Education and Services for People with Autism Limited

Burnfoot Court

Inspection report

27 Burnfoot Court
Newcastle Upon Tyne
Tyne And Wear
NE3 4BU

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22 May 2017
08 June 2017

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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 was an unannounced inspection carried out over three days on 18 May, 22 May and 8 June 2017.

This was the first inspection of the service since it was registered with the Care Quality Commission in 2015.

Burnfoot Court is registered to provide personal care to adults with learning disabilities. People are supported by staff to live independently in their own homes. The agency provides 24 hour personal care and support to some people with complex support needs. Different levels of support are provided dependent upon people's requirements. People are tenants of their home and pay rent for their accommodation which is leased from a housing association.

A registered manager was in place 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.

Some people were unable to tell us about the service because of their complex needs. Other people could tell us they felt safe. Systems were in place to protect people and keep them safe. Robust vetting procedures were carried out when new staff were recruited. Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions for themselves. There were other opportunities for staff to receive training to meet people's care needs.

People appeared content and relaxed with the staff who supported them. Staff knew the people they were supporting well and there were enough staff on duty to provide individual care to people. Care was provided with patience and kindness and people's privacy and dignity were respected. People were supported to become more independent, whatever their level of need. Care plans detailed how people wished to be supported and people were involved in making decisions about their care. Records gave detailed instructions to staff to help people learn new skills and become more independent.

People's health needs were identified and staff worked with other professionals to ensure these were addressed. Arrangements for managing people's medicines were safe. Appropriate processes were in place for the administration of medicines. Medicines records were accurate.

People were assisted by staff to plan their menu, shop for the ingredients and cook their own food. Other people received meals that had been cooked by staff. People were supported to be part of the local community. They were provided with a range of opportunities to follow their interests and hobbies and were encouraged to try new activities.

Staff told us the registered manager and management team were supportive and approachable.

Communication was effective, ensuring people, their relatives and other relevant agencies were kept up to date about any changes in people's care and support needs and the running of the service.

A complaints procedure was available and relatives we spoke with said they knew how to complain if they needed to. People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. The provider undertook a range of audits to check on the quality of care provided.

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.

Staffing levels were sufficient to meet people's needs safely and flexibly and appropriate checks were carried out before staff began work with people. People received their medicines in a safe and timely way.

People were protected from abuse as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

Positive risk taking was encouraged as people were supported to take acceptable risks to help promote their independence.

Is the service effective?

Good

The service was effective.

People received individual care in the way they needed as staff had a good understanding of their care and support needs. Where people were unable to give consent, staff were aware of and followed the requirements of the Mental Capacity Act 2005.

Staff received the training they needed to ensure people's needs were met effectively, and were given regular supervision and support.

People received appropriate support to meet their healthcare needs. Staff liaised with GPs and other professionals to make sure people's care and treatment needs were met. People were supported to eat and drink according to their plan of care.

Is the service caring?

Good

The service was caring.

Relatives and people we spoke with said staff were kind and caring. They were very complimentary about the care and support staff provided.

People were offered choice and staff encouraged them to be involved in decision making whatever the level of support required.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people. Staff supported people to access an advocate if the person had no family involvement.

Is the service responsive?

Good

The service was responsive.

People received support in the way they wanted and needed because staff had guidance about how to deliver people's care. People were supported to live a fulfilled life, to contribute and be part of the local community. They were encouraged to take part in new activities and widen their hobbies and interests.

People had information in a format they may understand to help them complain. Relatives also told us they were aware of the complaints procedure if they needed to use it.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who promoted the rights of people with autism or a learning disability to live a fulfilled life within the community.

An ethos of involvement was encouraged amongst staff and people who used the service. Staff told us communication was effective.

The registered manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Burnfoot Court

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.

This inspection took place on 18 May, 22 May and 8 June 2017 and it was unannounced,.

The inspection was carried out by an inspector. During the inspection we visited the provider's head office to look at records and speak with staff. We visited two people who used the service. After the inspection we telephoned two staff who were employed by the service and three relatives to carry out telephone interviews.

We interviewed three deputy managers, one team leader, three support workers, the registered manager for the service and the chief executive of the organisation.

We reviewed information we held about the provider, in particular notifications about incidents, accidents and any safeguarding matters. We contacted local authority contracts teams and local authority safeguarding adults' teams and professionals who were involved with the service.

We reviewed a range of documents and records including four care records for people who used the service, five records of staff employed by the service, one medicine record, safeguarding and complaints records and accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

Systems were in place to ensure people were protected and kept safe. A relative told us, "I think [Name] is safe and well-looked after."

The provider had a system in place to log and investigate safeguarding concerns. Safeguarding alerts had been raised by the service with the relevant local authority and investigated and resolved to ensure people were protected. The registered manager understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. Where incidents had been investigated and resolved internally information had been shared with other agencies for example, the local authority and the CQC.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the person in charge. They were able to describe various types of abuse. Records showed and staff confirmed they had completed safeguarding training.

Staff logged accidents and these were analysed by the registered manager to identify if any lessons needed to be learned and practice changed. We were told all incidents were audited by the health and safety advisor at head office to check action was taken as required to help protect people. The registered manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. One professional commented, "They (staff) are always very open and honest regarding an incident with clients, staff are very reflective and responsive and they are always striving to improve the service they provide for people they care for." Where people were at particular risk, for example from falling, distressed behavioural incidents or choking, referrals were made to other professionals and staff took steps to increase the levels of monitoring.

Risk assessments were undertaken that were regularly reviewed and evaluated in order to keep people safe. They included risks specific to the person using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person such as for moving and assisting, smoking, falls, epilepsy and distressed behaviour. The risk assessments were also part of the person's support plan and there was a clear link between these plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring. At the same time they gave guidance for staff to support people to take risks to help increase their independence.

Positive behaviour support plans were in place for people who displayed distressed behaviour and they were regularly updated to ensure they provided accurate information. A health professional commented, "ESPA have worked proactively with us to deliver proactive training in Positive Behaviour Support for staff and to develop Behaviour Support Plans. We meet weekly to review these plans in a proactive way." (The registered manager told us at inspection these had now progressed to monthly meetings.) We saw the support plans contained detailed information to show staff what might trigger the distressed behaviour and what staff could do to support the person. They provided guidance for staff to give consistent support to people and help them recognise triggers and help de-escalate situations if people became distressed and

challenging.

Staff used positive support behavioural guidance specific to each person which advised distraction techniques and other measures to calm and help reassure the person and detailed records showed this was used with some success. A health professional also told us, "Staff have a good understanding of challenging behaviour, they have been responsive to solving any client difficulties quickly and effectively, in a person centred way and with empathy and understanding. I have been particularly impressed with the service provided from them."

A personal emergency evacuation plan (PEEP) was available for each person giving guidance on how to support people if their house needed to be evacuated in an emergency. They took into account people's mobility and moving and assisting needs. They were reviewed monthly to ensure they were up to date.

There were sufficient staff with appropriate skills and knowledge to meet people's needs. Each person's care file identified the amount of staff support needed and when this was needed. Staffing rosters showed that there were always enough staff on duty to cover this. Staff worked in small teams with people they supported so the person became familiar with all the staff. As the service supported people to learn new skills and to become more independent in activities of daily living a person might over time require less staff support. Examples were provided when staffing levels were increased, such as if a person was going into the community or a stay in hospital was required.

Overnight waking night staff and sleep in members of staff were available for the individual houses. Staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. A staff member commented, "On-call arrangements are in place if I had a concern or needed some advice I could contact the on-call manager."

People received their medicines in a safe way. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. The registered manager told us any reported medicine errors were reviewed and action was taken to strengthen and help protect people with regard to medicines management.

Robust procedures were followed to safeguard against financial abuse. People had appointed representatives or relatives who supported them in managing or having oversight of their finances. Risk assessments were completed around finances and support plans were agreed with the person and/or their representative. Each person who had money held for safekeeping had a ledger to record their transactions. Receipts were obtained for all purchases and any expenditure over a certain amount had to be authorised. Weekly checks of the records and cash balances were carried out by management and an annual financial audit was conducted. These measures helped assure people that their money was being handled safely.

The provider had robust recruitment processes which included completed application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with people who used the service. This meant the provider made sure only suitable staff were recruited.

Good

Is the service effective?

Our findings

Staff were positive and enthusiastic about the opportunities for training. One staff member told us, "I can mention at supervision if there's a course I want to do." Another member of staff said, "My training is up to date." Other staff comments included, "If I identify some training I want the management will try and source it" , "I have worked for several care companies and ESPA are thorough with training enabling staff to feel confident at work" and "There's lots of training." One relative told us, "The staff seem to be trained and know what they are doing." A care professional said, "Staff have shown dedication to meeting the needs of individuals, developing skills and improving quality of life."

Staff told us when they began work at the service they completed an induction programme and they had the opportunity to shadow a more experienced member of staff for a number of days. One relatively new staff member told us, "I received training and the training included about the values and ethos of the organisation." Another staff member commented, "I had an induction and had the opportunity to read about people before they moved into the service." The registered manager told us new staff completed a twelve week induction and studied for the Care Certificate in health and social care as part of their induction training.

The staff training records showed staff were kept up-to-date with safe working practices. The provider and registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. People received care from staff who had completed specific training in autism spectrum condition and were clear about how to meet each person's individual needs. Staff completed other training that helped them to understand people's needs and this included a range of courses such as epilepsy awareness, dementia care, communication, positive behaviour support, professional boundaries and equality and diversity. Managers received management training to help develop their skills in managing people and other aspects of management.

Staff told us they received regular supervision from the management team to discuss their work performance and training needs. They said they were well supported to carry out their caring role. One staff member told us, "I've just had a supervision." Another staff member commented, "Supervisions happen every two to three months." Staff said they could approach the registered manager and management team at any time to discuss any issues. They also said they received an annual appraisal to review their work performance. This was important to ensure staff were supported to deliver care safely and to an appropriate standard. One staff member told us, "Appraisals take place every year and we check at supervision to see how we're progressing."

People's needs were communicated at staff handover when staff changed duty at the beginning and end of each shift. This was so that staff were aware of the current state of health and wellbeing of people. All staff were involved in the handover. One member of staff told us, "Communication is very good we have a handover and a communication book is available in the office to check information." Other staff comments included, "We're encouraged to read the communication book as well" and "I read care positive behaviour (care records) and other care records at the start of each shift to check if there have been any changes in the

person's needs."

People were supported to access community health services to have their healthcare needs met. For example, one person's support plan stated '[Name] is able to communicate if they are suffering with any pain and will ask staff to make them a GP appointment if they have any health concerns.' Care records showed that people had access to GPs, positive behaviour support team, dieticians, opticians, dentists, nurses and other personnel. The relevant people were involved to provide specialist support and guidance. Care plans reflected the advice and guidance provided by external professionals. One health professional commented, "All my work with them (staff) has been very positive in terms of collaborative working to help get the best outcomes for the client. They have been pro-active in terms of attempting to find their own solutions but working with professionals to check that this is something they would agree with. Overall I feel they deliver high quality care." Another professional commented, "They (staff) always seek advice when required and always act upon any recommendations within a timely manner. The care agency is responsive to the individual's needs and is very inclusive of partner agencies involved in care."

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.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests. Four people were subject to court of protection orders, as they did not have capacity to make decisions about the care and treatment they required.

People using the service were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. The registered manager told us they worked with the local authority to ensure appropriate capacity assessments were carried out where there were concerns regarding a person's ability to make a decision.

We observed support workers always asked the person's permission before carrying out any tasks. At home visits workers checked the person was happy for them to proceed as they provided support to the person. People's care records contained signed consent forms, and support plans, Contracts were signed by them by them or their representatives to keep them involved.

We checked how the service met people's nutritional needs and found that people had food and drink to meet their needs. People received care to support them in activities of daily living. They required different levels of support. For example we saw a staff member assisted a person to make drinks and helped them to prepare their meal. They were helped by staff to plan their menu, shop for their food and were supported to cook their own meals. Some other people had their meals cooked by staff.

People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Risk assessments were in place to identify if the individual was at risk of choking or malnutrition. Some people had specialist needs regarding how they received their nutrition and

staff received guidance and support to ensure these needs were met.

Good

Is the service caring?

Our findings

Not all people we visited could comment verbally about the support they received from staff. We saw they appeared comfortable and relaxed with staff. During our visits there was a calm and pleasant atmosphere in the houses. Staff interacted well with people. One person told us, "The staff are very kind and help me." Another person commented, "Staff are very kind and caring." A professional told us, "The people I am involved with are happy with the support provided from the care agency."

People were supported by staff who were kind, caring and respectful. We observed staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. This guidance was also available in people's support plans which documented how people liked and needed their support from staff. For example, a support plan for personal hygiene stated, '[Name] does attend to their personal care independently.'

Support plans provided information to inform staff how a person communicated. The information included signs of discomfort when people were unable to say for example, if they were in pain. This meant staff had information to inform them what the person was doing and communicating to them. Examples, in support plans included '[Name] is sensitive to negative wording and body language', '[Name] likes to smell personal items such as their football, deodorant and toiletries' and '[Name] doesn't appear to show emotion when they are sad, but they can display periods of anxiety.'

Staff were given training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. People were encouraged to make choices about their day to day lives and staff used pictures, signs and symbols to help people make choices and express their views. One staff member told us, "To involve people in decision making there are visual cues we use such as pictures to encourage them to choose for example if [Name] wanted a 'take away' meal." Another staff member commented, "We use photographs to show people which staff are coming on duty when they want to know, as this is important to some people." We saw information was available for staff to advise them how to help a person make a choice. For example, one support plan recorded, 'Do not offer [Name] more than a choice between two or three objects, as they find making more options difficult and confusing.' Pictorial cue cards were also available with regard to activities, outings and food.

Records also provided guidance for staff about people's choices in daily living such as rising and retiring routine, what to eat, what they might like to do and what to wear. For example, a plan for nutrition stated, '[Name] will choose what they would like to eat at meal times and staff will prepare this.' One person told us, "I get up later at weekends."

People were supported to be as involved as possible in choosing their menus and grocery shopping. Some people were involved in preparing meals with the support and supervision of staff. Everyone was encouraged to be involved in household tasks such as cleaning and laundry. Support plans provided

instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. They provided a description of the steps staff should take to meet the person's needs. This helped people to improve their independent living skills. For example, '[Name] needs support to maintain their bathroom' and '[Name] will respond to prompts from staff to do their laundry, but these need to be done in a subtle way so it is not felt demands are being placed.'

Staff respected people's privacy and dignity and provided people with support and personal care in the privacy of their own room. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Support plans advised when people may want some privacy or solitude. We saw staff knocked on a person's door and waited for permission before they went into their room. Support plans also included information about how people's personal care was to be delivered that respected their dignity.

Good

Is the service responsive?

Our findings

Staff rosters showed there were sufficient staff available to meet people's individual needs and to support them to pursue their interests and hobbies. People were supported to attend college or day placements if they wanted. They were supported to access the community and try out new activities as well as continue with previous interests. Records showed they were supported with a range of activities and these included gardening, football, music, cinema trips, theatre trips, going to discos, drives out, visiting markets, rambling, fishing, swimming, trips to the country and coast and meals out. People were supported by staff for days out individually.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. We were told a long process had taken place to check that people wanted to live in their tenancy and could adjust to community living. The induction included daytime and overnight visits and was carried out at the pace of the person in some cases for over three months to help the person relax and settle in. One professional commented, "The service is very person centred, and staff are always available to reflect upon client's care which is very essential when updating support plans. It has been a pleasure to work with the management team and staff at Burnfoot Court."

We observed the work that was being done by staff with one person who was adjusting to living in their own house. Progress was being made at the pace of the person and they were adjusting and making progress to help them enjoy the benefits of living in the community with their right to an 'ordinary life.'

Records showed pre-admission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Support plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, behaviour support, mobility and communication needs. Support plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. For example, records included, '[Name] can struggle and find busy community settings difficult and will want to leave within a short space of time' and '[Name] enjoys eating most foods but especially likes pies and pasties.'

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service. Staff at the service responded to people's changing needs and arranged care in line with people's current needs and choices. One professional told us, "From my observations and involvements, staff and managers are very responsive to individual's needs." Records showed regular meetings took place with people. Staff completed a daily diary for each person and recorded their daily routine and progress in order

to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly. This was necessary to make sure staff had information that was accurate so people could be supported in the way they wanted and needed.

Relatives said they were involved in discussions about their family member's care and support needs. One relative told us, "I'm kept informed about how [Name] is, staff will let me know." Written information was available that showed people of importance in a person's life. For example, 'There is family involvement [Name]'s relative visits about three time a week.' Staff told us people were supported to keep in touch and spend time with family members and friends. Most people had visitors and some people went to stay at their relatives.

People had a copy of the complaints procedure which was written in a way to help them understand if they did not read. A record of complaints was maintained and we saw they had been investigated and resolved. Regular meetings took place with people who used the service and they were asked if they had any concerns about the support they received. One relative told us "I know who to speak to if I had a concern."

Good

Is the service well-led?

Our findings

A registered manager was in place and they had registered with the CQC in 2015. The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The registered manager and management team assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager and provider's representative was able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received a company handbook when they started to work at the service to make them aware of conditions of service. They were also made aware of the rights of people with learning disabilities and their right to live an "ordinary life." The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation, records and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the houses we visited was open and friendly. Staff said they felt well-supported by senior staff in the households and by staff from head office. Comments from staff included, "Management are very, very approachable, they are the most approachable management team I have ever worked with", "I am very happy at ESPA and I want to continue and develop my career with the support of ESPA" and "They (management) listen to your suggestions and don't just ignore them."

All staff and relatives we spoke with gave overwhelmingly positive feedback. One staff member said, "Everything is fine, I don't think any improvements are needed at the moment." One relative told us where they had raised a concern it had been dealt with straight away." Another said, "Staff are very approachable especially [Name] and [Name]."

People, relatives and other professionals spoke positively about the registered manager and the service provided by staff. They told us the service was well led. Their comments included "I think that the service offered by staff is of very high quality" and "There is a strong sense of leadership and integrated working from this provider."

Auditing and governance processes took place within the service to check the quality of care provided and to keep people safe. A quality assurance programme included daily, weekly, monthly and quarterly audits. All audits showed the action that had been taken as a result of previous audits. They included finances, health and safety, infection control, training, care provision, medicines, personnel documentation and care

documentation.

Three monthly visits were carried out by a representative from head office who spoke with people and the staff and checked a sample of records regarding the standards in the service. They also monitored the results of the audits carried out by the registered manager to ensure they had acted upon the results of their findings. All audits were available and we saw the information was filtered to ensure any identified deficits were actioned

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings. One staff member told us, "Staff meetings do take place." Another said, "Staff meetings are more with management as it is difficult to get cover for the houses when staff are on duty."

The provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out to people who used the service and relatives. Surveys for 2017 had been sent out. We were told the results were not completed yet but they would be analysed by head office and any action would be taken as required to improve the quality of the service. One relative told us "I did complete a survey asking about the service."