

Autism Together

The Bungalow

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 20 September 2016 and was announced. We announced the inspection because people living at The Bungalow attended day services and other activities and staff accompanied them. We wanted to be sure there would be someone there.

The Bungalow is registered to provide accommodation for persons who require personal care for up to three people. At the time of our inspection, there were three people living in the home. The people who lived in The Bungalow were on the autism spectrum.

The service is located on the Raby Hall site and is a distinct and separate building from the others.

The Bungalow is a relatively modern building once used as a manager's accommodation. It is owned and staffed by the provider, Wirral Autistic Society (WAS), which now has the 'working name' of Autism Together. The service is still registered as being provided by WAS. Also nearby this building were other WAS homes and a home farm centre.

The home required a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The Bungalow had a registered manager who had been in post for several years.

We looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

The home is a domestic style and had previously some years ago, been used for the manager's accommodation. It was furnished in a homely way which was according to people's taste, especially in their own rooms. We observed the people in the home on the day of our inspection and spoke with two of them. They appeared happy and comfortable with their surroundings and with staff.

We saw that people received sufficient quantities of food and drink and had a choice in the meals that they received.

Medication procedures were followed and the medication stored tallied with the records.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what

their role was and what their obligations were in order to maintain people's rights.

We found that the care plans and risk assessment monthly review records were all up to date in the files looked at and there was updated information that reflected the changes of people's health.

The home used safe systems for recruiting new staff. These included using Disclosure and Barring Service (DBS) checks. New staff had an induction programme in place that included training them to ensure they were competent in the role they were doing at the home. Staff told us they did feel supported by the deputy manager and the registered manager.

The staffing levels were seen to be appropriate to support people and meet their needs and the staff we spoke with considered there were adequate staff on duty.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidents. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

We looked at records relating to the safety of the premises and its equipment, which were correctly recorded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff on duty and they had been recruited appropriately and safely.

Medication was minimal but that which was needed was stored appropriately and administered safely.

Staff had been trained how to report any issues about safeguarding. People appeared happy with staff, enjoying banter and engaging conversations.

Is the service effective?

Good ●

The service was effective.

Staff were trained and records showed this was kept up-to-date.

Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards and the service had made appropriate referrals.

Many of the documents relating to people and posters in the home were 'easy read' format which allowed people to understand more readily what they were about.

Is the service caring?

Good ●

The service was caring.

People and staff were seen to be getting on well together and we observed that staff had people's care at the heart of their practice.

We saw that the relationships which people had with friends and family were well maintained and supported by staff.

Is the service responsive?

Good ●

The service was responsive.

The records we saw were person centred. We observed that staff treated each person as an individual. We saw that people and their relatives had been involved in the creation of their care plan which had been regularly reviewed by them.

People told us they were able to take part in activities of their choice. We heard that people were given choices about how to spend their time.

The complaints procedure was available in 'easy read' format and we saw records that complaints were dealt with properly.

Is the service well-led?

Good ●

The service was well led.

The registered manager was approachable and professional. Staff told us that they were happy with their management.

We saw that all the records relating to people who used the service, staff and the running of the home were up-to-date, stored appropriately and were well ordered.

The Bungalow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 20 September 2016 and was announced. We announced the inspection 48 hours before, because people living at The Bungalow attended day services and other activities and staff accompanied them. We wanted to be sure there would be someone there. One adult social care inspector completed this inspection.

We asked for information from the local authority quality assurance team before the inspection. We checked the 'HealthwatchWirral' internet site. We searched our own data base for information about the service, including the 'Provider Information Return' which had been previously sent by WAS about the service.

We toured the building and looked in the communal areas and one of the bedrooms where we were permitted access by the occupant.

We spoke with two people living in the home and observed another who was non-verbal; we spoke with the registered manager and a support worker.

We observed care and support in the home, viewed all three people's care files, training records for all the staff, three staff recruitment files and other records relating to how the home was managed.

Is the service safe?

Our findings

One person told us, "I like the staff. I feel safe here".

The staff member we spoke with demonstrated that they had an understanding of the arrangements for safeguarding vulnerable adults. They were able to tell us about abuse and how to report it. We saw that the safeguarding policy followed local safeguarding protocols. They told us that if they had any concerns about any allegations of abuse or neglect they would report this to the senior person available immediately and most staff also knew that they were able to report it to the local authority or to CQC.

The staff member told us, "It's a big issue in support. There's a procedure we follow...every suspicion should be reported. It's your duty to report. We have a flow chart in the office so we know who to go to outside the organisation". They were aware of the whistleblowing policy and told us they would have no hesitation to use it if required.

We saw staff rotas for the previous two weeks, which showed that there were always sufficient staff on duty. Depending on what the people were doing each day there was usually one staff member in the home during the day and other staff would accompany people to their activities. The staffing levels varied at weekends according to peoples' whereabouts.

The training records we reviewed showed that the staff were regularly updated with safeguarding training and the staff member we spoke with was able to tell us about abuse and how to report it. We saw notices in the home about safeguarding which gave the telephone numbers to contact, if there were any concerns. These were also available as 'easy read' posters for the people living in the home to use. Easy read documents are those which make written information easier to understand and which often includes pictures, for people who are on the autism spectrum and those with learning disabilities.

We saw that staff had been recruited safely and according to the legal requirements. All staff had been checked for criminal records, qualifications, right to work in the UK and all had at least two references. Staff had not been allowed to work until these requirements have been met and a satisfactory interview had taken place. We saw records of application forms, interview notes and the other documents in the staff recruitment files. The provider had various policies relating to employment, such as disciplinary and grievance procedures. This meant that there was clear guidance about the relationship, expectations and requirements between the employer and employees.

In the care files we saw that risk assessments had been completed on the various aspects of the individual person's life, as appropriate, such as using transport, using money and going on holiday. Staff also had risk assessments completed for aspects of their work such as moving equipment and dealing with chemicals.

The medication cabinet was kept in the sleep over room/office which was a locked room, along with the medication administration record (MAR) sheets. These had photographs of the person they related to. All the drugs stored were 'in date' and we saw records that showed stock had been checked in properly, stored

correctly, and administered appropriately.

None of the three people in the home had regular prescribed medication. One had a prescription for a PRN (as required) dental product. Temperature check of the room where medication was stored had been completed daily and were within safe levels.

The PRN medication was recorded on a medication administration record (MAR) and homely remedies were recorded in a similar way. The stocks stored tallied with the record.

There were smoke and fire detectors throughout the home, with the necessary firefighting equipment placed around the home. We saw that this equipment had been recently checked and serviced. Regular checks of the alarm system were carried out. We saw records that fire drills involving the people who used the home, happened monthly.

There were appropriate fire evacuation plans, should there be an emergency. We saw that individual personal emergency evacuation plans (PEEPs) had been recorded for staff to use in an emergency. There was a 'grab bag' for staff to use, near the front door, in the event of an emergency. The grab bag contained important information about individuals in the home. We also saw that accidents, incident and complaints were all dealt with appropriately and responded to quickly. There were policies relating to each of these.

The cleanliness and hygiene of the premises was good; all of the areas were seen to be clean on the day of the inspection. There were sufficient soap dispensers and paper towels in the communal toilets for staff and visitors to have the opportunity to disinfect and dry their hands appropriately. The routine safety checks and certification had been completed on the building as required, such as fire safety, fire alarms, electric, gas and water systems and legionella checks and testing.

Is the service effective?

Our findings

A staff member said, "The training was brilliant, quite intense. They covered absolutely everything before I started work".

All the staff had induction training at the beginning of their employment and we were given the schedule of this. Staff went through a probationary period of six months during which time they had to achieve certain standards and have training in various aspects of their work, such as medication training, person centred care, mental capacity, safeguarding and whistleblowing. Staff also undertook more specialist autism spectrum training which included behavioural management, also known as 'nonviolent crisis intervention'.

Staff told us they continued to be updated with their training and records showed that staff were regularly updated with their training. Staff were encouraged to take further qualifications or other training opportunities for their own development or if they want to progress through the organisation. We saw the training matrix that showed that training was provided throughout the year.

We noted that there were records of supervision meetings which occurred about every two months. Each member of staff had a yearly appraisal. Staff told us that they attended supervision meetings regularly and that it was a two-way process. Notes were made and both the member of staff being supervised and the supervisor kept a copy.

Staff were able to meet regularly at staff meetings. These meetings were structured and usually had a training aspect to part of the meeting. Policies and procedures, issues around the home and planning for activities for the people living there, were often discussed. We saw that some staff had received awards or commendations for their attendance in any one year, which showed that the provider valued them.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty, were being met. The service had followed the principles of the MCA and DoLS and we noted that appropriate applications for DoLS had been made for some of the people and at the time of our inspection, the service had received two authorisations back from the local authority.

The staff members and the manager we talked with were able to tell us about the MCA and DoLS. The

manager demonstrated to us that there was a clear procedure with records in place, which showed what actions had been taken in relation to the MCA. The documentation that we looked at recorded that the appropriate applications for DoLS had been made to the local authority. We saw that staff were trained in this subject and were regularly updated.

Many of the documents in the care plans and the posters on the notice boards were in 'easy read' format. Most of the people were able to communicate with staff using spoken language. Body language was also observed, respected and used by the people and staff, during our inspection.

The premises were of domestic style, homely and well maintained. One staff member told us, "Perhaps a bit more decoration would be better. None of our clients are colour sensitive so it would be great to brighten the place up for them". They went on to tell us that the people's room had been upgraded in 2014 with new carpets and furniture.

The kitchen/dining room was large and was of domestic style. People were encouraged to participate in menu planning food preparation and cooking where they could or wanted to.

There was discussion between the people living in the home and the staff about the menus. There were monthly menu planning meetings and a menu book for people to choose from. The people were encouraged to get involved in the kitchen, where appropriate, with staff support. One person informed us, "I like to bake and make meat dishes".

The staff told us that they tried to promote healthy eating but sometimes this proved difficult as people made other choices and decisions about their diet. One person often lost weight because they were so active and had a relatively poor appetite. We saw that this was carefully monitored by staff and we noted that efforts had been made to encourage them to eat a higher calorie diet.

People were free to choose alternatives if they wished, on the day. One person told us, "There is always enough to eat". We saw people had access to drinks outside of mealtimes and one person was clearly happy to independently offer us a hot drink which they were able to make for us.

Is the service caring?

Our findings

One person said, "I've lived here for 32 years and I am happy. The staff treat you well".

A staff member told us, "I really like it here; I do, it's all about the clients and their needs".

We saw that staff interacted and supported people with care and patience. We noted that staff communicated and supported the people living in the home in a friendly, informative, caring but professional way. There were jokes and laughter between staff and the people and we saw that staff showed people respect.

Although the people living at The Bungalow were receiving on-going support from staff, we saw that there was opportunity for people spend time in private if they were able to.

People's information was treated respectfully. We noted that the records relating to the individual people living at the home were kept confidentially and that they were only accessible by the staff.

The information in the care plans showed that assessments and reviews had been done involving people and their families. The information that was within them was readable by both families and the person they were about. Much of the information was either in large type or in 'plain English', or was in an 'easy read' format.

'Easy read' refers to the presentation of text in an accessible, easy to understand format. It is often useful for people with learning disabilities and may also be beneficial for people with other conditions affecting how they process information. The information also informed the professionals involved in people's care, as it showed how they needed to be supported by everyone involved in their care.

We saw that people were able to express their views. Much of this was documented in the care files and it was evident when we observed the relationship and interactions between the people living there and the staff.

We saw that the relationships which people had with friends and family were well maintained. They were encouraged and enabled to visit friends and family and to keep in touch.

There was information available on the noticeboard about advocacy services. We saw in the care files that all of the people living in the home had relatives who supported them so did not need independent advocacy services. People were encouraged to seek their relatives' involvement in decisions relating to their care, when necessary. We saw records of meetings and other communications with relatives, who's views were taken into account.

Is the service responsive?

Our findings

People were listened to and they were supported with their individual interests, hobbies and making choices. One person told us, "I like to dance to pop; I do it at day centre". We heard another person being supported to make a decision saying, "Can I have my review on [date]. Hopefully my sister will be able to come too".

The care files that we saw were clear, understandable and person centred. They were comprehensive accounts of people's needs and demonstrated that each person and their family had been involved in the creation of their care file. Understanding and comprehension of their files have been facilitated by the use of 'easy read' documents. These care files contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs.

People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and what activities they enjoyed. The plans were effective; staff were knowledgeable about all of the people living at the home and what they liked to do.

Staff completed a daily log for all care given and activities completed and the entries we looked at were very detailed. The registered manager told us that staff would discuss immediately any changes in people's health with her or the deputy manager. The staff member we spoke with confirmed this procedure.

Activity plans were recorded in people's care files and showed that where possible, people had made their own decisions about how to spend their time. Whilst we were inspecting the service, we overheard one person making arrangements with a staff member to go out to lunch to a 'new' place". We saw a recorded note which read, 'Your Mum tried to get you last night; we will leave a note to make sure you have a chat with her'.

We observed that each person was treated as an individual. Each was enabled to choose the decor of their rooms to some extent and what they wanted to do with their time each day. We saw one room which had been personalised by the occupant and had recently upgraded carpets.

People's activities and interests had been tailored to them. One person told us, "I go out to the other houses on site and have coffee with people".

We saw that people were involved in activities such as media, dance, drama, music and outdoor activities, mainly at other of the WAS services.

The complaints policy and procedure was up-to-date and had been recently reviewed. It was displayed on the noticeboard in full and also in poster form. We saw a poster on a noticeboard, entitled, 'It's okay to complain'. This was a visual, 'easy read' poster which enabled people to easily understand how to complain. No recent complaints had been recorded.

We saw documentation in the care plans which showed us that there had been effective communication between the home staff and other professionals involved in people's care and support. Residents' meetings were held regularly and relatives were informed any issues or changes by telephone or letter. We saw that records had been made of these communications.

Is the service well-led?

Our findings

A staff member said, "The registered manager is alright; he's a top guy if you have any issues. He is never short at you; he is always patient. He is good."

The registered manager told us they were proud of the service and that they had a good team working there. They were available during our inspection. The staff on duty appeared to have a good rapport with them and were friendly but respectful. The registered manager was equally so, to them. Staff confirmed that they had a good relationship with the registered manager who supported them well. They were able to talk to them about any issue or concern.

We saw that the leadership was transparent, informed and open and that staff did not have any hesitation in talking with the registered manager. The registered manager and the staff demonstrated to us that the care, comfort and safety of the people at The Bungalow was their prime concern.

The registered manager told us that they kept up-to-date with current policies, procedures and good practice by attending training sessions and attending various national conferences.

We saw that all the documentation relating to the people living at The Bungalow, the staff, the environment, health and safety and other records relating to the running of the home had been completed properly and in a timely manner.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service so that we could check that appropriate action had been taken.

The registered manager of the home had informed the CQC of significant events in a timely way. The home and the registered manager met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

It was clear from the care plans that there was good partnership working between staff at The Bungalow and other health and social care professionals involved in the care of people living there.

Policies and procedures were up-to-date and other documentation such as medication records; fire and other health and safety checks had been regularly completed and updated with action plans where necessary.

The home had systems in place to assess the quality of the service provided to the people who lived there. This included weekly medication audits, health and safety incident, accident and falls audits. We saw the previous two months audits and noted that they were up-to-date and any issues noted have been included in an action plan with the dated time for completion.

All the documentation was stored appropriately and safely in various locked cupboards within the home

and locked staffroom.

Some of the activities provided by Wirral Autistic Society to the people living in The Bungalow included being involved in gardening and landscaping services and growing vegetables and garden plants from the small farm on one of their sites. This enabled people to develop good community links both locally and a little further afield.