

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Wirral Autistic Society - 86 Allport Road

86 Allport Road, Bromborough, Wirral, CH62 6AG

Tel: 01513347510

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Wirral Autistic Society
Registered Manager	Mr Callum Logan
Overview of the service	86 Allport Road is part of a wide range of services provided by the registered charity Wirral Autistic Society. The home provides accommodation and support for three people with varying degrees of autism.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safety and suitability of premises	8
Staffing	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Not all of the records we needed to look at were kept on the premises so we visited Wirral Autistic Society headquarters and sampled records and files. We looked at how the organisation recruited staff and what checks they made to ensure that candidates were suitable to work with vulnerable adults. We looked to see what training staff attended, how the organisation managed complaints, what policies and procedures were in place and how the organisation monitored its own performance. Some of the records were kept as paper records, others were computerised.

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions, "Is the service safe?". "Is the service effective?". "Is the service caring?". "Is the service responsive?". "Is the service well-led?"

86 Allport Road is a large detached property and home to three people. We talked with one person living at the home and generally with the others who lived there. All the people using the service appeared relaxed and content. We also talked with two members of staff on duty. We looked at various records including care plans for the people living there.

Below is a summary of what we found. The summary describes what people using the service and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

There were enough staff on duty to meet the needs of the people living at the home and a member of the management team was available or on call in case of emergencies.

Staff had been appropriately and properly recruited, ensuring that Criminal Records (CRB) or Disclosure and Barring Scheme (DBS) records had been checked.

Staff were trained in safeguarding principles and procedures and the people living in the

home had been given information in easy read format to help them raise a concern if they were worried about anything. The home had a safeguarding policy which was regularly monitored.

Is the service effective?

One person told us that they were happy living in the home and staff supported them to do what they wanted.

Staff had received training to meet the needs of the people living at the home.

Is the service caring?

People had been involved in the development of their care plans and continued to be involved throughout their stay in the home. We noted that people's preferences about, for example, activities, room layouts or clothing choices, were respected by the staff. The people who used the service were supported, where necessary, to make these choices and decisions.

People had access to activities that were important to them and had been supported to maintain relationships with their friends and relatives. One person spoke with us about their work placement and going regularly to church which was important to them.

Is the service well-led?

Staff had a good understanding of the ethos of the organisation.

Quality monitoring processes were in place to ensure the service continually monitors progress and improvement.

The home completed various audits throughout the year, which contributed to an annual audit. An action plan had been produced to address any areas of concern raised through all of the audit and feedback processes.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The care plans we saw had involved the person and/or their relatives, in the planning process. People had been able to agree and consent to their care and support and we noted that they had actively been involved on a day to day basis with choice and independence.

We saw that various tools to enable planning which included picture boards were available to help and support people making choices in respect of the activities, food and lifestyle choices. This meant that people were respected by staff who engaged with them while planning activities.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at three support plans.

We found that plans were well written and had involved and included the individuals where possible. One person living in the home had been very involved in managing her own plan and discussing with staff how her needs could be met. We saw that family members or other people important to them had been included in the planning process.

We saw that plans were person centred and written in the first person.

There were comprehensive support plans for all aspects of the person's life and evidence that risks had been identified to ensure that people stayed safe.

There was a general evacuation plan for the home and personal plans for those who lived in Allport Road. The provider may wish to note that fire drills occurred at the same time each week. Times should be varied to ensure people in the home do not become complacent with the fire alarm going off.

We saw that people's preferences for food and drink, activities, preferred routines and religious beliefs had been identified and included in daily living. Support plans had been reviewed at regular intervals.

One person we spoke with told us that it had been their home for a long time and they enjoyed living there.

Records were maintained in respect of any involvement with medical and specialist services.

Staff had developed information around the morning and evening routines of people living in the home. We found this very detailed and this meant that support staff worked in a consistent way with individuals.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our visit to Allport Road we had a tour of the premises.

All areas were clean and tidy. Peoples' bedrooms had been personalised according to their taste.

We found that some areas of the home were in need of repair and/or decoration, for example there had been a leak and this had caused damage to the ceiling in the "snug". There was damage to the render on the bay at the front of the property. Inside the bay we saw that ants were present. The carpet in the dining room had a fairly large hole where it had worn away; it had been covered with a door mat. The hole and the mat could pose a trip hazard to people living there, the staff and visitors to the home.

We found that there was not adequate means of fire detection or ventilation in the garage which was used as a utility room. Following the visit the manager told us this had been addressed.

We saw that throughout our visit the door leading from "the snug" to the hall was held open with a wedge. This posed a risk to the residents and the property in the event of a fire.

We spoke with staff as there was a strong odour of urine in one of the bedrooms. We checked care records and saw that the person behaviour had improved and no behaviour around continence issues were evident.

We were told that the carpet had been cleaned but found the smell had not gone. This matter needed to be explored further as to the cause of the malodour.

We spoke with the manager following the visit who told us that there was a plan to address the areas identified. The provider may wish to note that maintenance and repairs need to be undertaken in a timely manner to ensure the safety of people living in the home, staff and visitors.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were effective recruitment and selection processes in place. We spoke with the registered manager and two staff members. We observed their practice whilst supporting and communicating with some of the people.

Staff had been employed by the provider for some time and regularly worked at Allport Road and knew the people living there well.

The staff files were kept in locked cupboards at the head office and were uniform in their contents and in the way they had been put together. Staff files for a variety of posts were seen, including a peripatetic support worker.

All the records demonstrated that all the appropriate recruitment checks had been carried out before the applicant was able to commence employment with the provider. We saw that passport and/or driving licence copies were in most files as proof of identity.

In all files, references and criminal records checks were recorded.

This meant that appropriate checks were undertaken before staff began work.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At Allport Road we saw that regular environment audits took place on specified days. Staff also were checking that equipment was available to manage emergencies for example, fire blankets, first aid kits and fire-fighting equipment.

We saw a range of audits and quality checks at Oak House for their services.

We saw that WAS obtained the views of people using the service, relatives, and others involved with peoples care annually. Results collected from the most recent survey was satisfactory or better than satisfactory.

WAS had a quality audit rota and required a process which included audit, action, completion and evidence of outcome.

Locality managers had to check on locations throughout the year. This was scheduled so that one location per week had a check. This meant that each location was visited by several managers, over the year. We spoke with the manager who told us that the audits had identified areas for refurbishment and these had been planned.

The home had a complaints policy. There have been no complaints in the last year. We spoke with one person living in the home who told us that if they were unhappy they would speak to staff. We saw that a complaints document had been developed using symbols for those people who need it in that format.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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