

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

The Green

1-2 The Green, Bromborough Pool, Wirral, CH62
4TT

Tel: 01513347510

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Wirral Autistic Society
Registered Manager	Ms. Annette Keating
Overview of the service	<p>The Green is one of many homes in the area, managed by the Wirral Autistic Society. It is a large house consisting of four flats that are accessible to one another and share the same main entrance. Each person has a double bedroom and they share the bathroom, kitchen, dining and communal lounge area. There is a patio and a garden at the rear of the home. The flats look out over the garden at the back and the open space of The Green at the front.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Management of medicines	11
Safety and suitability of premises	13
Supporting workers	14
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 February 2013, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff.

We also spoke to a social worker of one of the people living at The Green.

What people told us and what we found

On the day of our visit we spoke with three members of staff and the registered manager. All the people living at The Green were at community vocational services when we visited so we went back a few days later to see them at home and receive their views. We also spoke to a social worker of one of the people.

We saw that there were picture boards around all the flats to enable communication. Pictures were also detailed in British Sign Language (BSL) and staff told us they had been trained in BSL to help them to communicate more effectively. People were encouraged to interact with staff. They were included in the planning of their care and regular reviews of their care needs were carried out.

We looked at the care records of four people and found that they provided clear guidance on the assessment, care and support planning for each person in the house. The staff we spoke with were clear about peoples' care needs and we found that the records reflected what we had been told and that information was up to date.

We also spoke to the parents of two people living at The Green. They told us that they were very happy with the care that their relatives were receiving. They said that they were included in the care planning and review process and had never felt the need to make a complaint. They told us that they received questionnaires regularly and that there was a "good triangle of communication".

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The people who live at The Green were all out at community vocational services on the day of our visit. However we were able to speak to three members of staff who explained to us that people were communicated with in a respectful manner and that they were involved in the planning of their care. One staff member who had worked with some of the people in The Green for a long time told us "It's always about development and new ways of working. This helps staff to understand client needs, which then in turn enables them to do what they are able to".

We were told that people were included in making choices and we saw evidence that supported this in the form of story boards, personalised plans and communication passports. During discussion staff told us that they had a good understanding of peoples' needs and that they used a range of communication to ensure people were able to put forward their views. We were told that there were user forums and we looked at the minutes from those forums which were clearly set out with pictures of the people who attended and the information that was discussed.

When we went back to visit we spoke with five people who lived at The Green and observed their interaction with staff. We observed that staff included them in conversation, assisted them with preparing the evening meal, and discussed the activities to be carried out that evening. One person told us "I prefer to cook my own meals and I am encouraged to do that".

People's rooms were personalised and they were able to lock their doors if they required privacy.

The registered manager told us about a new initiative that they had introduced to The Green which was a holiday management programme. This included information for the person going on holiday about how to pick where they would like to go, who would support them, how to get there and how to manage savings. This had been so successful that it

had been introduced for all Wirral autistic clients across the whole society

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with three members of staff about the people who lived at The Green. Each staff member was able to tell us about the individual care needs of the people who lived there as well as risks and issues that had been identified. One member of staff said "sometimes we need to learn new things to help us deal with individual needs and we can go on training for that". They also told us that "new staff coming in are trained as well".

We looked at the care files of four people who lived there. The files were well ordered and included details on money and benefits, support plans, daily reports, evaluation, behaviour management, risk assessments, person centred plans and records of health visits and activity programmes. Information was easy to retrieve. We looked at daily records which supported information we had been told by staff. Plans were reviewed regularly and each person had a full review every year with the support team and family members.

When we went back to visit we spoke with five people living at The Green. Some people's communication was limited, but those we asked said they felt happy and safe. When asked if they liked and got on well with the staff they said "yes". When asked if they felt safe they said "yes". The people we spoke to were smiling, appeared comfortable in our company and interacted well with the staff. One person who was able to communicate clearly with us said "I get on very well with the staff" and when asked about the care they received, they said "Its ok, the staff do their best".

The parents that we spoke with said they had attended reviews regularly and that they were able to discuss any issues with the staff if required. One parent told us that there had been some changes with their relative's key worker recently which had caused some concerns. They said that it had been dealt with appropriately and they were kept informed of their relative's well being at all times. They said their relative was "confident and well supported" and that "they look after his health problems". The parents we spoke with also said that they received questionnaires on a regular basis and one said "I am always kept informed of my relative's care and welfare and they let me know of any changes that have occurred."

We also spoke with the social worker of one of the people living there and he told us

"Lines of communication are kept open and this helps us to manage the care"

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

Our judgement

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.

Reasons for our judgement

We spoke with three members of staff who all confirmed that they had received training in safeguarding. Each member of staff that we spoke with was able to explain how they would deal with a safeguarding incident. One person told us "I would have no issues about reporting my senior if I thought it necessary. There are clear lines of escalation". We looked at staff records which confirmed that the training had been carried out. The staff we spoke with were clear about how to manage safeguarding. One member of staff said "if there are any safeguarding issues we can also discuss these in supervision and at handover meetings". The staff were able to identify the different forms of abuse.

We spoke with the registered manager who told us about a recent incident where non violent crisis intervention had been required and this had been managed in an appropriate manner. The incident had been recorded on the company's incident management system which all staff have been trained on. This helps the company to identify trends, identify triggers and manage risks accordingly.

There were clear processes and procedures identifying safeguarding and we were told by the registered manager that all notifications are sent to the appropriate authority.

We spoke with two parents of people living at The Green. One told us "It keeps my mind at rest knowing that my relative is safe".

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our visit we looked at the policies and procedures for managing medicines and we spoke with three members of staff. All the staff we spoke with confirmed that they had received training in medicines management and we saw evidence of this in their staff files. Each member of staff was able to explain where the medicines were kept, the procedure for management thereof, the medicines log book and how medication was administered to the people living at The Green.

We were shown the medication cupboards, which were situated on two floors. We were advised that this change had been made to ensure that two members of staff could always be available to administer medication without impacting on the number of staff left to care for the other people in the home. We were shown the procedure for managing keys to the medication cupboard and were advised that these were soon to be replaced with keypads to increase security.

We looked at the medication administration records and saw that they were accurately maintained and corresponded correctly with the medication held. We were told that the pharmacist carried out an audit of The Green's medication systems to ensure they were being correctly managed.

We looked at the care records of four of the people living at The Green and found that the medication recorded therein corresponded with the information in the medication administration records.

During our visit a member of staff was meeting with The Green's GP to carry out an annual medication review. At this meeting they reviewed the medication of all the people living at The Green and discussed any risks, issues or behavioural changes. Minutes of this meeting were recorded in the medication folder.

Medication forms in care folders were clearly detailed with picture exchange communications explaining the procedure for administration of "over the counter" medications. All staff were able to explain that no medication of this sort would be administered for more than forty eight hours without consultation with the GP.

All the staff we spoke with were able to tell us about the procedure for management of repeat prescriptions which was the responsibility of the team leader and was now done "on line".

Medications were delivered in blister packs to reduce the possibility of any error in administration.

There was also a procedure for the return and destruction of any medication that was not used and we looked at the records for this, which confirmed that medications were collected by a pharmacist for destruction.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The Green is a large house consisting of four flats that were accessible to one another and shared the same main entrance. Each person had a double bedroom and they shared the bathroom, kitchen, dining and communal lounge area. There was a patio and a garden at the rear of the home. The flats looked out over the garden at the back and the open space of The Green at the front. The building was well maintained throughout and there were adequate measures of security. Rooms were personalised and there were restrictors on all the windows to ensure security and safety.

During the visit we looked at the maintenance records which indicated that regular health and safety checks were carried out around the building to ensure that it was safe to live and work in.

We were told that there was an emergency evacuation policy and we looked at the records confirming this. A fire risk assessment was completed on each person and there were picture exchange communications on the notice boards to advise everyone living at the home of the evacuation process. A fire drill which included staff and the people living at the home was carried out each month. We noted that weekly checks were made on all equipment such as bed alarms, emergency lighting and fire blankets and extinguishers.

We were told that all staff received fire training and that this was reviewed annually. Staff we spoke with explained that all issues relating to the premises were dealt with by the maintenance department and the facilities co-ordinator for the company. Staff told us "risk assessments are completed annually on all communal areas of the building" and we saw evidence in the maintenance records that corroborated this.

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

Our judgement

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.

Reasons for our judgement

The staff we spoke with confirmed that they received regular supervision and appraisals and that they were encouraged to complete mandatory training and request other training that may be required to carry out their job in a satisfactory manner. One person told us "I don't need to wait for supervision if I have any issues and can speak to my manager or the team leader at any time." Another said "If I have an issue I can address it".

We were told about a new staff member to The Green who was undertaking an induction programme. We spoke with her supervisor who told us that there was a six month induction period which included regular supervision and we saw evidence to confirm that supervision was carried out on a regular basis for all staff.

The staff also had annual appraisals where their personal development was discussed. One member of staff told us that they had been encouraged to do extra learning. They said "I have been on a BSL (British Sign Language) course to help communicate with the people who live here".

Each member of staff said that they enjoyed their work and felt supported by their team and their managers. They also confirmed that they met regularly for team meetings and daily handover discussions which promoted good communication among the staff members about the people they were caring for. It also enabled any issues to be managed appropriately and gave staff the opportunity to discuss the positive things that were happening at The Green as well as any issues. Staff were also encouraged to put forward any new ideas for improvements.

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.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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