

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

## Giles Shirley Hall

York Street, Bromborough Pool, Wirral, CH62  
4TZ

Tel: 01513347510

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2013

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

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting workers** ✓ 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	Ms. Annette Keating
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 consists of apartments within the hall and is located in Bromborough, Wirral. Giles Shirley Hall provides accommodation and personal care for up to 12 people who have 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
<b>Summary of this inspection:</b>	
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	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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On the day of our visit, the majority of people who used the service were out at day centre activities or at work. We spoke with one person who used the service and two relatives and all of them were very happy with the standard of support provided. One relative told us "staff are very good with him and treat him with respect." Another relative said "the service is excellent."

All the relatives we spoke with told us they were part of the care planning process. They told us that people who used the service could make their own choices in how they wished to be supported and were given options to participate in social activities or to have part time work.

We found that Giles Shirley Hall had safeguarding measures in place and that staff were trained to identify and act if there were any safeguarding issues. One relative we spoke with said "It's a huge weight off my mind to know he is safe."

We found that staff received regular training and supervisions to make sure they could support people who used the service.

We found that Giles Shirley Hall had systems for monitoring quality assurance in place. Relatives told us they were aware of how to make a complaint but knew they could always talk to the manager if they had any concerns. Relatives told us they did not have any concerns about the care people received.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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During our visit, we were shown around the accommodation and saw that information notices for people who used the service were in an easy read format. For example, fire evacuation procedures and information on how to raise any concerns. There was also a service user's guide which contained information about the home.

We spoke with one person who used the service who showed us his room and told us he had been able to arrange this to suit him. We spoke to one of his relatives who said "staff are very good with him and treat him with respect." We saw that this person was treated with dignity and respect by the member of staff who was his key worker and appeared relaxed in the key worker's company. We spoke with the key worker who told us he encouraged this person to participate in activities and also to attend a part time job to enable the person to maintain their independence.

We spoke with two relatives who told us they were very much involved in the care planning process and attended annual care review meetings with the service whereby they could feedback any concerns or ask any questions about people's care. They also told us they were asked for their feedback in annual questionnaires. The manager told us that Wirral Autistic Society tried to gain views from people who used the service by holding monthly 'service user forums'. We saw agendas and minutes from these meetings were in an easy read format to enable people who used the service to understand.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with two relatives who told us they were happy with the care received. One said "the service is excellent" and another said "they try very hard." We looked at results from annual satisfaction surveys which were very positive.

The manager told us that before people were accepted to live at Giles Shirley Hall, she would carry out a pre-assessment to make sure the service could meet the needs of the person. People were then invited to spend short periods of time at the home to see if they felt the service was suitable for them.

We spoke with two members of staff and they displayed knowledge about how to support the people in their care. Each person who used the service was allocated a key worker so there was a continuity of care for the person.

We looked at care files which were very detailed and contained several sections of information. In addition we saw a 'House file' which contained a brief overview of information for everyone living at the home. A detailed support plan was in place for each person who used the service and this included a full assessment of their needs. The care files also contained information for staff on behavioural management which was extremely important as some people who used the service had complex needs and some had communication difficulties.

We saw there was detailed evidence about any contacts with other health professionals such as GPs. We spoke with one member of staff who had escorted one person who used the service to a routine hospital appointment on the day of our visit. The member of staff confirmed he had received training to deal with any issues for this person and we saw that the person's support plan contained detailed information on how to care for them.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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We spoke with two relatives who told us they felt that people were safe at Giles Shirley Hall. One relative said "It's a huge weight off my mind to know he is safe."

We saw minutes from a 'service user's forum' in December 2012 when the subject of bullying and abuse had been discussed with people who used the service so that they were aware of what this meant and how they could raise any issues they had if they did not feel safe. We spoke to one person who used the service and he told us he felt safe.

We spoke with two members of staff who were aware of the whistle blowing and vulnerable adults policies and we saw the written policies kept in the office. We asked staff what they would do if they thought someone was at risk from abuse and they knew to report this to the manager. One member of staff told us he had never had any reason to use the whistle blowing policy or safeguarding procedures but he would not hesitate to do so.

One member of staff confirmed that safeguarding vulnerable adults training was carried out at his induction training and another confirmed training was then carried out at regular intervals. They had no concerns regarding people's safety.

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

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We spoke with two members of staff and looked at their training records and supervision records. One member of staff had recently received induction training and told us as part of that training he had shadowed more experienced staff to observe them work. In addition, he had received training on subjects specific to his role within the home such as, safeguarding vulnerable adults, autism awareness and epilepsy. The staff told us they all received a staff handbook and we saw that this contained information for staff about Wirral Autistic Society's values, policies and procedures. We also saw that staff received a newsletter about Wirral Autistic Society on a monthly basis. The manager told us that staff received supervisions every month as part of their probationary period which lasted six months. This meant the home had a system in place to monitor new staff to make sure they were suitable to look after the people in their care.

Another member of staff told us they received regular training in mandatory subjects such as safeguarding vulnerable adults, first aid and fire awareness. The manager told us that the home had recently installed a computer software package which was now being used to identify when staff needed to update their training.

Staff told us they had regular team meetings and we saw minutes from these meetings. The minutes showed people's support plans were discussed.

The staff and the manager told us there were annual appraisals and regular supervisions carried out and we saw written evidence to verify this. The staff we spoke with told us they felt supported in their work by both their colleagues and management.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The manager told us that all the Wirral Autistic Society's residential services had quarterly 'Quality Monitoring Outcome Audits'. These audits were carried out by other managers and consisted of unannounced inspections which were based on essential standards and included looking at such items as care plans, staffing and health and safety. We saw the last inspection for Giles Shirley Hall and evidence to show action had been taken by the manager where any shortfalls had been identified.

The manager told us there were opportunities for people who used the service and those involved in their care to give their feedback. This feedback was in the form of annual satisfaction surveys in an easy read format for people who used the service, families and friends meetings for all Wirral Autistic Society's services, monthly service user forums and an annual general meeting for Wirral Autistic Society.

We saw there was a complaints policy available. The policy included guidance for staff on how to handle complaints. We looked at the written complaints log which also recorded verbal complaints both from people who used the service or their relatives. We saw that complaints were very few for last year (2012) but those received were investigated promptly and dealt with appropriately. We saw that the manager audited these complaints to identify any trends. This meant that the manager could identify any problems and prevent them from reoccurring.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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