

Review of compliance

Wirral Autistic Society Giles Shirley Hall	
Region:	North West
Location address:	York Street Bromborough Pool Wirral Merseyside CH62 4TZ
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	Giles Shirley Hall is part of a wide range of services provided by the registered charity Wirral Autistic Society. The accommodation is in part of the former Village Hall in Bromborough Pool, which has been converted into apartments. Giles Shirley Hall is registered to provide accommodation and personal care for up to 12 people.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Giles Shirley Hall was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 14 February 2012, talked to staff and talked to people who use services.

What people told us

People we spoke with during our visit to Giles Shirley Hall told us:

"They give me my freedom."

"I make my own decisions."

"I'm doing woodwork this afternoon and I enjoy this."

"The staff are all OK and I would tell Annette (the manager) if I wasn't happy with anything."

"Its alright here."

A relative of one of the people who lives at Giles Shirley Hall had written a letter to the Chief Executive of Wirral Autistic Society after her relative had a two week stay in hospital. She wrote:

'May we ask you to pass on our thanks and gratitude to the team at Giles Shirley Hall for their professionalism and sensitivity which went a long way in making [his] ordeal less stressful than it might otherwise have been.'

What we found about the standards we reviewed and how well Giles Shirley Hall was meeting them

Outcome 01: People should be treated with respect, involved in discussions about

their care and treatment and able to influence how the service is run

The people living at Giles Shirley Hall are supported to make decisions about daily living and participate in social and vocational activities.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People who live at Giles Shirley Hall receive the care and support they require to meet their assessed needs, with input from health professionals as required.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who live at Giles Shirley Hall are protected from abuse.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The staff working at Giles Shirley Hall receive regular training and support to ensure that they understand the needs of people with autism and know how to work safely.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The service provider has established systems for monitoring the quality of the service and enabling people to express their views.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People we spoke with during our visit to Giles Shirley Hall told us:

"They give me my freedom."

"I make my own decisions."

"I'm doing woodwork this afternoon and I enjoy this."

"The staff are all OK and I would tell Annette (the manager) if I wasn't happy with anything."

"Its alright here."

Other evidence

We visited Giles Shirley Hall on 14 February 2012. Eleven people were living at the home and the manager told us that the twelfth registered place is for emergency use only. People are accommodated in self contained flats, with single en-suite bedrooms, kitchen and lounge/dining area. The people who live at the home are men age from mid 20s to 50s. People are usually out during the week engaged in a variety of daytime

leisure and vocational activities, but they have a morning at home on a Tuesday so we were able to meet, and speak with, several of the people who live at the home and the staff who support them.

The people who live at Giles Shirley Hall do not have any physical disabilities and all are fully mobile. They have different abilities in terms of verbal communication and there is some use of visual structures within the home and some communication is through a combination of words and pictures. Some of the people have complex needs and challenging behaviour.

Most of the people who live at the home participate in daytime services provided by Wirral Autistic Society including woodwork, pottery, printing, crafts, information technology, music, personal development and social skills, physical education and outdoor pursuits, horticulture, dance and drama, animal husbandry, but others have work placements outside of Wirral Autistic Society. The daytime activities are part of each person's care package and are encouraged but are not compulsory. There is an individual programme for each person.

Social activities that people participate in include swimming, meals out, Wednesday night club, walks, shopping, playing in a band. One person is a very enthusiastic cyclist and showed us a new bike that he had just bought. Staff also try to ensure that there are planned social activities at the weekend and an illustrated 'weekend report' is prepared by the manager and showed various events that people had enjoyed. Three people were looking forward to going away for a weekend to a Dr Who convention.

People are supported to maintain relationships with their families. A number of people have their own computers and contact their families and friends electronically.

Our judgement

The people living at Giles Shirley Hall are supported to make decisions about daily living and participate in social and vocational activities.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

A relative of one of the people who lives at Giles Shirley Hall had written a letter to the Chief Executive of Wirral Autistic Society after her relative had a two week stay in hospital. She wrote:

'May we ask you to pass on our thanks and gratitude to the team at Giles Shirley Hall for their professionalism and sensitivity which went a long way in making [his] ordeal less stressful than it might otherwise have been.'

Other evidence

Some of the people who live at the home are able to maintain their personal care independently; others need prompting and two need support from staff. In general people are fit and healthy but the manager told us that one person has a weight problem, one person has epilepsy and is supported by an epilepsy specialist nurse and a medical consultant. He also has a condition that will require surgery. Another person has been to see his doctor with a foot problem. Three people have complex needs and challenging behaviour and they are supported by experienced male staff.

All of the people who live at Giles Shirley Hall are registered with a local health practice and with a local dentist and have an annual 'well man' check, also regular dental and sight tests if they wish. The home has support from the Cheshire and Wirral Partnership NHS Foundation Trust's community learning disability team and professionals including psychologist, speech and language therapy, community nurses are available as needed.

Each person has a care plan folder that is very comprehensive. The care plans include a daily report, a support plan, personal risk assessments, a personalised plan, a record of preferred daily routines, a communication passport, a 'health passport' which contains information for health professionals and can be taken with them to appointments or if they need to be admitted to hospital, an 'anticipatory care calendar' for health and records of medical appointments.

The files, although large, were well ordered and kept neatly so that important information could be found, and they had been kept up to date. The plans are reviewed monthly by the support team and each person has a full review annually with the team leader and any other relevant people, for example social worker, family member. Records showed that people's families are consulted regularly. The folders also recorded any 'best interests decisions' that have been made when the person does not have the capacity to make their own decisions. The plans we looked at had been signed by the person, and overall there was an excellent standard of record keeping.

Our judgement

People who live at Giles Shirley Hall receive the care and support they require to meet their assessed needs, with input from health professionals as required.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The people we met appeared to be comfortable and relaxed with their support workers.

Other evidence

Wirral Autistic Society has comprehensive policies and procedures about abuse and safeguarding and the records we looked at showed that all staff working at Giles Shirley Hall have had training about safeguarding and non-violent crisis intervention within the last year.

Wirral Autistic Society has policies and procedures for handling people's money where they do not have the capacity to do so themselves. We saw that people's personal spending money was kept in locked storage in code protected wallets to which only managers and team leaders have access. These are checked and signed for at each change of shift. Full records are kept of everything people spend. When a record sheet is full it is checked and sent to the finance department. When larger amounts are needed to buy clothes or other items there are forms to be filled in by the support worker and authorised by the manager. These are sent to finance and if it is a large amount then it has to be authorised by a senior manager. A 'My Money and My Benefits' section of care plan explains arrangements in detail and these had been signed by the person. Some people are able to look after their own finances.

The Care Quality Commission has not received any complaints or concerns about Giles Shirley Hall and we did not receive any concerns about the service from other agencies.

The staff we spoke with were aware of the potential for incidents to occur between people. Any untoward incidents are reported and recorded and we were able to look at these records. Minor incidents occurring between service users are no longer reported to Wirral Council or to CQC, but incident reports are completed and filed and the manager compiles a monthly log and reviews this to find out if there are any trends in terms of people, environment, times of day.

Our judgement

People who live at Giles Shirley Hall are protected from abuse.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

The people we spoke with expressed their satisfaction with the staff team.

Other evidence

Giles Shirley Hall has a registered manager, two team leaders and two core teams of staff. Additional staff work at the weekend and in an evening. Three of the people who live at the home have one to one support throughout the day, and others have some one to one time. There are different staffing arrangements for each person depending on their needs. At night there is one member of staff awake throughout the shift and another member of staff sleeping in and available as needed.

The staff we met were caring and respectful of people's needs and appeared to have good relationships with the people living at the home and in depth knowledge of their individual needs.

There is an annual training programme for the whole organisation and the company's mandatory training covers 23 subjects. Some topics are updated annually, some every two years and some every three years. The training programme includes safeguarding, medicines, health and safety, food hygiene, non-violent crisis intervention and other subjects more specific to autism. The training programme about autism has recently been updated.

A training record is kept for each member of staff and the manager confirmed that all staff were up to date with training in 2011 and we saw the training programme for 2012. The manager told us that a company trainer came out to give the night staff training

about the use of specific medications.

Each member of the support team has a two monthly supervision with their manager and an annual appraisal.

Our judgement

The staff working at Giles Shirley Hall receive regular training and support to ensure that they understand the needs of people with autism and know how to work safely.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not have any comments about this outcome.

Other evidence

The home manager and the two team leaders carry out auditing of finance, medicines, staff and client files. Wirral Autistic Society has an internal auditing system whereby registered managers peer audit one another's services, and senior managers also contribute to this process. The manager showed us records of a recent audit carried out by a senior manager where some minor shortfalls in updating of records had been identified and addressed.

Meetings for the support staff are held monthly, and there are also team meetings and meetings for the staff who support individual service users. The manager told us that some of the meetings may be used as training opportunities and to promote reflective practice.

The people who live at the home are encouraged to participate in a monthly residents' meeting but these are not always well attended. Wirral Autistic Society has a service user forum that is held every two months and includes people from across all of the services.

Our judgement

The service provider has established systems for monitoring the quality of the service and enabling people to express their views.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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