

***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: 10 October 2013

Date of Publication:  
November 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Complaints</b>	✓ 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 part of a wide range of services provided by the registered charity Wirral Autistic Society. The home provides accommodation and support for three people with varying degrees of autism.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

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

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	7
Management of medicines	8
Safety and suitability of premises	9
Complaints	10
<hr/>	
<b>About CQC Inspections</b>	11
<hr/>	
<b>How we define our judgements</b>	12
<hr/>	
<b>Glossary of terms we use in this report</b>	14
<hr/>	
<b>Contact us</b>	16

## 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 announced 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 10 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

---

### What people told us and what we found

---

We spoke with two relatives and one person who lived at the home who told us they were happy with the home. One relative told us that their relative: "called the place their home" and one person told us "I am happy here everything is fine."

We looked at the people's care records and found they provided assessments and clear guidelines for the staff to enable them to support the people in their care.

All the relatives and people we spoke with told us they were part of the care planning process and they regularly attended care reviews and best interest meetings. We found that all staff we spoke with were knowledgeable about the Mental Capacity Act (2005) and the issues of consent and had received training.

We found that the home managed medicines appropriately and had systems in place to ensure the secure storage and safe administration of medicines.

We found the home was of a suitable design and layout for the needs of the people at the home and that it was warm, clean and secure.

We saw the home had a complaints procedure which was accessible to the people at the home. One person told us that when they had raised concerns they had been dealt with to their satisfaction.

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](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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

---

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

---

### Reasons for our judgement

We spoke with three members of staff and the manager who told us they had received training about the Mental Capacity Act (2005) and during discussion they displayed a good understanding of the issues of capacity and consent. We found that this subject was covered at induction and staff also received refresher training.

We saw that the home had communication boards throughout the home with pictures displayed which people were encouraged to use in order to communicate their needs. The manager confirmed that staff had received training on a variety of communication methods. We saw that care files incorporated a 'decision making and limits document' which meant the home had considered what people could consent to and what issues required best interest meetings.

The manager told us that independent advocates were used when necessary and that best interests meetings were held when any major decisions about the person's life had to be made but this had not been necessary for a while. The provider may find it useful to note that there was no information available for people who lived at the home about accessing independent advocates which may in some circumstances be helpful to them.

We spoke with two relatives who told us they were kept informed of any changes to care plans. They also told us they attended annual care plan reviews.

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

---

**Our judgement**

---

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

---

**Reasons for our judgement**

---

We spoke with two relatives and one person who lived at the home who told us they were happy with the home. One relative told us that their relative: "called the place their home" and one person told us "I am happy here everything is fine." We found the staff displayed a good working knowledge of the people's needs and we observed people who lived at the home seemed happy and relaxed in their care.

We spoke with the manager who told us that the admissions team for the company dealt with any referrals. A member of the admissions team would visit the person to carry out an assessment of the persons needs to see which type of service would suit them. From this initial assessment, a support plan was constructed.

We looked at all the care files and found they were very detailed and person centred. The files included sections in easy read format for the people to use. The care files contained several sections of information including risk assessments and support notes. We found that care plans contained guidelines for staff about the care and support required by the person. There were also behavioural management plans in place when necessary to help guide the staff to help a person should they become distressed.

We found that any accidents or incidents were recorded electronically. The manager explained that this provided the company with a means of identifying any trends. This meant any lessons could be learnt from any incidents to avoid the same incidents happening to people who lived at the home.

We found that people were encouraged to be as independent as possible and to attend a variety of activities. On the day of our visit the people who lived at the home had been to day centres and the manager also told us that the people had work placements too.

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

---

We found that medications were securely kept in a locked cupboard in the office. We looked at all the care files and saw that people's medications and any allergies were clearly recorded. We looked at a sample of medication administration records (MARs) and found that all medications administered had been signed for. We also saw that the medication file contained information about the medications being used to enable staff to be aware of any possible side effects.

We spoke to three staff that had responsibility for administering people's medication in the home. They told us they received medication administration training and additional training on the needs of someone who has epilepsy. We saw that medication training was undertaken at staff induction and that their competencies were also assessed at regular intervals.

We spoke with the manager who told us the company had recently reviewed all their medication policies and that updated refresher training was being introduced as well as extended training at induction. They also told us more robust monitoring systems such as 'spot checks' were in place to ensure that at all times people received the correct medication at the correct time.

## Safety and suitability of premises

✓ Met this standard

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

---

We looked around the home and found it to be warm and clean. Each person had their own room which the person had been able to set up to meet their needs. Relatives we spoke with told us they had no concerns regarding the environment. The home had a missing person's policy and we found the home was secure and that members of staff were available to assist people should they want to go out.

We found there were regular safety checks throughout the home and that gas and electric safety certificates were up to date. We spoke with staff and asked them what they would do if they saw something was broken. They told us they would report this to the manager and we saw that there was an on call maintenance system in place.

We saw there was a fire safety risk assessment for each individual in the home so that in the event of a fire they could be supported appropriately to evacuate the premises. The home had smoke alarms and fire extinguishers which were regularly tested. Staff we spoke with told us that they had received fire safety training at induction and were aware of what to do in a fire and carried out regular fire drills.

The manager told us the home had a business contingency plan in the event of any damage to the home such as fire or flood whereby arrangements could be made for people to be accommodated elsewhere if necessary.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

---

### Our judgement

---

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

---

### Reasons for our judgement

---

We found the home had a variety of communication boards available for the people who lived at the home to help them communicate any of their needs. The staff told us that people were encouraged to use these if they could not convey what they wanted to say.

The home had a complaints policy which outlined what the home would do if they received a complaint. The relatives told us they felt confident they could raise any concerns with manager and in the past any concerns they had raised has been dealt with to their satisfaction.

The policy contained clear timescales for when the company would respond to a complaint and the contact details of who they should contact if the complainant felt that their complaint had not been addressed. The provider may find it useful to note that the contact details needed to be updated.

The manager told us that record of complaints was kept at head office so that any trends could be identified and appropriately managed. The manager told us there had only been one complaint in the past 12 months but this had been resolved.

## 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.

## Contact us

---

Phone: 03000 616161

---

---

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

---

---

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

---

---

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

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---