

Autism Anglia

# Domiciliary Care Agency

## 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 inspection took place on 20th December and was announced. Domiciliary Care Agency is part of Autism Anglia and provides a supported living service to people with autism spectrum disorder who have a learning disability. At the time of inspection 30 people were being supported by the service to live in their own homes.

The service had 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns and use the whistleblowing procedure if necessary.

Risks to people were well managed as staff knew the people they cared for and were provided with clear guidance to reduce identified risks and protect people from harm.

There were sufficient staff numbers with arrangements in place which meant that people received one to one care to meet their specific needs.

Staff were recruited safely. All staff were subject to a probation period and to disciplinary procedures if they did not meet the required standards of practice.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and maintained relevant records that were accurate.

All of the staff received regular training in mandatory subjects as well as specialist training which was specific to the needs of people using the service. This provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

The service supported its staff through supervision and appraisal to maintain and develop their professional skills and were committed and pro-active in supporting people to grow and develop and provide people with positive care experiences.

People's consent to care and treatment was sought in line with current legislation. All staff and management were trained in the principles of the Mental Capacity Act (MCA) 2005 and management understood their responsibilities to make appropriate applications to the court of protection when people were being deprived of their liberty.

A flexible approach to mealtimes was used to ensure people could access suitable amounts of food and

drink that met their individual preferences and promoted their independence.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

Effective communication practices were employed by staff using a range of methods tailored to individual needs. Staff responded to meet people's needs promptly and treated people with kindness and compassion.

People were able to spend private time when they chose to and their privacy was respected and maintained at all times.

The service thoroughly assessed people's needs and care plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support plan reflected their preferences.

The organisation placed people at the heart of the service and they were supported to attend a range of educational and occupational activities as well as being able to develop their own independent living skills.

Staff supported people to undertake a choice of leisure activities within the home and in the community.

There was an effective complaints procedure in place and complaints were responded to appropriately.

The service was well led with systems in place to check that the care of people was effective, the staffing levels sufficient and staff appropriately trained so they had the skills to provide safe care and support. Quality assurance systems were in place to obtain feedback, monitor performance and drive improvements.

## 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.

People were protected from the risk of abuse.

Where people needed help with their medicines, this was provided in a safe and appropriate way.

Risks to people were well managed to keep people safe.

There were enough staff employed to safely meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to support people effectively.

The service provided training and support through supervision and appraisal to ensure staff were competent in their role.

People had enough to eat and drink which met their preferences and any health needs.

People had access to appropriate healthcare service to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and showed dedication and compassion to the people they supported.

People were treated with dignity and their privacy was respected.

Staff encouraged people to be independent and develop their skills and abilities.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their individual needs in the way that they wanted.

People had access to a range of occupational opportunities of their own choosing both in and outside the home.

The service had a system in place to deal with any complaints appropriately

### **Is the service well-led?**

The service was well-led.

Staff told us the management team was accessible and listened to them and actioned any concerns.

There were systems in place to monitor the safety and effectiveness of the service.

Quality assurance systems were in place to obtain feedback, monitor performance to drive improvements.

**Good** ●

# Domiciliary Care Agency

## **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 is 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.

The inspection took place on 20th December 2016 and was completed by one inspector and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also looked at the Provider Information Return (PIR) which the provider had completed detailing information about their service and any planned improvements.

During our inspection visit, we observed the interactions between staff and four people who were receiving care and support in their own homes.

As part of the inspection process we spoke to the registered manager and six members of staff. We also spoke with four relatives of people who used the service.

We reviewed three people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how information was gathered to improve the service. This included medicine records, the provider's quality assurance audits, satisfaction surveys and records of complaints. We also looked at four staff record files, the training programme and staff supervision and appraisal records.

# Is the service safe?

## Our findings

People who were present at the time of our visit were unable to tell us if they felt safe; however, it was apparent from their behaviour and manner that they were relaxed and comfortable within the service and in the company of staff and their peers. Relatives of people we spoke with told us they felt their family members were safe. One relative told us, "[Person] is definitely safe, I don't have any worries on that account." Another Relative said, "The thing I'm so comfortable with is that [person] is safe with Autism Anglia."

People were protected from harm and abuse by staff that had been trained appropriately and understood the principles of safeguarding. Staff were aware of their roles and responsibilities in relation to protecting people from harm. All of the staff we spoke with could clearly explain how they would recognise and report abuse if they had any concerns. Relatives told us that their family members had very complex difficulties which made them particularly vulnerable to abuse. One relative said, "I don't have that worry with autism Anglia as they have an extremely good whistleblowing policy and the way the houses are supervised they are on top of what's going on."

There were robust systems in place to help people protect their finances from possible misuse. Staff supported people with managing their daily finances and keeping their money safe. This involved a number of checks and records made by staff each time they supported someone with their finances which included a system of recording money received and money spent, with receipts provided for each transaction. Where people lacked capacity to manage more complex financial affairs they were supported by Essex Guardians an organisation set up by the local authority to provide a service to safeguard people's money and protect them from the risk of financial abuse.

Risks to people's safety had been appropriately assessed, managed and regularly reviewed. Changes to people's risk assessments and how these should be managed was shared through the use of a communication book that staff were required to sign to say they had read. Each of the care records we saw had a range of up-to-date risk assessments for people. These assessments were different for each person and reflected their specific risks, with guidelines on how to keep people safe. Staff demonstrated that they knew the details of these management plans and how to keep people safe.

Staff told us they knew how to support people who exhibited behaviours which could be perceived as challenging and which might pose a risk to themselves or others. This was done in a way that respected people's rights and promoted their dignity. One staff member told us, "We have very good support and guidance when supporting people with behaviours that can be challenging."

The provider employed a range of in-house professionals such as a psychologist, and speech and language therapist who were available to provide staff with advice on behavioural support and communication. Regular multi-disciplinary team meetings were organised would meet with staff to discuss any particular concerns and suggest strategies for staff to help them manage people's behaviours in positive ways.

People and staff we spoke with said that recruitment and retention of workers was an ongoing challenge. Nevertheless, the service employed sufficient numbers of staff to keep people safe. Where additional staff were required to cover sickness or annual leave a regular store of bank workers were used as these staff were familiar with the people who used the service so could provide continuity of care. Relatives told us that they appreciated the use of regular bank staff which meant their family members received consistent support from people who knew how to meet their needs.

On the day of inspection we observed that each person had one to one support provided to meet their individual needs. The management team was also available to provide additional support and cover if required. A relative we spoke with praised the management team who stepped in to cover shifts for their family member as this person had very complex needs and could not cope with being supported staff that they did not know very well.

Recruitment processes were robust. All of the relevant checks had been completed before staff began work, including taking up references and obtaining a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

People's medicines were managed safely and they received regular reviews of their medicines to ensure that their medicines continued to meet their needs. There were appropriate arrangements in place for the storage and recording of medicines. We checked medicine records and found that people were receiving their medicines as prescribed. The medicines administration records (MAR) were accurate and contained no gaps or errors.

Where people could manage their medicines independently they were supported to do so safely. People had their own medicine folders which were kept in their rooms. There was guidance in place for people who were on PRN (as needed) medicines. Records included details about the amount of these medicines people should be given and the reasons why they should have it. .

All of the staff who administered medicines had been trained and were regularly checked to ensure they were competent. Seniors completed a weekly audit of medicines to ensure people were receiving their medicines as prescribed. Every three months a more thorough audit was completed which looked at the ordering process. If seniors noticed errors they bring it up with the person to address the issue and provide re-training if necessary. Those people who could manage their medicines independently were supported to do so.

Accidents and incidents were recorded by staff in and out of the home. When staff were out in the community they carried incident forms with them to log any relevant information. This was then shared with the management team who analysed the incidents to identify any strategies that could be put in place to reduce future risks and source intervention from relevant health and social care professionals if appropriate.



## Is the service effective?

### Our findings

People who used the service, who were present during our visit, were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with the care and support they wanted and needed. However, relatives we talked to spoke highly of the skills, knowledge and experience of all of staff at the service. One relative told us, "They work very well with [Person] and understand their condition very well, they are very autistic specific, very knowledgeable and really understand their needs, [person] has thrived since they have been there."

When new staff joined they received a comprehensive induction which provided essential training, based on the care certificate. The care certificate represents a set of minimum standards that social care and health workers should stick to in their daily working life. Staff confirmed they had completed an induction when they started work at the service. They told us that it included training and working alongside, and shadowing more experienced members of staff which allowed them to get to know people before working independently.

The service kept a training matrix to identify staff that required training or refresher courses to ensure their knowledge and skills were up to date. Staff told us the training they received was of a high standard and was provided face to face and in small groups. One staff member said, "Its amazing training, even the refresher courses, I love it as it helps us to think about how we work and bring us back to how things should be done."

Aside from mandatory training which included aspects such as safeguarding, infection control and medicine management, staff also received specialist training that was relevant to the service and met the individual needs of the people using the service. For example, training was provided in inclusive communication, positive behaviour support, epilepsy and autism awareness. This meant that people were supported by staff who understood the difficulties they might experience and how best to support them.

Staff told us they were supported in their role and felt able to raise issues or ideas with any of the management team and at the regular staff meetings. Records confirmed that staff received formal and informal supervision both 1:1 and through the use of staff meetings. In addition, competency checks and annual appraisals were used as a way of monitoring staff performance and identifying any learning needs or career goals. Where staff expressed an interest in taking further vocational qualifications in health and social care the service supported them to do so.

It was clear that the level of training and support provided had been effective in ensuring staff were knowledgeable and competent in their role. Staff were able to discuss in detail people's care and support needs, including any behavioural issues and how to manage these effectively. One staff member told us, "Personally, I have all the training I need to help me manage difficult behaviours, I think the training is of a very good quality." All staff received training in 'Team Teach' which taught them how to respond to behaviours that challenged, whilst promoting and protecting positive relationships. Also, staff told us they had access to an in-house psychologist employed by the provider who was available to discuss strategies to

help them manage people's behaviours if they were experiencing difficulties.

Staff showed a good awareness of people's behavioural triggers and understood what action was required to prevent escalation of people's agitation or anxiety. For example, one staff member told us, "[Person] needs a low key quiet environment, the less verbal the better." Staff told us they worked closely on a one to one basis with the people they cared for which enabled them to get to know people well and helped them understand their body language and behaviours, so were often able to intervene before a situation developed.

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.

We were advised that senior members of staff completed mental capacity assessments and we saw records of these assessments held in people's care plans. The assessments were tailored to each individual and were relevant to their daily lives. For example, one person had a mental capacity assessment regarding healthy eating whilst another person had one around supervision whilst completing personal care tasks. We saw that the assessments were completed in accordance with the legislation and took into account the person's wishes, the views of other relevant people including family members and professionals and gave consideration to the least restrictive option to allow people as much choice and control as possible.

Under the Mental Capacity Act, it is lawful to restrict or restrain a person who lacks the capacity to consent to such restriction as long as it is the least restrictive option and is in the person's best interests. The registered manager had identified where people may be deprived of their liberty and was in the process of making appropriate applications to the court of protection so that any restriction on people's liberty was lawful and their rights were protected.

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and how to apply the principles of the act in practice to support people to make decisions. Staff understood the importance of assessing whether a person could make a decision and the steps they should take to support decision-making, for example, presenting information in a way that people could understand and giving people the time and the space to process information. One staff member told us how they encouraged people to make their own decisions, they said, "They [service-users] will look for confirmation that they are doing the right thing, I give them all the information then let them make their own decisions."

We saw that staff understood the importance of gaining people's consent before providing any care or support. We observed that people were able to choose what they did on a daily basis, for example, if an activity was planned, they could choose to attend or not. One member of staff told us, "We respect that people have the right to give consent or refuse if they want to, it's their choice."

People were supported to have enough to eat and drink that met their preferences and any health needs. People's food and drink intake was monitored as well as their weight and if a change was noted this information was shared with the relevant health professional to support people to stay healthy.

Staff knew about people's dietary preferences and any restrictions. They told us that each person chose what they wanted to eat and when and where they wanted to eat their meals. Those people that liked to cook for themselves were encouraged to be independent with the right level of support offered to support

them to improve their skills and abilities. One staff member told us, "We all do the food shopping together, we do a menu plan, we ask what they would like to eat, we mix and match to meet everyone's needs, we are very flexible."

People were supported to maintain good health and had access to health care services. Relatives told us that the service was good at getting people the treatment they needed. One relative said, "[Person] gets the treatment they need and the service will put in extra staff to support if needed."

We saw that each person had comprehensive assessments and care plans regarding their health. People had hospital passports which is a document containing relevant health information that travels with the person when they have health appointments or hospital admissions.

Records demonstrated that people had regular health checks with their health professionals including GP, dentist, optician and chiropodist. People were also referred for more specialist support and treatment from their psychiatrist, dietician, speech and language therapist and occupational therapist when needed.

## Is the service caring?

### Our findings

People we spoke to said the staff were kind and caring. Feedback from relatives included; "The carers are a really good team, they are very dedicated." And, "They are so kind and compassionate." And, "The carers are really caring; they are very good and often go the extra mile."

The staff we spoke with were able to demonstrate that they knew people really well, they understood their history, knew their likes, dislikes, needs, hopes and goals. Whilst the people we observed on inspection were unable to tell us whether staff were caring we saw that workers provided support in a kind and calm way and people were open and trusting of staff.

Staff were knowledgeable about the best ways to communicate with people to put them at their ease and alleviate any anxiety or distress. We saw that specific methods were used by staff to talk and communicate with people which suited the needs of each person. For example, some people used iPads to communicate whilst others had talking mats. One person had a mood fob which helped them to communicate with staff how they were feeling in a way that did not increase their anxiety. A staff member told us, "We use this to avoid too much verbal information which overloads them."

We were told that staff were designated as keyworkers for particular people and that part of this role involved having regular one to one meetings with people to check that they were happy with the service they were receiving. These meetings gave people the opportunity to discuss any changes they would like made to their care and support plan. This meant that people were given the opportunity to be fully involved planning their care. More formal reviews were also arranged where family and other relevant people such as the person's social worker could be involved to ensure the service continued to meet people's needs. One relative told us, "I am very involved in meetings, planning, care plans, nobody knows [person] like I do." Where people required the support of an advocate to represent their views and wishes this was organised by the service.

People were supported to form and maintain relationships. For example, the service had organised for people to attend a workshop on relationships and sexual identity to help support people's understanding and help them have positive and safe relationships. Staff also used 'social stories' to help people to understand how to behave in specific situations. A social story is a short description of a particular situation, event or activity, which includes specific information about what to expect in that situation and why. For example, one person had a social story to help them understand how to use touch appropriately. This meant that people were supported to have more positive social interactions with others.

Relatives told us the service was very supportive in helping them to preserve their relationships with their family members. One relative told us, "The change in our relationship has been remarkable; they [the service] have been very pro-active in helping us."

We received feedback from relatives that staff treated people with dignity and respect and promoted their privacy. One relative said, "They are very respectful of [person's] privacy, they are very good at letting

[person] make their own choices and decisions." People's care plans promoted their privacy, the written guidance for staff stressed the importance of knocking on doors and giving people the space they wanted. For example, one person's care plan advised staff when supporting a person with their personal care; "[Person] likes staff to respect her privacy but ask her if she is ok."

People were supported to be as independent as they wanted to be. Care records showed that people were involved in choosing goals for themselves that would help them become more independent and learn new skills. A relative told us, [Person] finds it difficult getting out and about, they [the service] try new things with them, they have now been to college and done travel training, they have given [person] lots of support."

Goal plans were in place which set out people's aims and objectives and details of how staff could support them to achieve their goals. A progress record was kept to monitor how people were doing and when they had met their goals. We saw that one person had a travel training support plan in place to help them meet their goal of using public transport independently. Staff worked with the person, completing a breakdown of journeys the person would make so they could learn them step by step.

The service was pro-active in recognising when people may need an independent advocate and arranged for advocacy services appropriately to ensure people had a voice so that their views and wishes would be respected when important decisions were to be made, for example, moving house. Relatives told us the service was excellent in the way it dealt with transitions for people moving around or out of the service. One relative told us, "They [the service] were superb."

## Is the service responsive?

### Our findings

When people joined the service they received a comprehensive assessment of their needs which was reviewed annually. People were included in the assessment and review process along with family members if appropriate and any relevant health and social care professionals to ensure that a complete picture of the person and their individual needs could be obtained.

Care records were personalised to each individual and were written in a person centred way which means they were all about the person and put them first. A relative told us, "I can honestly say to you that I think they are offering a really good service, they are person-centred, it has become a real thing now." Staff understood the importance of adopting a person-centred approach to providing care and support. One staff member told us, "If it's not person-centred, it's self-centred."

People had the opportunity to fill in a personal plan which was written in an 'easy-read' format where appropriate to help them to communicate their views and wishes. This gave people the chance to talk about their likes, dislikes, things they needed help with and things that they were good at. This meant that people's strengths were identified which helped the service support people to be as independent as they wanted to be and improve their skills and abilities.

Care plans recorded people's personal preferences and life stories. This included information about people's past history, their interests and what was important to them. This meant that staff had the knowledge required to strike up meaningful conversations with people and build a rapport with them and form positive relationships.

We saw that people had a 'service-user profile' which advised staff how best to support people and emphasised the values of the service, for example, focussing on people's strengths, understanding people as individuals and promoting their rights and independence.

The service allocated key workers to people to ensure they received consistent care and support. Staff were matched to people based on personalities as well as need so that they were supported by staff that they could relate well to. When people's needs changed the service was responsive to meet any new needs. For example, one person suffered the loss of a family member, the service responded by organising bereavement training for staff to help them support the person.

We found that people had access to a range of leisure, education and work opportunities of their choosing both in and out of the home. To ensure people were supported to exercise choice and control, people's support plans provided staff with detailed guidance on communication and how to support people to make choices about their everyday activities. We saw that one person liked to create their own weekly timetable. Staff were instructed to give the person lots of visual choices through the use of photographs and to check regularly that the person was still enjoying what they were doing.

The service had systems and processes in place to respond to complaints. We saw that the manager

responded appropriately to complaints in accordance with their policy. We found complaints made had been dealt with in line with the provider's complaints procedure and to people's satisfaction. Relatives we spoke with told us they knew how to make a complaint if necessary. One relative told us, "We supported [family member] to write a letter of complaint, the service listened to what they had to say and [Person] was happy with the outcome."

## Is the service well-led?

### Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. The registered manager was well thought of by staff. One staff member said, "[registered manager] is brilliant, they listen, they give support, they are interactive, if you make suggestions they are listened to." Another said, "I have a lot of respect for [registered manager] they chip in, work shifts and muck in."

Staff told us they found the registered manager to be very approachable which meant that they felt confident to approach the manager with any whistle-blowing concerns as felt they would be dealt with fairly without recrimination. Relatives also spoke positively about the registered manager. They told us, "[registered manager] has heaps of experience, they are very good." And, "The registered manager is excellent, they are doing a very good job."

However, whilst staff and relatives were positive about individual senior members of staff, some felt that communication could be improved at upper management levels and felt that their phone calls or emails were not always returned in a timely fashion. One relative told us, "From higher management, communication is not always good. It takes time, rather than there be none, if I ring they will come back to me but there is a delay, I can wait a couple of days."

The registered manager told us that the values of the service included providing a personalised approach and providing people with skills and strategies to be a valued citizen in the community. On the day of inspection we found that the culture of the service was one of respect and promoting people's independence and empowering people to make their own choices. Staff were aware and put into practice the provider's vision and values. One staff member told us, "It's about power with not power over people."

We saw that staff were supported by management through staff meetings. They were invited to contribute to the agenda so that they were involved in the running of the service. We looked at the minutes of staff meetings and saw that they were used constructively to share information and where action points were raised a designated person was identified to take responsibility for the actions to ensure issues were dealt with.

Staff told us they attended regular staff meetings as well as multi-disciplinary team meetings which provided them with an opportunity to discuss the people they supported and any concerns they had so they could get the help and support they needed for themselves and the people they cared for. One worker told us, "We all get to meet up and get to share information and ideas; the current management is very good."

Quality assurance systems were in place to monitor the safety and effectiveness of the service being delivered. The manager and their team completed a range of audits to assess and monitor the safety and effectiveness of the service. The registered manager was responsible for generating a monthly manager's report which was sent to the directors of the organisation to monitor the service provision and drive improvements.



People and their relatives were included in the running of the service. The provider aimed to send out satisfaction surveys to relatives yearly to obtain their feedback though this had not always happened in practice. At the time of inspection the last satisfaction survey was sent out in 2014. However they were in the process of sending out a new survey for 2016.

Rather than sending out surveys to people who used the service, a holistic system was in place whereby people's keyworkers scheduled one to one time set aside to discuss how people were feeling and seek their views on the service so that it could be improved if necessary. Where appropriate the in-house speech and language therapist was employed to support people to communicate their views and wishes.