

***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

Date of Inspection: 14 January 2014

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2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Complaints</b>	✓	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 home is registered to provide 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

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*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, carried out a visit on 14 January 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

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### What people told us and what we found

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People who lived at Giles Shirley Hall had a range of abilities in verbal communication and in maintaining their own personal care. Some people had complex needs and challenging behaviour. People were registered with local health practices and dentists and received support from mental health professionals. People participated in daytime vocational services which gave structure to their week. A detailed support plan was in place for each person and identified any risks to their health and well-being. We saw records of many positive comments that had been made by family members.

People generally had good appetites and there were no concerns regarding weight loss. Individual dietary needs were identified and catered for.

The home was divided into four flats and each person had their own bedroom within one of the flats with en suite shower room. The home was decorated and furnished to a good standard. Maintenance certificates were all current and up to date. Wirral Autistic Society provided a team of maintenance staff who were on call.

The staff rotas we looked at showed that staffing levels were always maintained and named members of staff provided the one to one support for individuals. All of the regular staff had achieved a national vocational qualification at level 2, 3 or 4.

People were given information about how to make a complaint and the manager responded appropriately to complaints and concerns and kept good records.

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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

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

Eleven people (all male) lived at Giles Shirley Hall, a twelfth registered room was used for emergencies only. The people who lived at the home did not have physical disabilities and were all mobile. They had different abilities in terms of verbal communication and there was some use of visual structures within the home to aid communication. Some people were able to maintain their personal care independently; others needed prompting or support from staff. In general people were fit and healthy but the manager told us that one person had a weight problem and one person had epilepsy and was supported by an epilepsy specialist nurse and a medical consultant. Some people had complex needs and challenging behaviour.

People who lived at Giles Shirley Hall were registered with local health practices and dentists. They were supported to have an annual 'well man' check, a flu vaccination, regular dental and sight tests if they consented. People also received support from the Cheshire and Wirral Partnership NHS Foundation Trust's community learning disability team and professionals including psychiatrist, speech and language therapy, community nurses, occupational therapy and continence service. Anticipatory care calendar charts were used to monitor people's physical health and wellbeing and were completed by staff on each shift. The charts monitored changes in a number of areas including weight, mobility, behaviour, swallowing, and bowel function. People's care files contained a 'health passport' which provided information about the individual that could be taken with them to appointments or if they needed to be admitted to hospital.

Most of the people who lived at the home participated 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. Others had work placements outside of Wirral Autistic Society. The daytime activities formed part of each person's care package and gave structure to their week. Regular attendance was encouraged but not compulsory. There was an individual programme for each person. Social activities that people

participated in included swimming, meals out, Wednesday night club, walks, shopping, playing in a band. One person was a very enthusiastic cyclist. Staff also tried to ensure that there were planned social activities at the weekend and an illustrated 'weekend report' was prepared by the team leader and showed various events that people had enjoyed. People were supported to maintain relationships with their families. A number of people had their own computer and contacted their families and friends electronically.

Each person who used the service was allocated a key worker so there was continuity of care for the person. The care files were very detailed and contained several sections of information. A detailed support plan was in place for each person and this included a full assessment of their needs. The care files also contained information for staff about behavioural management which was extremely important as some people who used the service had complex needs and some had communication difficulties. The plans were reviewed regularly and kept up to date. Each person had an annual review which they attended if they wished to with their close family, their keyworker, the service manager, and any other relevant people including health and social care professionals. We saw records of many positive comments that had been made by family members who had attended the reviews.

The manager told us that before people were accepted to live at Giles Shirley Hall, she carried out a pre-admission 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. Most recently, a person had moved to the home from another Wirral Autistic Society service following a familiarisation process lasting several weeks. This had been a well-planned and successful transition and photographs had been sent to the person's family to reassure them how well he had settled into his new home.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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The manager told us that one person who lived at the home had special dietary needs. He understood his condition and was able to write his own shopping list and participate in shopping trips. Another person was diabetic. One of the team leaders had spent a lot of time with him to explain how to control his blood sugar and this had been successful. There were concerns about another person who was very obese. A mental capacity assessment showed that he was able to make his own decisions regarding what to eat and drink. He had been supported to access a weight management course but had chosen not to follow advice.

The home was divided into four flats, each of which had its own kitchen where all of the meals were made. People who lived at the home decided their own menus and participated in shopping. Most people were able to access drinks and snacks without support from staff. People were weighed monthly with their consent and this was recorded on their anticipatory care calendar. The manager told us that people generally had good appetites and there were no concerns regarding weight loss.

## Safety and suitability of premises

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Giles Shirley Hall is a large two storey detached building in the centre of Bromborough Pool village. The care home occupies the back part of the building and the front part accommodates some of the Wirral Autistic Society daytime services. The home was divided into four self-contained flats. Each person had their own bedroom within one of the flats with en suite shower room. People were encouraged to individualise their room with personal belongings. The home was decorated and furnished to a good standard offering a comfortable environment for people to live in. The provider may find it useful to note that one of the kitchens was showing signs of wear and tear.

We looked at maintenance certificates for utilities and equipment and found that they were all current and up to date. We saw records of weekly fire alarm tests and regular fire drills and evacuation practises which included people who lived at the home. Wirral Autistic Society provided a maintenance service with a team of staff who were on call to deal with any repairs or maintenance requirements.

## 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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Giles Shirley Hall had an experienced registered manager and two team leaders. There were two core teams of staff, mostly male staff, and additional staff to work at busy times when everyone was at home and to provide one to one support for individuals. One person who lived at the home had one to one support throughout the day, and another had a significant amount of one to one time. At night there was one member of staff awake throughout the shift and another member of staff sleeping in and available as needed.

The staff rotas we looked at showed that staffing levels were always maintained and named members of staff provided the one to one support for individuals. All of the regular staff had achieved a national vocational qualification at level 2, 3 or 4. Any shortfalls in staff numbers were covered by bank staff employed by Wirral Autistic Society and this was arranged at head office. All of these staff had completed the company's mandatory training programme which included safeguarding, health and safety, food hygiene, non-violent crisis intervention and other subjects specific to autism.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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Full details of the organisation's complaints procedure were included in the Statement of Purpose for the service. This provided people who used the service and their families with information about who to contact if they wished to make a complaint or raise a concern, and told them how their complaint would be handled by Wirral Autistic Society. The complaints policy included guidance for staff about how to deal with any complaints that they might receive. Complaints log forms were available for people to complete and these included a pictorial version for people with language difficulties. We also saw an easy read complaints procedure displayed in the building.

The manager kept records of complaints, concerns, and safeguarding issues. We looked at the complaints log, which recorded written and verbal complaints from people who used the service and their relatives. We saw that two complaints had been dealt with in 2013 and they were investigated promptly and dealt with appropriately. The manager audited these complaints monthly to identify any trends. This meant that the manager could identify any problems and prevent them from reoccurring.

The CQC has not received any complaints or concerns about Giles Shirley Hall.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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