

# The Wirral Autistic Society Woodland Grove

## Inspection report

14 Woodland Grove>  
CH42 4NU  
Tel: 0151 645 6014

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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 the 06 and 10th of August 2015 and was announced. We announced the visit to ensure that people who used the service and staff would be available for us to talk with.

This was the first inspection since the service was registered in July 2014.

Woodland Grove is a large Victorian semi-detached house at the end of a quiet cul-de-sac. It has five large and one small bedrooms. One of the large bedrooms was en-suite. There was a large kitchen with a laundry area, a dining room and a lounge. There was a bathroom with shower on the first floor and a shower room on the ground floor.

A large enclosed garden was freely available for people to use. Staff used the smaller bedroom on the second floor which doubled as an office and sleeping accommodation for staff who worked the night shift.

We visited the home on the 06 August and visited Oak House (which was the headquarters of Wirral Autistic Society) to view records kept there, on the 10 August 2015.

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'.

# Summary of findings

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.

The home was registered to provide care and accommodation for five people. At the time of our inspection there were four people residing in the home. The home provided accommodation for people with autism, learning disabilities, and associated conditions. All the people living in the home were men, and they were in and out of the building throughout the first day that we inspected.

The men living at the home were able to express themselves in a safe environment. They were able to choose the way they spent their day. They were taken to activities outside the home and encouraged to keep family connections by visiting where possible. Residents meetings were held monthly and between them they decided the sort of food that they would like to eat.

We found that the staff were well-trained and supported. They were able to demonstrate skill and competency in their knowledge about autism and the support of the people living at Woodland Grove. The people living there were clearly happy with the support that staff gave them and there was a good rapport between them.

Medication was given as directed and stored appropriately. Staff were able to demonstrate their knowledge of safeguarding and were able to tell us how to report an issue. The environment was clean and well decorated and the men's rooms were personalised to their own taste. The men were able to lock their bedroom doors, choose who entered their rooms and go in and out of the front door freely with support from staff.

Care records, staff records, audits and other documents relating to the running of the home, were well-kept and 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.

Staff had been recruited properly. There were disciplinary and other employment policies in place.

Sufficient staff were on duty at any one time and medication was administered and stored correctly.

Appropriate safeguarding procedures were in place and staff were conversant in their application.

People told us that they were safe.

Good



### Is the service effective?

The service was effective.

Staff were properly inducted and received on-going training and they were supervised and appraised regularly.

Staff understood and applied the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards and had made the appropriate referrals.

The premises were large, airy and well-appointed and suited the people living there.

Good



### Is the service caring?

The service was caring.

Staff were caring and approachable but remained professional throughout all interactions with the people living in the service.

People were able to laugh and joke with staff and they appeared very at ease with them. People's privacy and dignity were respected and every effort was made by staff to ensure that people were as independent as possible.

Good



### Is the service responsive?

The service was responsive.

The care plans reviewed showed that person centred care was very important to the staff. People living in the service and their families had been involved in a care planning and reviewing.

People were able to follow their preferred activities.

There was a well-publicised complaints procedure which was available in easy read text. Records showed that all complaints have been dealt with appropriately and promptly.

Good



### Is the service well-led?

The service was well led.

There was a registered manager who was very visible and who offered support to the staff.

Documentation was good, readable and up-to-date. The quality of the service was regularly checked and action plans put in place to rectify any issues found.

Good



# Summary of findings

There were good community links.	
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# Woodland Grove

## 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 inspection took place on the 6 August 2015 and 10 August 2015. We announced this visit in order to ensure that staff would be available on the day of the inspection and that we would be able to speak to some of the people using the service. Woodland Grove was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by two adult social care inspectors. We asked for information from the local

authority quality assurance team before the inspection. We checked the HealthwatchWirral and the NHS Choices internet sites. We also looked at our own records, to see if the service had submitted statutory notifications, or, where others had made observations on the service.

During the inspection we were unable to talk with the men living at Woodland Grove as they chose not to talk with us, or were unable to, but we did observe them during the visit. We briefly talked with five staff on duty and then later, with two of them in detail. We also talked with the registered manager and the team leader.

Later we telephoned relatives of the men and professionals who were involved in their care, to get their views about the service. We were able to speak to two families.

We observed care and support in communal areas, viewed the four care files for the men living at Woodland Grove, 15 training records for the staff, eight recruitment files, and other records relating to how the home was managed.

# Is the service safe?

## Our findings

One staff member told us that there were enough staff, but went on to say, “They hadn’t had a full team since they opened. They had been using bank staff and overtime”.

Relatives we telephoned told us they were happy with the care at the home and that it was safe.

A member of staff said, “I would report a safeguarding without hesitation”. Another described the process they would go through and we found this to be correct. They said, “They act on safeguarding stuff very quickly”.

Records showed that all staff had received training about safeguarding vulnerable people from abuse. The safeguarding training commenced within the first couple of days of induction and was refreshed annually. The home had safeguarding and whistleblowing policies and procedures and staff knew how to contact social services with any concerns. The safeguarding policy contained all the appropriate numbers of Wirral Autistic Society (WAS) staff to contact and/ or the local authority safeguarding team and CQC. It also had a flowchart about the actions they should take.

The two staff we spent time talking with were both aware of the whistleblowing and safeguarding policies and procedures and told us they were aware of how to report any concerns. They said they thought they provided good care to the people living at the home and would report any bad practice or mistreatment.

A number of safeguarding concerns had been reported to the local authority and to CQC in recent months. The incidents reported were all similar and had caused some disruption and distress to both the people using the service and the staff. We saw records which told us that the safeguarding concerns and incidents had been appropriately reported, recorded and investigated. Work had taken place to address the issues which caused the safeguarding alerts and we were told the home was a much calmer place to live in.

We viewed eight staff recruitment files and found that all the appropriate recruitment processes and checks had been made. For example, all the files contained two references, proof of identification and right to work in the United Kingdom and had the appropriate criminal records

checks completed on each person. A deputy team leader showed us how new staff are developed in their first six months’ probation and also showed us the files that new starters work through.

Wirral Autistic Society (WAS) had various policies relating to employment and working safely, such as grievance and disciplinary policies, health and safety and medication administration policies. We saw records for some staff in relation to disciplinary procedures which showed they had been conducted according to the WAS policy.

We looked at the staffing rotas for last month and this month and they showed that there was always sufficient staff on duty. Each person living in the home had one-to-one support and at times for certain activities, additional staff were on duty.

The locked staff sleepover room also contained the locked medication cabinet and the medical administration records (MAR). We saw that the room temperature had been taken each day, at eight in the morning and eight in the evening over the last month and all readings were below the normal safe level for the storage of medication, of 25°C. We were concerned that during the summer in the early afternoon, temperatures might have exceeded this safe maximum for medication storage. We were assured that if this did occur that fans were utilised to keep the temperature down for both the medication and the staff in the room. Plans were being made to re-site the medication cabinet to the basement area which was cooler.

We checked this month’s MAR records against the medication which was stored within the cabinet. The records had been correctly filled in and the quantities we found in the cabinet were accurate and reflected that medication had been given, as prescribed. We saw no missed signatures. Some people had items prescribed to be given ‘as required’ (PRN). These items were accurately recorded on the MAR charts and the PRN packs or bottles of medicine and the amounts left, tallied with the MAR sheet.

All the medication was in date and appropriately labelled. No controlled drugs were kept in the home. This meant that people had received their medicines as prescribed by their doctor.

## Is the service safe?

The home was clean and tidy and the furnishings were, in places, a little tired, but were the carpets were trip free and some were scheduled to be replaced because they were stained. Re-decoration had been commenced and we saw that the vacant room had benefitted from fresh paint.

The people who lived in Woodland Grove had a variety of conditions and did a range of things which we saw from the records, were risk assessed. Examples of these were, going out, using the kitchen and dealing with money. We noted that the risk assessments were reviewed regularly and adjusted if required.

Health and safety had been checked through various risk assessments and audits. The manager was responsible for checking the environment. We saw records of audits that had taken place regularly and fire equipment had been recently checked and it was liberally available around the building. We found that the home provided a safe environment for people to live in.

# Is the service effective?

## Our findings

One of the staff team told us, “They have supervisions and impromptu conversations to make sure staff are OK” and, “The registered manager and the quality development manager came and got involved during the recent difficult times [referring to the incidents which were recorded as safeguarding, as above]”.

A relative told us, “We are kept informed in various ways. Sometimes they call, we receive the WAS newsletter, we get reports on his wellbeing”.

We looked at the training matrix for all staff. Staff were up to date in training for providing care and support for people living at Woodland Grove. We looked at the training materials and information and saw that training was provided in-house by the provider, either face to face or through e-learning. We were shown the induction training programme and other training records which showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Staff when on induction and throughout their probation, shadowed staff on a decreasing basis in order to learn ‘hands on’.

Training for the support staff included health and safety, fire safety, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control. Specialist training relating to autism and associated conditions was also part of all the support staffs’ training plans. The staff we spoke with had completed the provider’s mandatory training and the specialist training. Staff told us that they were happy with the training provided.

Staff were encouraged to undertake progressive training in order to better skill themselves and/or to progress through the organisation. A deputy team leader told us how he is currently being supported to develop by attending a series of workshops, relating to the management of people and services. We saw that several staff had taken the opportunity to do this whilst others have chosen to remain in their current roles.

CQC has a duty to monitor the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The staff we spent time talking with were able to tell us about the MCA and DoLS. The manager was knowledgeable and had implemented a clear procedure with records in

place to show what actions have been taken in relation to the MCA. The documentation that we looked at showed that the appropriate applications had been made to the local authority. Two people had DoLS in place and another two had applications pending.

Staff told us that they had regular supervision meetings with the manager. There was an annual appraisal procedure that had been implemented for staff. The staff we spoke with said that they had received an annual appraisal from the manager. Records showed that regular supervision did take place and that it was a two way process, with both parties contributing. Notes had been made of the meeting and shared between the parties. Staff told us they were appropriately supported and that there was an open policy at WAS and Woodland Grove where they could talk to the manager about any concerns they had and that they always felt listened too.

Staff meetings were held regularly and the staff who worked at night also had their own meetings. We saw that at these meetings, various topics such as training, policies and procedures and social activities for the men and the staff, would be discussed. One member of staff told us, “They have team meetings monthly. However, they have been a bit more sporadic with the changes we have had to deal with”.

We saw that some staff had received awards or commendations for their attendance in any one year, which showed that WAS valued them.

We observed staff interacting with people throughout the day. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection engaging with the men, supporting them to make decisions and being very patient.

The cooking was in the main, done by staff. Some of the men participated or shopped. There was a joint decision taken at residents meetings about the menu, but alternatives were always available. The staff supported healthy eating, but were sensitive about this, respecting individual’s decisions and choices.

The house was a large six bed roomed house in a quiet area at the end of a cul-de-sac. It had a large enclosed garden with a greenhouse which was in need of repair. Five of the bedrooms were large and airy and one of these had an ensuite. Each bedroom was well decorated and



## Is the service effective?

personalised to the individual occupant's taste. A relative told us that since moving into a smaller home, "He has shone even more, he had become so proud of his room. He's made it his own".

The smaller bedroom was utilised as a staff room. The communal areas were a spacious and airy, with a lounge and a dining/quiet room. People could be alone if they chose to be or mix with others if they desired. The kitchen was large enough to enable both staff and the men living at

home to participate in any food preparation or cooking that they chose to do. There was also a laundry area off the kitchen which was used by the individual men, with staff support, to do their own laundry.

The garden, we were told, was a project to be completed in time, by one of the men who was very interested in restoring the greenhouse and planting new plants out into the garden area.

# Is the service caring?

## Our findings

One relative told us, “We have been really impressed. He is really happy there, he has settled really quickly. The support has been appropriate and good and they have looked after him well”.

A staff member told us, “It’s been tricky, but we are OK now and moving forward”.

We observed caring interactions between staff and the people living at the home. We noted the men who used the service were supported where necessary, to make choices and decisions about their care and treatment. Staff were seen and heard to encourage people asking them what they wanted and discussing options.

We saw that staff respected people’s privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private in their own rooms. We observed people being listened to and talked to in a respectful way by the manager and the staff members on duty. People were not inhibited from expressing themselves in an individual way. During our visit people popped in and out of the room we were using, freely moving about their home and communicating with us and staff.

We noted that staff supported people in a dignified way, respecting their choices and decisions, whilst directing them to consider other options, if it were necessary.

People were constantly seen to ask questions or to pass comment and the staff dealt with this appropriately. Staff were all seen and heard to support them, communicating in a calm manner and also reassuring people if they were becoming anxious about anything. It was clear from the content of the conversations that there was a friendly familiarity between staff and the people they supported, but that staff retained their professional approach where necessary.

People’s opinions were discussed and their views were sought and respected. The relationship between the staff members and the managers, with the people at Woodland Grove, was respectful, friendly and courteous.

The manager and staff told us that all of the people could express their wishes and all had family/friends to support them to make decisions about their care. The provider had an effective system in place to request the support of an advocate to represent people’s views and wishes if required. The information for advocates was displayed on the notice board in the front lobby.

We looked at the ways people were able to express their views about their home and the support they received. We were told that residents meetings were held every month. This was confirmed by the records. Minutes showed that meetings took place and that the men present were asked for any comments or suggestions. We saw that actions had taken place as a result of these meetings.

Individuals from all the services provided by WAS were able to participate in the Service User Forum and information about this was on the noticeboard. There were copies of ‘Shout’ which was the WAS newsletter, which gave information about recent outings, achievements and activities.

The independence of people living at Woodland Grove had been promoted, but in a limited way, because of the safeguarding issues which had occurred over the recent months. Care plans had just been updated to reflect the on-going and new aspirations of the people living at Woodland Grove. The staff at the home had managed a difficult situation in recent months which took much of time and efforts. They now had the time and focus to ensure that the independence of people who lived at Woodland Grange was their priority, as has been demonstrated by the reviewed and updated care plans for each of the people living there and by our conversation with staff.

# Is the service responsive?

## Our findings

One relative told us, “We did have to make a complaint a few months ago, but WAS really listened and we are happy about how the complaint was handled. We know it wasn’t WAS fault, but they still dealt with it well”.

Another told us, “We have noticed simple things; when we take him out, he tells us about the good things he has done, the good days he has had. We have noticed lots of these subtle differences in him”.

A staff member told us that staff, “Took everyone out to the club yesterday evening”.

All four of the care plans we saw demonstrated that person centred care was at the forefront of the individuals care plan. The assessment undertaken each person was thorough and reflected the individuality of the person their condition and their needs.

The care plans contained personalised information about the individual such as their background and family history, health, emotional, cultural, and spiritual needs. The individual person and their family had been involved in the writing of the care plan as much as possible.

Much of the documentation within the plan was in easy to read format. This was a pictorial version of their care plan, so that the person, who they were about, could understand what the content was.

One professional had written a compliment about, ‘The detailed and comprehensive paperwork’ in the care plan.

The care plans had been reviewed regularly and the thoughts and comments of the people they were about and their relatives had been incorporated into any reviews. We saw that relatives had commented about the care of a person, saying, “We are involved in care planning”.

Each care plan was individualised and reflective of the person it was about. For example, one of the men had very particular tastes in food. This was provided for him but these did not actually promote what could be normally considered as a healthy eating diet and what the staff were trying to encourage. This gentleman was able to make his own choices and have them respected.

Each of the men had activities plans which took them through the week. These included activities such as participating in the community voluntary scheme which

helped to grow produce in the garden, visits to the pub, visits to the local club, and some activities which related to the running of the home such as shopping. Each person engaged with activities which suited them and which they had said they wanted to do. One relative told us “He hasn’t settled at day services so the staff have found him other things to do. He was not made to go to day services”.

Some of the men regularly visited their family or the family came to see them. Sometimes this was for extended periods of time and staff would accompany them.

Most of the people had had lived at the home for some time. Staff told us that they were very aware of the support that people needed, to move on from a service that they were used to. They told us they had been involved with the people who had recently moved into Woodland Grove and with one person who had moved out of Woodland Grove. They demonstrated to us that they were aware of the difficulties some transitions would impact on the individual. They told us that they would deal with those difficulties with understanding and training.

There was a compliments and complaints file. There were many compliments written by relatives, such as, “He is doing ever so well. I am pleased with his support and the increase in his confidence”. Another had written, “You have our trust. I am amazed at how well the staff have worked with him”. A further comment was, “We are so grateful for the way you are handling this difficult time. Thanks for all your help and support”.

People told us staff listened to any concerns they raised. There had been two complaints raised at the home in the last twelve months. We were provided with the complaints policy and procedure. We saw that both had been dealt with appropriately and quickly. The complaints procedure was displayed on the notice board by the front door and on the notice board in the lounge/dining room.

The home worked with professionals from outside the home to make sure they responded appropriately to people’s changing needs. We saw records of communications between the home and other health and social care professionals involved in people’s care and support.

## Is the service responsive?

The registered manager and people at the home told us that they had a residents meeting every month. The notes of the last meeting were on the notice board in the lobby. We looked at the record of meetings which informed how issues raised in discussions were actioned and by whom.

# Is the service well-led?

## Our findings

One person told us, “WAS do act on stuff quickly”.

A staff member told us, The manager is supportive and it's easy to get hold of them”.

The leadership was visible and it was obvious that the manager knew the people who lived in the home extremely well. Staff told us that they had a good relationship with the manager who was supportive and listened. We observed staff interactions with the manager which was respectful and light hearted. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

A deputy team leader told us they could have discussions with the registered manager which were open and transparent and that were very supportive. They said, “There is a difference of opinion sometimes but this leads to healthy debates”.

There were systems in place to assess the quality of the service provided in the home that included weekly medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the audits for May 2015 to July 2015. The home had only been open for a year and at the time of the inspection, formal feedback/questionnaires had not yet been sent to relatives, professionals etc.

The team leader had devised a new system to identify, develop and record people's skills, called the, ‘Skills Development Plan’. This had just been authorised by WAS, to be trialled as a pilot, at Woodland Grove. If it was successful, it would be implemented throughout the WAS. This demonstrated that practice had been questioned and that innovation was welcomed by the provider.

The people living in Woodland Grove used the local facilities in their community, such as the shops, the gym and the pubs. They also attended the provider's day activities and were able to do a range of things, such as gardening or craftwork.

We saw that the policies we viewed were up to date and covered a range of issues, such as health and safety, fire procedures, confidentiality, whistleblowing and keeping people's belongings safe.

We looked at a selection of records throughout the inspection. All were seen to be up to date and relevant. All the records we looked at were correctly completed by staff, who had signed, dated and collated the information required to be gathered for the individual's. Action plans had been completed as a result of checks and audits made by the registered manager and team leaders.

Confidentiality was maintained with the storage of all personal files in the locked staff office.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The home met the current registration requirements as required by law.