

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

Meeting nutritional needs ✓ Met this standard

Staffing ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Wirral Autistic Society
Registered Manager	Ms. Annette Keating
Overview of the service	The Green is one of a range of services provided by Wirral Autistic Society. It is a large house in Bromborough Pool village that has been divided into four self-contained flats and is registered to provide accommodation and personal care for a maximum of ten people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 11 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Ten people lived at The Green and they all participated in a range of community activities during the week. People had the opportunity to participate in monthly house meetings and minutes of the meetings showed that they were able to put forward their views about different aspects of the running of the home.

People's care and support needs were recorded in their care files, which were well ordered and comprehensive. They showed that people were supported to access health services as needed. Each person had a full review every year with the support team and family members.

People were able to choose what they would like to eat and drink and participated in weekly shopping trips.

The home had an experienced manager and team leader and there was a small team of staff for each flat. Staff rotas were built around the support people required during different parts of the week.

We looked at a selection of records which were stored securely. We found them accessible, up to date, neat and legible, and well maintained.

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. 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

Ten people lived at The Green, which was divided into two ground floor and two first floor self-contained flats. People who lived at The Green had been supported by Wirral Autistic Society for a considerable length of time and had lived in this house for several years. People had a range of abilities in terms of communication and self-care. Some were able to communicate verbally with the staff and others used sign language and pictorial representations to aid communication. People all had contact with close family members and some had overnight stays with their family.

People who lived at The Green all went out to community vocational services during the week and an individual programme was in place for each person. One person told us about what they did each day of the week and said that their favourite activity was trampolining. One person had gained permission from the housing association that owned the building to have a shed for a workshop in the grounds of the house to pursue their hobby.

People were supported to make choices in daily living and this was reflected in their personal support plans and communication passports. The care files recorded people's daily routines. The people who lived at the home were invited to participate in house meetings and minutes of the meetings showed that they were able to put forward their views about different aspects of the running of the home. The most recent was in December 2013. People were also invited to give their views on 'Have Your Say' pictorial satisfaction survey forms.

Some people showed us their bedrooms and we saw that their rooms were personalised with their own belongings. They were able to lock their doors if they required privacy.

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

The registered manager told us about the individual health and personal care needs of the people who lived at the home. These were recorded in people's care files which were well ordered and comprehensive. The files included details about money and benefits, support plans, daily reports, behaviour management plans, risk assessments, person centred plans and records of health visits and activity programmes. Plans were reviewed regularly and each person had a full review every year with the support team and family members. Records showed that staff consulted with health care professionals to ensure that people received the support and care they needed.

A practice nurse and a GP visited the home to carry out an annual health-check for each person. We also saw records of people visiting dentists and attending hospital appointments.

The manager told us that Wirral Autistic Society was committed to providing whole life care for people and would continue to support them as they became older for as long as their physical care needs could be met.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The manager told us that the people who lived at the home were able to choose what they would like to eat and drink and the people we spoke with confirmed this. Meals were planned weekly in each flat and the people who lived at the home participated in weekly shopping trips. A menu book recorded full details of all meals that had been served in each of the flats and showed that people had a balanced diet.

One person required a special diet and a member of staff we spoke with was able to tell us all about this. One person was prone to gaining weight but was happy to participate in a healthy eating programme. One person had a low body-weight due to being a very slow eater. A dietician had provided advice and the person was provided with plenty of easy to eat and nutritious food in the packed lunch they took to daytime services and had gained some weight.

People's weights were recorded monthly on their 'Anticipatory Care Calendar' which is a tool used to monitor all aspects of people's health.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The home shared a very experienced manager with a similar service situated very close by. There was a team leader for this home who generally worked supernumerary to the staff rota but could cover for any staff shortage if needed. There were also two deputy team leaders. Each of the four flats had its own small team of staff and its own staff rota. There was a minimum of five staff on duty when people were at home in the daytime and two members of staff slept in the home at night, one on each floor.

The staff rotas we looked at showed that staffing levels were always maintained and named members of staff provided one to one support for individuals where needed. 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.

On the days when people were out in the community, the staff worked from 7.30am to 10am then from 4pm to 11pm. On a Tuesday, when people were at home during the morning, staff worked from 7.30am to 3.30pm and a second team came on duty from 2pm to 11pm. This allowed time for meetings and discussions. At the weekend the shifts were 8am to 5pm and 5pm to 11pm. Additional staff were provided at the weekend so that people could be supported to access leisure activities.

The team leader had national vocational qualifications (NVQ) in care and in management. Most other staff had an NVQ at level 2 or 3 and had completed the Wirral Autistic Society comprehensive training programme. The support staff who worked at the home were responsible for housekeeping, shopping and cooking and the people who lived at the home participated in these tasks.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

The current care file for each person was kept in a locked cabinet in their flat together with a menu book, a communication book where appointments were recorded, and a seizure diary where needed for individuals. There was also a communication book for the whole house that all staff read when they came on duty. Other records were kept in a large office on the top floor that was accessed by swipe card and where all records were kept securely.

We looked at a selection of records including care files, menu books, communication books, medication files, minutes of meetings, fire and health and safety records, staff records and copies of company policies and procedures. We found that all were up to date, neat and legible, and well maintained.

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.

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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