

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

## Wirral Autistic Society - 86 Allport Road

86 Allport Road, Bromborough, Wirral, CH62 6AG

Tel: 01513347510

Date of Inspection: 22 January 2013

Date of Publication: March 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

**Staffing**

✓ Met this standard

**Records**

✓ Met this standard

## Details about this location

Registered Provider	Wirral Autistic Society
Registered Manager	Mr. Callum Logan
Overview of the service	86 Allport Road is registered to provide support to adults with an autistic spectrum condition and an associated learning disability.
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'.*

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## 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, reviewed information sent to us by other organisations, carried out a visit on 22 January 2013 and observed how people were being cared for. We talked with people who use the service, 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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All the people were at home when we visited 86 Allport Road. They said "I like living here, it's great", "I go to work", "I can eat when I want" and "If I want to I can just sit quietly". We found that people had choices and were encouraged to make decisions.

We saw that there were easy methods of communication around the house including a wellbeing board and a help board to encourage people to communicate when they felt unable to talk. Each person also had a picture activity diary and there was a board for pictures of staff and visitors. People were encouraged to ask for help when required.

We found staff speaking to people and caring for them in a respectful and inclusive manner. People were involved in their care planning and had regular reviews. The people who lived at Allport Road went out every day to Community Vocational Services (CVS) and one of them went to work twice a week.

We looked at three care records and found that they provided clear guidance on the assessment, care and support planning for each person in the house. We spoke to staff about people's care and found that the records reflected what we were told and that information was up to date.

We spoke to the Registered Manager, the team leader and two members of staff. One member of staff told us "I have worked here for ten years and I have watched these people become more independent every day". People are encouraged to be as independent as possible.

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 and people's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We spoke to all the people living at Allport Road. One person was having their hair done when we arrived and they told us "I can't do my hair myself so staff do it for me". Another was eating breakfast and they told us "I can eat when I want. Staff made this for me". We were told that people were encouraged to be independent and make their own choices.

A person we spoke with told us that they go to work twice a week and to Community Vocational Services (CVS) on the other days. Another person told us "We go to CVS every day". One person did not want to go to CVS on a particular day of the week and the staff we spoke with told us that this had been managed by consultation with that person, staff and management to agree an alternative. CVS staff now come to the house one day a week to accommodate this change. People are listened to, treated with respect and encouraged to make changes.

We spoke with one person who told us that their care review was due and they were anxious about this. A staff member that we spoke with explained how this was being managed and the person was encouraged to discuss their anxieties and write them down so that they would be prepared for the event when it arrived. People were encouraged to discuss their concerns and work with staff to manage them.

We saw easy methods of communication about the house including a wellbeing board, a help board, picture diaries and white boards with photographs of staff on duty and people who came to visit. Things on the wellbeing and help boards included "I don't feel well" and "I want to change my activity". People living at the house were encouraged to use the wellbeing board if they felt unable to talk at any time. All eventualities for people to express their views were taken into account at Allport Road.

**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 looked at the care files of the three people living at Allport Road. 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.

A staff member we spoke with told us of one person in the house that liked to carry out a specific activity but a recently diagnosed health problem meant that changes to the way the activity was carried out was required. This information was recorded in that person's support plan and staff explained how that person was being supported. When we spoke with that person they told us that they could still carry out their activity. People at Allport Road were included in their care planning and their care was planned according to their needs.

Another person had moved to the house more recently and we looked at the assessment process for this person. Staff explained that meetings had taken place with other professionals, previous carers, the person's parents and the person themselves. All information about that person's care had been transferred and risks and issues had been identified. A room had been redecorated to mirror the one that person was leaving and the transfer process had been inclusive and undisruptive. The information was detailed in the care file and a new person centred plan and support plan had been created. We spoke to that person who said "I am very happy here". "I can do what I want. "If I want to sit quietly and not speak to anyone then I can do that". Peoples' needs are assessed and their care was planned accordingly.

We spoke to the parent of the person who had recently moved to Allport Road. They told us "We are continually updated about our relative's care". They went on to explain that they had arranged a meeting for the next day to discuss the way forward for their relative. They said "When we want a meeting, we request a meeting, and we get a meeting". They said they had no concerns, they were very happy with the move and that there had never been any problems since their relative had moved. When asked if they were happy with the care their relative was receiving they said "absolutely".

**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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All the people living at Allport Road told us that they felt safe living there. One person said "I can tell the staff anything". Another said "Yes, I feel safe here and I am very happy".

We spoke to two members of staff about the safeguarding process both who had completed their safeguarding training. One of them told us that they had reviewed their certificate last year and was able to identify the different forms of abuse when asked. They also told us how they would identify and escalate a safeguarding incident to their manager. One member of staff told us that they were also trained in Non Violent Crisis Intervention (NVCi).

We looked at the company's safeguarding policy which was available in the staff bedroom. Information about Deprivation of Liberty (DoLs) and Mental Health Capacity Act 2005 was also clearly displayed there. We looked at the certificate of one member of staff who had completed training and were informed by the Registered Manager that the others were at head office with the personnel files.

One member of staff told us that incidents were recorded regularly in the incident management tool. This was an electronic recording system on which all staff throughout the Wirral Autistic Service have been trained. The Registered Manager explained that this provides the company a means of identifying any safeguarding incidents and was also used as an incident management tool to flag up trends, identify triggers and manage these accordingly.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Three people lived at Allport Road and there was a team of five staff who covered the house on a regular basis; they worked in teams of two during the day and a third person slept over. The staff rota was fixed over a four or six week period and staff told us that there was a procedure to manage sickness and annual leave. One member of staff told us "we cover each other to ensure continuity of care is maintained. We were told that the staff rota was kept electronically, that there was a staff co-ordinator and a bank of peripatetic staff. This means that people were cared for by staff that understood their care needs and knew them well.

The Registered Manager told us that all staff were trained in safeguarding, health and safety, fire, medication, emergency first aid, epilepsy, food hygiene, infection control, autism awareness and managing difficult behaviours. We saw the certificates of one of the staff on duty on the day that we visited that confirmed this training had been carried out. We were advised that the other certificates were in the personnel files at head office.

The two members of staff that we spoke to were able to describe to us the care and needs of the people who lived in the house. One member of staff said "I have worked here for ten years". Another member of staff told us that one of the people living in the home was also provided with 1-1 care for four hours a day. She said "the people are very independent and go out every day, so we support them when they are at home". During our visit we saw that staff were very familiar with the needs of the people they supported.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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We looked at the records of all the people living at Allport Road. Those records were clear and detailed and contained information and documents relating to the care and treatment provided to each person. We also looked at the records of one member of staff in relation to their training. We were advised by the Registered Manager that all staff personnel records were held securely at head office, retained for the appropriate length of time and destroyed when necessary as per the company's policy and procedure.

The care records of the people living at Allport Road were stored securely in a locked filing cabinet in the staff bedroom and were easily accessible by staff working in the house. During our visit we saw staff accessing documentation appropriately and recording information in those files. We were advised that keys to cabinets were going to be replaced by keypads to minimise the risk of keys being lost or misplaced.

We were advised that the door to the staff bedroom should be locked. The provider might find it useful to note that during our visit we noted that the door was left open and although the care records were secure at the time it was possible that anyone living at the home could enter the room.

One member of staff described to us an incident that had taken place and when we viewed the records of that person we were able to see that it had been recorded accurately both on paper and on the new electronic incident management tool. We saw that electronic records were kept securely, that all electronic devices were encrypted and that staff held their own secure passwords.

We were advised by the Registered Manager that records were kept for the appropriate length of time as per the company's policy and procedure and that all records were sent to head office for archive or destruction when appropriate.

## 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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