

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

Tower House

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Date of Inspection: 03 October 2013

Date of Publication: October
2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Wirral Autistic Society
Registered Manager	Mrs. Katherine Margaret Greene
Overview of the service	<p>Tower House is part of a wide range of services provided by the registered charity Wirral Autistic Society. Tower House is the main office for the society's supported living services on the Wirral. The service provides support for people who live in their own homes in shared accommodation or single tenancies. The service supports the people to manage their tenancies agreements for the place they live in. The service provides varying degrees of personal care and support for people with autism.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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

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 3 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 reviewed information given to us by the provider.

What people told us and what we found

On the day of our visit we spoke with five relatives and one person who used the service who were happy with the standard of support provided. One relative told us: "The staff are great" and another told us "The service has improved and my son is more settled."

All the relatives 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 service had safeguarding measures in place and that staff were trained to identify and act if there were any safeguarding issues.

We found that the service had robust recruitment procedures in place and enough staff to look after the people who used the service.

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

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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with three members of staff 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 evidence to support 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.

We spoke with five relatives who told us they were kept informed of any changes to care plans. They told us they regularly attended care plan reviews and were given copies of care plans and were asked when necessary to sign for any issues which required consent. The provider may find it useful to note that one relative we spoke with told us that communications about any actions taken as a result of these meetings could be improved. They also told us they attended meetings arranged by the society for relatives. However these meetings incorporated the society's residential services and the person we spoke with thought it would be more beneficial if there were separate meetings for the supported living services.

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

On the day of our visit we spoke with five relatives and one person who used the service who were happy with the standard of support provided. One relative told us: "The staff are great" and another told us "The service has improved and my son is more settled." We spoke to one person who used the service and their support staff. The staff displayed a good working knowledge of the person's needs and we found the person seemed happy and relaxed in their care.

We spoke with one manager who told us that the admissions team for the service dealt with any referrals. A member of the admissions team would visit the person to carry out an assessment of the person's needs to see which type of service would suit them. From this initial assessment, a support plan was constructed. A key worker and team were allocated to any new person and the plans were re-assessed after a transition period of six weeks to see if any adjustments were required to the person's support plan. We saw evidence of a meeting to discuss one person's needs at this point. Support plans were then reviewed every three months.

We looked at a sample of four care files and found they were very detailed and person centred. Each person had a copy of their file at their home and there was a copy available in the office. The files included sections in easy read format and staff told us that people who used the service helped put their own pictures in these documents in order for them to be involved in developing their support plans.

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. One manager told us the service carried out audits for accidents and incidents and actions were taken if necessary. This meant any lessons could be learnt from any incidents to avoid the same incidents happening to people who used the service.

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with five relatives who told us that they felt that people were safe in the care of the service. We spoke with five members of staff who told us they had no concerns about the welfare of the people who used the service.

We asked three members of staff about safeguarding who confirmed that they had received safeguarding vulnerable adults training and regularly received refresher training. We asked staff what they would do if they thought someone was at risk of abuse and they knew to report this to the manager. One member of staff told us they had never had to report any safeguarding issues but would not hesitate to do so. They also told us contact details for the local authority safeguarding team were available in people's houses.

We saw there was a safeguarding adults at risk of abuse policy and members of staff we spoke with were aware of this policy and told us that they also had access to local authority policies. We found the policy contained appropriate contact details for us and the local authority but the provider may find it useful to note that the local authority contact names for the safeguarding manager have altered. We found the service sent us safeguarding notifications when necessary. At the time of our visit, we were aware of one safeguarding issue which was being investigated by the local authority that we had not received an outcome for at the time of our inspection.

Staff we spoke with told us no restraint was used. They told us they were taught a non-violent crisis intervention technique and we saw policies to support this.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We saw that the service had recruitment policies in place. We saw that there was a Disclosure and Barring Service (DBS) policy in place. The policy incorporated how the service would carry out risk assessments if a prospective employee had any offences recorded.

We looked at recruitment records for three members of staff. We found that DBS checks had been obtained and two references were requested. We found that all staff were given an interview and job description and identity checks were carried out. This showed us that appropriate checks had been made to ensure that members of staff employed were suitable to work with vulnerable people.

The manager told us that for new staff there was a six month probationary period followed by a supervision at this point to ensure that members of staff were suitable to look after the people in their care. Staff we spoke with also told us that they received monthly supervisions throughout their probationary period.

We spoke with three members of staff who told us that they had received a comprehensive induction which included shadowing other members of staff and that they were not left to work on their own until they were confident to do so. They told us that they received monthly supervisions during this period. We found the induction training included subjects such as autism awareness, epilepsy, first aid, safeguarding vulnerable adults and the Mental Capacity Act (2005).

Staffing

✓ Met this standard

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

People we spoke with and staff expressed no concerns regarding the level of staffing. However, we looked at the results of a satisfaction survey sent to relatives in May 2013 and noticed that they included comments about the lack of continuity of staff for some people who used the service.

We spoke with one manager who told us that the staffing was based on people's needs. One relative we spoke with told us there had been problems in the past regarding the level of support their relative had received but this had now been resolved.

We spoke with the quality and development manager from the service who told us that the service had rapidly expanded and that they had introduced new staff and locality managers so that a degree of continuity of care could be maintained. However she told us that although these measures had been put in place, communications with relatives about this matter could have been better.

We saw that the service used an absence and sickness policy and procedure. We spoke with two members of staff who told us there were no issues currently regarding high sickness levels or unauthorised absence. They told us the team for each house worked closely together and in the event of staff absence, they would attempt to cover the shift by using someone who the person being supported already knew.

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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