

Key inspection report

Care homes for adults (18-65 years)

Name:	Giles Shirley Hall
Address:	York Street Bromborough Pool Wirral CH62 4TZ

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Diane Sharrock	2 8 0 9 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Giles Shirley Hall
Address:	York Street Bromborough Pool Wirral CH62 4TZ
Telephone number:	01516435563
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Wirral Autistic Society
Name of registered manager (if applicable)	
Ms Jane Roberts	
Type of registration:	care home
Number of places registered:	12

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	12	0
Additional conditions:		
The registered person may provide the following category of service only: Care home only - Code PC. To service users of the following gender: Either. Whose primary care needs on admission to the home are within the following categories: Learning Disability - Code LD. The maximum number of service users who can be accommodated is: 12		

Date of last inspection									
-------------------------	--	--	--	--	--	--	--	--	--

Brief description of the care home
Giles Shirley Hall provides personal care for eleven adults with autism. The service is enclosed within a converted village hall. The Wirral Autistic Society has a conference hall and technology suite also housed within this building. These facilities are infrequently open to the general public. They are used by the societies day services Monday to Friday from 9am to 4pm. There is a separate point of access to the building for the general public/day services. The service consists of four flats, which are accessible to one another and share the same main entrances. All bedrooms are single and have en-suite facilities. Each flat has a communal area comprising of a domestic style kitchen and dining/lounge area. There are gardens to the front and side of the

Brief description of the care home

service. Giles Shirley Hall is reasonably close to local shops and to public transport services. Parking is available on the main road. The service is run by Wirral Autistic Society who have several care homes for adults with autism in the area. Wirral Autistic Society provides a range of day services and facilities. Fees are negotiated at the time of placement and are dependent upon a number of factors including the amount of staff cover required. The weekly cost for the service ranges from 906.00 pounds to 1450.00 pounds. A copy of the statement of purpose, which describes the services offered at Giles Shirley Hall, is made available to relatives and social workers and potential person wanting to live at Giles Shirley Hall. The inspection report is available at the service for anyone to read.

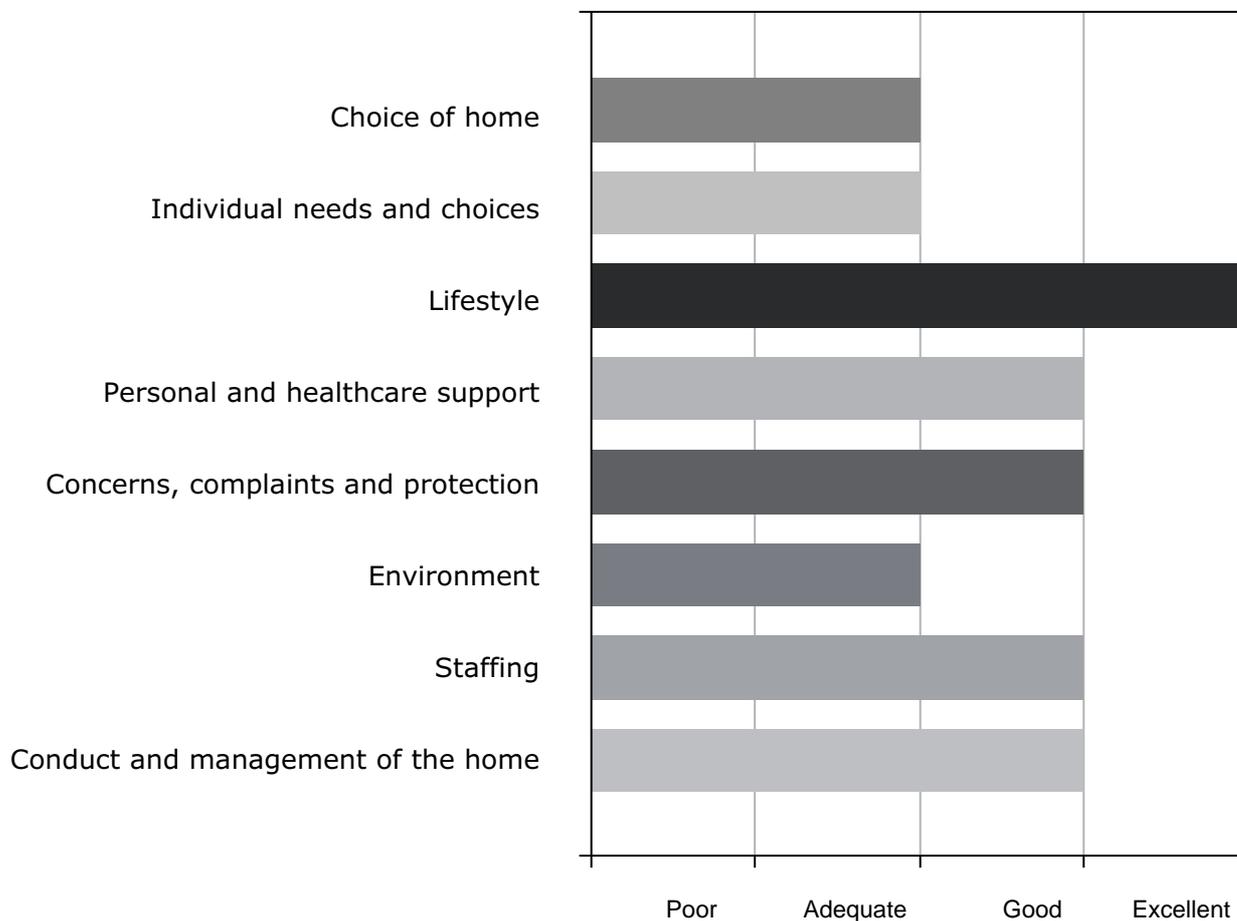
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The overall quality rating for this service is 2 star. This means that people who use the service experience good quality outcomes.

This unannounced visit took place on the 28th September 2009 over a period of 8 hours. This was carried out with the help of the manager. Every body was at out during the day time during our visit so we met people on their return home early afternoon.

We gathered information for this visit in a number of ways. We sent surveys to staff, and to people who live there and to 2 health professional. We (the commission) looked at records and included comments made in comment cards returned to us and surveys carried out by Wirral Autistic Society. We also sent comment cards to relatives so they could offer their opinions about the home.

"Case tracking" was used as part of the visit to the home. This involves looking at the

support and care a person gets from the staff as recorded in their support plans, including information on medication, money, daily life and their living conditions.

The manager completed a questionnaire called an aqaa that we sent to us before our visit. The information from this was used by us to plan this visit and in writing this report.

It gave us alot of detailed information to show how the service was managed. It gave various details of how the manager is continuing to develop the service for the benefits of people living there.

What the care home does well:

The staff have developed communication records called, "Communication Passports". These records are developed over time by staff who get to know each persons needs and help to identify how they express their choices in how they live their life. The communication records are a good example of the time taken by staff to produce records that help everyone to be kept updated in how each person communicates their likes, dislikes, choices and emotions.

The organisation offers a day service with excellent facilities that most people within the homes can attend. These facilities include things such as, computers and technology, dance and drama, garden and horticultural facilities, they also have their own music studio.

What has improved since the last inspection?

The people we met told us they were happy at the home and had most things that they needed.

Staff on duty were able to explain the way in which they supported individuals and showed how they carry this out in their role as a key worker. We noted that people living at the home had a good rapport with the staff and the staff were very respectful in the way they supported each person.

We received 1 staff survey which overall was positive about their experiences at working at Giles Shirley Hall. Staff comments included, eg, "The staff are well trained, experienced and committed to the care and support of clients. they are highly motivated and work to high standards and are an excellent team with lots of individual skills and experiences. They go to great lengths to understand individual needs and work to personal planning. Every aim is to improve clients quality of life, ensure their happiness, work towards their Independence, fulfilment....."

Information about how to raise a concern or complaint is made available to the people living at Giles Shirley Hall in a pictorial format. This is good practice as it helps to increase the opportunities for people to have a better understanding of the ways in which they can raise concerns.

We had recently received one anonymous complaint to the commission regarding the company admitting an extra person to the home making the numbers of people living there over the legally acceptable numbers. This issue has been dealt with by the commission following that complaint. We carried out an unannounced visit on the 13th July 09 and a random report was produced giving evidence of our findings.

Each person had an individual day service timetable and a range of social activities available to them throughout their week. This includes activities such as: swimming, fishing, walking, cinemas, theatre, pubs, clubs, restaurants, and holidays.

What they could do better:

Full feed back was given to the manager both during and on conclusion of our visit.

To have updated financial records, support plans in place. These records must be clear and accessible to everyone residing at Giles Shirley Hall and their representatives and should show that finances are being managed in each persons best interest and with their consent.

To keep each persons support plan under review to make sure it is accurate and up to date with the persons needs to safely live at Giles Shirley Hall.

To make sure that all precautions are taken to keep people safe against the risk of fire. To have an updated fire risk assessment with the right details and information to keep people safe.

To carry out regular audits on the management of medications and to review the handwritten entries so that actions can be taken to increase checks on reducing any potential errors. To review and update each persons support plan covering advice and guidance regarding the management of their medications. This will help to make sure that people have the right information and guidance to appropriately support them with their medications.

The home should have monthly unannounced visits carried out by a nominated person who is not directly concerned with the conduct and management of the home. This is to make sure that opinions can be made regarding the standard of care and support provided at the home and can be reviewed by the provider and help ensure good standards of support are consistently maintained.

To review current practices for quality assurance checks and to take necessary actions to provide consistent and regular auditing to help measure the standards offered and success in achieving the aims and objectives and the statement of purpose. To carry out regular surveys and publish the findings to ensure people are given feedback to the comments and opinions made.

To update the statement of purpose and service user guide so the people living at Giles Shirley Hall have the most up to date information available to them to help them make decisions and choices about the home.

To review the cleaning standards within the home and to provide the right input and review to make sure the home is always kept clean and of a good standard to promote peoples rights and dignity.

To review the use and appropriateness of staff notices displayed in the general living accommodation. To look at removing them to help create a more homely feel to peoples living accommodation.

The management of training and induction should be reviewed so that evidence is in place that staff have received up to date and necessary training to be able to effectively do their job. Records of staff interviews should be stored and kept as evidence of the interview that took place prior to staff starting their job. These records are considered good practice and necessary to show good management of equal opportunities and following good employment processes.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Giles Shirley Hall offers various information to help people make decisions and choices about the home.

Evidence:

The homes pre inspection questionnaire, (the aqaa) gave alot of information saying, eg,

"The statement of purpose and service user guide in Giles Shirley Hall are detailed documents which provides prospective service users with details of the service offered in the home, thus enabling an informed decision to be made about admission to the home.... Clients are assessed annually and this is an opportunity to formally meet with all interested parties to discuss the continued suitability of the service to the individual. This annual review is reviewed on a 6 monthly basis to ensure that the agreed goals and aims are being achieved and enabling changes to be made to the care plan if required.....Within the last 12 months, we have become increasingly aware of the need to adapt a number of documents into a simpler format to enable the clients to better understand their content. This has been achieved in relation to

Evidence:

the client complaints policy and procedure and the client complaint form The service user satisfaction survey had also been simplified. Wirral Autistic Society has also developed a Policy Review Group who are working through current policies and reviewing them to ensure they are compliant with current legislation and guidance. "

We looked at the statement of purpose and service user guide which was displayed on notice boards and included good information on the facilities on offer. It included visual pictures which may help some people understand the information given. We noted that these documents still referred to the old address and name of the commission and it still had a picture of the previous manager. It would benefit from being updated in case anybody wanted to contact our department and needed help in making choices and decisions about the home.

The company do have good procedures which help people to choose where they want to go and helps them to gradually move into a home and get to know the people they would be sharing with. Staff complete assessments called, "internal move assessment plans". When these assessments are completed they help to show how people are supported to gradually choose and make the move to live at a home. However we had been notified previously where the company admitted somebody in an emergency and these good practice procedures could not be fully followed. The commission carried out an unannounced visit to the home on the 13th July 09 to review a serious situation. The organisation and manager had admitted another person to live at Giles Shirley Hall so they were over their registered numbers. During our visit we had been advised that the home now have 11 people and are no longer breaching their registration requirements.

One person's plan was discussed with the manager as most parts of their plan had been developed by their previous placement and various parts had not been updated from when they started to live at Giles Shirley Hall.

We acknowledged the previous emergency situation had a lot of mitigating circumstances and the company had tried to help provide a suitable outcome for people they support. However the manager acknowledged this had been a learning curve and was something that would not be repeated.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's individual needs are identified by staff and in support plans so staff can support them to meet those needs.

Evidence:

The homes pre inspection questionnaire, (the aqaa) gave a lot of information saying, eg,

"Service user satisfaction surveys are given to clients and, where changes are requested, adaptations to the timetables are made. The clients living at Giles Shirley Hall have a variety of support needs and this support is built in so they have flexibility within the weekly timetables which are dependent on client well-being. Depending on the clients the timetables may be more structured which is appearing to benefit the needs of some of our clients to manage their autism and subsequent anxiety levels.....The documentation for client reviews is in the process of being revised to better reflect the person centred approach used to support both clients in their daily lives.....Our plan for improvement during the next 12 months is to continue the

Evidence:

development and introduction of activities not previously tried that may be of interest to the individuals. It is hoped that this can encourage the clients to be more confident when making choices in their daily lives. To continue the development and introduction of more person centred documentation to more clearly reflect the clients wishes, dreams and desires for their life. To continue to consider the option of supported living and individual tenancies for some of the clients living at Giles Shirley Hall. "

Individual support plans were available for each person. Each person has a person centred plan in place. We looked at three of them to help with our case tracking. The plans were detailed in part and mostly reviewed and updated in parts helping to give enough information to show how their personal, health and social needs would be met and covered a diverse range of needs and requests.

We had been told verbally that some people could have 2 staff to support them at certain times in the day and night and sometimes this may change to 1 staff supporting a person. However the support plans did not tell us of this staffing support . The records could not give a good rationale to show how this had been decided and how it would meet the persons individual needs. The manager acknowledged the need to review this plan as a matter of priority so that everyone had the most up to date information to show how this person needs to be appropriately supported while living at the home. Following our visit the manager has contacted us to keep us uptodate and let us know whe has started to update this plan and will have it complete by the 3rd of October 2009.

The staff have developed communication records called, "Communication Passports". These records are developed over time by staff who get to know each persons needs and help to identify how they express their choices in how they live their life. The communication records are a good example of the time taken by staff to produce records that help everyone to be kept updated in how each person communicates their likes, dislikes, choices and emotions.

In discussions with the staff on duty they were able to explain the way in which they supported individuals and showed how they carry this out in their role as a key worker. We noted that people living at the home had a good rapport with the staff and the staff were very respectful in the way they supported each person.

We looked at a sample of financial records kept at the service of personal allowances which were well kept and accurate and in good order of the monies managed by them. Staff had developed records called, "Me and My money" were they had tried to show

Evidence:

were people were being supported with their finances.

During our visit we met a group of senior managers and staff from head office who came to discuss their plans and procedures that they had developed to show how they will individually support people with their finances. They are hoping to have more person centred procedures in place by the end of December which they are confident will give better and improved methods of supporting people in managing their finances. These new procedures and policies showed a lot of work and development in making records clear and adapted in picture formats for people to understand.

The manager has started to implement the new procedures and acknowledges that although various financial records and people's monies are still stored at head office. She was confident the new procedures would help make improvements to showing a more person centred approach to each person living at Giles Shirley Hall. Updated support plans will help to show where people are supported in giving their consent in choosing how they want their support or management of their finances.

The company had also developed a policy explaining the forthcoming procedures to describe the financial processes that will be offered to people to support them with their money.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Giles Shirley Hall are supported so they can live a lifestyle of their choice.

Evidence:

The homes pre inspection questionnaire, (the aqaa) gave alot of information saying, eg,

"Each client has an individual day service timetable and a range of social activities available to them throughout their week. This includes activities such as: swimming, fishing, walking, cinemas, theatre, pubs, clubs, restaurants, and holidays, to name but a few. In our recent accreditation review it was acknowledged that we offer and support clients in a structured yet varied lifestyle that benefits their autism. Clients are supported if they suggest an alternative activity and their involvement in the community is encouraged. Families are encouraged to remain an active part of their

Evidence:

family members life and the clients who live at Giles Shirley Hall have regular involvement with their respective families which include regular home visits for some of the clients. Some of the clients have staff support when in the community in line with agreed risk assessments. However some of the clients are able to access the community independently both in leisure activities and work placements again in line with agreed risk assessmentsService users have the opportunity to learn & use practical life skills through their day services timetable & through activities on residential services. Four service users take part in work placements/ college courses.....Each service user has support provided for 7 nights holiday entitlement."

In discussions with the staff and in looking at records, they showed that the people living there always receive the support they need to get out and about regularly in their local community. The organisation also offers a day service facility with excellent facilities that most people within the homes can attend, which include things such as, computers and technology, dance and drama, garden and horticultural facilities, they also have their own music studio.

During our visit everyone was out in the day and most people were at day services and college or place of work. The records we looked at for each person showed a variety of activities that each person had been involved in, such as swimming, fishing, trips to the cinemas, shopping, theatre, pubs, restaurants and regular holidays. Each persons file showed that staff do try to plan social events and activities and also carry out risk assessments to help make activities as safe as possible.

Each person has their one room in a small flat-let with just 2 or3 other people. These small flat-lets within Giles Shirley Hall have their own small open plan kitchen, dining area and lounge. Everyone was getting ready for their evening meal when they got back home and staff told us that sometimes people will help in preparing the meals. Most people that we met were relaxing in their own room in the evening while waiting for their meal and some people were visiting others in the flats. The people we met told us they liked living at the home. They kindly showed us their personal rooms and said they liked their rooms. Each person had been supported to develop their room with lots of personal items so they had everything they wanted.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Giles Shirley Hall are supported to stay healthy and safe.

Evidence:

The homes pre inspection questionnaire, (the aqaa) gave alot of information saying, eg,

"Clients health needs are met by the following: Registered GP, Dentists, Opticians, Health Passports, Annual medication Review (with GP), Psychiatry referral and CPN support where applicable, Staff are trained in foot care and GP referrals are made to any other health related services as applicable to maintain the continued individual client physical and emotional well-being. This is not an exhaustive list and additional services would be sourced as required.....The home maintains detailed records of medication received into the the home,and medication administered including PRN.The medications within the home are stored safely and in accordance with the Society's policy and procedures....." Their plans for development over next 12 months stated, "To continue to offer support and advice with regards to clients choosing a health lifestyle."

Evidence:

Support plans were available for each person we looked at three of them. The plans had been recently updated in parts and revised and gave enough information to show how their personal health care and support would be met. The plans provided staff with guidance and were appropriate instructions as to the support each person needed with their health care needs and personal support. The records showed that people are supported in accessing health care services if it was needed, especially any hospital or specialist appointment and included regular visits to the doctor and visits to health care appointments. Each person had a document called, "My health action plan". This document was a good example of staff identifying the health care needs and the support needed to keep each person healthy and safe. Each person living at Giles Shirley Hall also has their own personal en suite shower room. This helps to give them a lot more independence and privacy in having their own bathroom facility purely for their own use.

We looked at the storage and procedures of managing medications at the service and they were found to be well maintained and safely managed.

We noticed that some records for medications had been handwritten and discussed the benefits of 2 staff signing these medications in until they could be transferred to the typed records. Added checks help to put various good practices in place to recent risks of human errors. We also discussed one record for a medication in a support plan that said it was to be given as and when need. However the medication records showed that the person was now receiving this medication on a regular basis and identified that the support plan needed to be updated. Updated records help to make it clear what support people can expect and they help to give clear guidance to staff on what support should be given including advice and guidance on managing a person's medication.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are protected by the homes procedure for responding to concerns and complaints.

Evidence:

The homes pre inspection questionnaire, (the aqaa) gave alot of information saying, eg,

The Wirral Autistic Society takes the issue of complaints, concerns and protection very seriously. Parent/carer surveys are regularly sent to families to gauge what their opinions of the services offered to their family members are. The overall feedback this year was very positive. The Society has a written complaints procedure for all departments and responses to any complaints are time limited. There is also a client complaint procedure to ensure that client views and concerns are listened to and action taken to resolve them. Due to the very individual nature of the clients who live in Giles Shirley Hall, we hold regular clients meetings each month, however these are held on flexible basis and clients will decide if they wish to attend or not also some clients may send agenda items via the staff to be discussed. However we also use support staff, key workers and families as advocates on behalf of individual clients and are responsive to comments, concerns and complaints from them also. With regard to adult protection, the Wirral Autistic Society has a clear adult protection policy and uses No Secrets as guidance. The Society's policy is to refer all situations that come under the remit of adult protection to maintain a transparency within the

Evidence:

service. The Safeguarding Adults team are also contacted for advice if the staff and manager are uncertain as to whether a situation needs referral or not, WAS have a range of polices relevant to this area. E.g. complaints/ whistle blowing/ bullying/ protection from abuse."

Information about how to raise a concern or complaint was made available to the people living at Giles Shirley Hall in a pictorial format. This is good practice as it helps to increase the opportunities for people to have a better understanding of the ways in which they can raise concerns. The manager advised us that some people even chose to communicate their comments via their computer and like corresponding via email.

We had recently received one anonymous complaint to the commission regarding the company admitting an extra person to the home making the numbers of people living there over the legally acceptable numbers. This issue has been dealt with by the commission following that complaint. We carried out an unannounced visit on the 13th July 09 and a random report was produced giving evidence of are findings. Senior company representatives were fully co operative and took all necessary actions to make sure that the home eventually had the right numbers of people living at the home and that staff could then move back into more acceptable facilities for sleeping in duties.

Staff had started to complete capacity assessments which helped identify if a person needed any type of support in managing their money. In looking at each persons financial records there was no information or update on why or how their money was still managed and stored at head office. We have already identified these issues in outcome area 2.

The manager also advised us that she was in the process of implementing the new financial plans developed by the company. She was confident that they would help show improvements to the management of peoples moneys and would show good safe procedures when managing finances on behalf of people.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Giles Shirley Hall offers a comfortable environment for people to live in.

Evidence:

The homes pre inspection questionnaire, (the aqaa) gave alot of information saying, eg,

"The environment at Giles Shirley Hall is both homely and well kept. The house is cleaned regularly with the client's involvement as much as possible. The client bedrooms are all individualised according to clients likes and dislikes. The house is decorated in a manner which appears to be conducive to the clients both in need (i.e. clients live four separated flats each flat has its own lounge, dining area and kitchen.) and relevant to their age group. Clients have personal items of their choosing in their own bedrooms....." They stated their plans for development over the next 12 months was to, "Gradually would like to move away from colour themes of the flats so they are more person centred (clients choosing colours).and request a new kitchen in the next cycle of the Society's redevelopment."

We were shown around the home and looked at a sample of areas. Each person has their own bedroom with an en suite shower room. They are encouraged to have personal belongings and to individualise their room the way they want. Each person

Evidence:

has lots of personal items and belongings in their room and some people have their own settees and furniture to make it even more suitable to their needs and choices.

The home was decorated to a good standard offering a comfortable environment to live in. However we noticed there were various areas of wear and tear and build up of dirt along skirting boards and stains to various chairs and settees. We discussed this with the manager, as the home does not have any domestic staff. A review and audit of current cleaning duties should help identify what standards are expected and should help to maintain a clean environment at all times.

We noticed various staff notices displayed around peoples living areas in each flat . We discussed this with the manager who felt this was something she had already identified as a need to develop to try and create more homely and person centred living spaces as she had already mentioned in her aqaa. The manager had started to remove some documents that could be more discreetly accessible to staff and felt that this was something she would continue to do.

We looked at a sample of maintenance certificates which were mostly up to date and showed safe management of the home.

However the fire risk assessment dated April 09 gave no details or advise reading the use of swipe cards to open doors. We discussed the use of swipe cards used by all staff and some people living there to enter each section of the building. At various times in the day there may not be a member of staff in each flat especially at night. This raises an issue to be reviewed in a detailed fire risk assessment to make sure that all precautions are taken to keep people safe in the event of emergencies.

The manager agreed to review the use of swipe cards with the local fire brigade for their expert advice on the safe use of swipe cards.

The manager agreed to review the fire risk assessment as a matter of priority to make sure that everyone was safe at the home and to improve the management of health and safety.

Following our visit the manager has contacted us with details of the homes gas safety certificate check which was carried out on the 29th October 2008.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported and protected by the services recruitment and selection procedures

Evidence:

The homes pre inspection questionnaire, (the aqaa) gave alot of information saying, eg,

"The Wirral Autistic Society has a low turnover of staff within all of its services. This is aided by having set teams and set rotas. All staff are trained during work time, including bank staff. All staff, including bank staff are regularly supervised. In addition, all permanent members of staff are appraised annually and plans agreed for their continued professional development. All staff have a number of shadow shifts before being allowed to work alone, and all staff are CRB checked as part of a rigorous recruitment and selection process.Given the specific needs of the clients who live in Giles Shirley Hall, staffing for the building is provided by two core teams and various permanent staff who work with particular clients. All staff who support the clients have to spend time shadowing the main staff team and getting to know the clients well, especially as some of the clients have communication difficulties and have to be approached in a certain manner and can becomes extremely anxious if the staff member does not use the correct approach as documented in their support

Evidence:

plans.....60 percentage of staff hold an nvq....."

We met 3 staff on duty and we received just one survey back from staff. Most people were happy working at the home and enjoyed their training and support. One comment card was positive in parts but suggested more consultation should be provided to everyone about the developments of peoples support and choices at Giles Shirley Hall. One comment made stated, "The staff are well trained, experienced and committed to the care and support of clients. they are highly motivated and work to high standards and are an excellent team with lots of individual skills and experiences. They go to great lengths to understand individual needs and work to personal planning. Every aim is to improve clients quality of life, ensure their happiness, work towards their Independence, fulfilment....." Having met the staff on duty and observing how respectful they were in their work and in looking at support plans, we can support the staff comments about the staff skills and commitment to give person centred support at all times."

We looked at a sample of 3 staff files which had the right checks in place to show good recruitment and selection of staff. Appropriate and updated checks help to keep people safe. We noted that some staff files had not kept records of recent interviews. These records are considered good practice and necessary to show good management of equal opportunities and following good employment processes.

We also noted that the files we looked at had no evidence that staff had been provided with an induction plan. Some of the files had little evidence regarding what qualifications they had before being employed by the company and what qualifications they had obtained while employed at the home. However in discussion with staff they confirmed they had been provided with a an induction plan when they first started to work at the home and they felt it gave them enough information and support to do their job. Staff also advised they had attended numerous training sessions throughout their employment and that they enjoyed the training on offer. They explained that they had alot of evidence such as certificates at home and that was why they were not in the staff files.

The manager had developed a staff training plan so that she could manage and plan what training was needed for each staff member and helped identify when they would need refresher training for courses that needed to be carried out regularly. The plan shows a diverse plan of training courses organised and offered by the company such as, eg induction to Wirral Autistic society, autism, non violent crisis intervention,, epilepsy, report writing, food hygiene, first aid, drug administration. We noted there were some gaps in this plan. There was no date or evidence that some staff members

Evidence:

had received necessary up to date training in various topics, such as, eg, drug administration had a last date received for one staff member for the 8/6/05.

The management of training and induction should be reviewed so that evidence is in place that staff have received up to date and necessary training to be able to effectively do their job.

We looked at minutes of a team meeting dated July 09 which had various topics discussed such as food, budget, snooker, photos, communication passports. The manager advised that she tries to aim to organise team meetings each month to help provide good communication for people to be involved in developments at the home.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at Giles Shirley Hall benefit from a well managed home.

Evidence:

Giles Shirley Hall continues to benefit from an appropriately qualified manager. Due to a company review and reorganisation the manager has only recently been moved to the home and she is also responsible for the management of another service close by. The manager was still waiting for her registration with the commission.

The manager had submitted a very detailed pre inspection questionnaire (aqaa) which gave us a lot of information about the work and development of Giles Shirley Hall. The aqaa was able to describe a lot of good practices with good outcomes for people living there. The focus of the home is on providing the best for people living there and responding to their needs and requests.

Records and certificates showed that regular checks are carried out on the building and equipment. This includes checking electrical installation and fire alarms. These checks help to make sure that the environment is well managed and is a safe place to

Evidence:

live and work in. The manager agreed to review the homes fire risk assessment and fire brigades advice regarding the homes use of swipe cards to open doors within the flats. The manager acknowledged the need to update the homes fire risk assessment to comply with necessary safety checks to continue to keep everyone safe.

As the home is part of a large organisation they have access to senior managers located at head office who offer expertise and plans to develop the homes further in terms of quality and development and getting even better outcomes for people they support.

We looked at a sample of monthly visitor reports which are a requirement that have to be done by a representative of the organisation and provider. These checks are a necessary audit to show compliance and management of the service to make sure necessary good standards are maintained. However we noted that these visits had been carried out by the manager of Giles Shirley Hall and not an external manager of the home. This should be reviewed by the provider to ensure a representative of the company who is not directly concerned with the management and conduct of the home carries out these monthly visits.

The homes policies and procedures still offered some old dated policies that would benefit from being reviewed and updated. The manager advised that the organisation are in the process of developing all policies and procedures so that everyone will eventually have full access to all updated procedures necessary to their practices. They also advised that the organisation offers updates to some policies on their own company intranet. We were shown the updated policy and procedure for the management of peoples finances which showed various actions taken to safeguard people in the management and support of their money.

The manager described various ways that people living at Giles Shirley hall are included in discussions and developments of their home. Some people use the computer and emails to offer their opinions and express their thoughts, some liked 1 to 1 meetings with the manager. Some attended meetings organised by the staff, we looked at minutes of one recent meeting dated July 09 which covered topics such as food, budget and trips out, Blackpool trip. As an example of good practice the staff had developed minutes of these meetings into an easy read format to help some people understand and make it easier to be included in offering their opinions and thoughts.

We were also shown a quality assurance file which had examples of monthly checks to each clients basic standards. There was also a three monthly checklist to use for each

Evidence:

house to check on the standards provided. These audits were examples of good practice to try and show consistent good practices however we did notice some gaps to dates and some looked like they had not been carried out as advised in the company guidance.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	6	15	<p>To keep each persons support plan under review to make sure it is accurate and up to date with the persons needs to safely live at Giles Shirley Hall.</p> <p>This will make sure that everyone has the right information to show how each person is safely supported to meet all of their needs.</p>	17/11/2009
2	7	20	<p>To have updated financial records, support plans in place. These records must be clear and accessible to everyone residing at Giles Shirley Hall and their representatives.</p> <p>Accurate and accessible records will help to show that finances are being managed in each persons best interest and with their consent.</p>	29/12/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
3	24	23	<p>To make sure that all precautions are taken to keep people safe against the risk of fire. To have an updated fire risk assessment with the right details and information to keep people safe.</p> <p>This will make sure that people are kept safe and that the management of fire safety at the home is up to date and gives people the right information to help take the right precautions against the risk of fire and emergencies.</p>	17/11/2009
4	39	26	<p>The home should have monthly unannounced visits carried out by a nominated person who is not directly concerned with the conduct of the home.</p> <p>This is to make sure that opinions can be made regarding the standard of care and support provided at the home and can be reviewed by the provider and help ensure good standards of support are consistently maintained.</p>	29/12/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	To update the statement of purpose and service user guide so the people living at Giles Shirley Hall have the most up to date information available to them to help them make decisions and choices about the home.
2	20	To carry out regular audits on the management of medications and to review the handwritten entries so that actions can be taken to increase checks on reducing any potential errors. To review and update each persons support plan covering advice and guidance regarding the management of their medications. This will help to make sure that people have the right information and guidance to appropriately support them with their medications.
3	24	To review the current door entry system with the use of swipe cards with the local fire brigade for their expert advice. To use this information and guidance to help update the homes fire risk assessment so that everyone has enough updated information and actions in place to keep them safe.
4	24	To review the cleaning standards within the home and to provide the right input and review to make sure the home is always kept clean and of a good standard to promote peoples rights and dignity.
5	30	To review the use and appropriateness of staff notices displayed in the general living accommodation. To look at removing them to help create a more homely feel to peoples living accommodation.
6	32	The management of training and induction should be reviewed so that evidence is in place that staff have received up to date and necessary training to be able to effectively do their job.
7	34	Records of staff interviews should be stored and kept as evidence of the interview that took place prior to staff starting their job. These records are considered good practice and necessary to show good management of equal opportunities and following good employment processes.
8	39	To review current practices for quality assurance checks and to take necessary actions to provide consistent and regular auditing to help measure the standards offered and success in achieving the aims and objectives and the statement of purpose. To carry out regular surveys and publish the findings to ensure people are given feedback to

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		the comments and opinions made.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.