." Other relatives told us that if they needed to raise any issues they were dealt with straight away.

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. Meetings were held regularly and relatives were informed about any issues or changes by telephone or letter. We saw that records had been made of these communications.

Good

Is the service well-led?

Our findings

The service was well led by a manager who was registered with the Care Quality Commission at this location since June 2014. He was also the registered manager for other locations within the organisation.

The service had a clear philosophy and set of values. These included aspiring to inspire and innovating and embracing change. We spoke with staff who demonstrated a good understanding of these values. They were reflected in people's individual plans, were in the organisation's policies and procedures, and were part of the staff induction and on-going training.

We observed that the atmosphere was calm and relaxed and we found the registered manager was well organised. They spoke positively about providing a high standard of service for people. Records showed the turnover of staff to be relatively low, with a good percentage of the team having worked at the home for a number of years.

We saw that the registered manager interacted well with people who used the service and spoke to staff in a positive way. All the staff we met said there were very good relationships in the team.

Staff we spoke with told us they felt well supported by members of the management team on a day to day basis, and also through regular supervision meetings and annual appraisals. They told us they were very happy to be working in the service. Daily handovers were also used to pass on important information about how people had been and what they had been doing. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days.

Relatives were actively encouraged to give feedback about the quality of the service. One relative said, "Our family member has lived at Helen House for 14 years and we are in regular contact with the service. We have had more contact recently as we feel our [family member] would now benefit from a smaller environment." Another relative said, "We are in discussion with the home about the opportunity for my [family member] to take part in activities in the community. We know this can sometimes be difficult, but we are hoping to resolve this soon."

It was clear from the care plans that there was good partnership working between staff at Helen House and other health and social care professionals involved in the care of people living there.

Policies and procedures were up-to-date and other documentation such as medication records; fire and other health and safety checks had been regularly completed and updated with action plans where necessary.

The home had systems in place to assess the quality of the service provided to the people who lived there. This included weekly medication audits, health and safety incident, accident and falls audits. We saw the previous two months audits and noted that they were up-to-date and any issues noted have been included in an action plan with the dated time for completion.

All the documentation was stored appropriately and safely in various locked cupboards within the home. Risk assessments were in place that identified areas of potential risks to ensure that the risks were managed safely and effectively. We saw that the manager had certificates to demonstrate she had taken protective measures to manage risks associated with the delivery of service and the potential impact on people who used the service.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. The staff spoke of strong commitment to providing a good quality service for people living in the home. They told us the registered manager was approachable, supportive and they felt listened to. One member of staff said, "I love working here we all work together and the support from colleagues is great."

Some of the activities provided by Wirral Autistic Society to the people living in Helen House included being involved in gardening and landscaping services and growing vegetables and garden plants from the small farm on one of their sites. This enabled people to develop good community links both locally and a little further afield.