

Education and Services for People with Autism Limited

Orchard House

Inspection report

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Date of inspection visit:
07 August 2017
09 August 2017
14 August 2017
18 August 2017

Date of publication:
10 October 2017

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Orchard House is a large detached stone built property which provides accommodation for up to six people with autism. At the time of our inspection there were five people living in the home.

Following our last inspection in January 2015 the home was rated 'Good'. At this inspection we found the service remained Good overall and was Outstanding in responsive.

People received high quality person-centred care from staff who understood their needs. Detailed information was gathered about each person before they began living in Orchard House. This resulted in comprehensive care documents which accurately reflected each person's history and needs. Regular reviews were carried out to ensure people's care provision was up to date and reflected each person's individual preferences.

Everyone we spoke to was extremely complimentary about the service. Relatives we spoke with were very positive about the ability of the staff to care for people and felt confident their family members were receiving the best care.

Staff demonstrated to us they had an excellent understanding of the care people needed and in particular the need to have very detailed planning in place to support people with autism undertake transitions. We found the care provided by the service strongly followed the best practice guidelines published by the National Institute for Health and Care Excellence in 2016 on autism spectrum disorder in adults.

Choice was a key factor in the service. We found people were afforded a range of choices and were supported by staff who ensured people's individual choices were highly respected. This enabled people to have fulfilling lifestyles.

The manager told us they believed in taking positive risks with people to increase their confidence. We found risks assessments in the service were well-documented and were highly personalised. Staff understood these risks and demonstrated the actions they took to mitigate risks to people in order for them to gain further confidence.

Staff understood the needs of people with autism and the challenges people faced when making a transition to a new place or a new home. We found when there was a transition to be made people's needs were considered in great detail.

The registered manager told us no one had made a complaint. We spoke with relatives who told us they had no qualms about the service and confirmed they had not made any complaints.

We found staff recruitment was robust. Staff were supported through a programme of induction, training and appraisal.

Staff had been trained in safeguarding and were confident if they raised a concern with their manager they would respond appropriately.

We reviewed people's medicines and found there were safe systems in place for their storage and administration. Guidance was available to staff to support them to give people medicines which were required on an as and when basis.

Relatives and professionals alike told us they thought people who used the service were well cared for. We found staff respected people's privacy and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service had systems and processes in place to monitor quality. Audits were regularly carried out. Staff told us they felt supported by the manager.

There was clear partnership working between the service and other agencies including health and social care professionals and psychological services.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service was caring.

Staff understood the needs of people who used the service and were able to describe in detail to us the care they required.

Staff showed respect for people throughout the inspection.

Relatives were positive about the service and felt people were happy living in the home.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People received care that was highly responsive to them as individuals. Regular reviews were undertaken to ensure people's care needs were accurately assessed and up to date.

Staff showed they had an excellent understanding of the people they cared for. We found care at the service was exceptionally person centred.

No one we spoke with had raised a concern or a complaint about the service. Relatives told us they did not have any qualms about the service.

Is the service well-led?

Good ●

The service remains Good.

Orchard House

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 checked 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 comprehensive inspection took place on 7 August 2017 and was unannounced. After our visit to the home we spoke with relatives and other professionals by telephone on 9, 14 and 18 August 2017.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we carried out observation of people who used the service and the staff interactions with them. We spoke with six staff including the registered manager, the deputy manager and four care staff. We also spoke with four relatives and three professionals including care managers and advocates. We reviewed two people's care documents in detail and looked at other records maintained by the provider in relation to the operation of the service and delivery of the regulated activity. We checked the home to ensure it was clean and the risks of cross infection were reduced.

Is the service safe?

Our findings

People who used the service were unable to communicate with us during our inspection to tell us how safe they felt when receiving care. We asked relatives if their family members behaved as if they felt safe living in the home. One relative said, "Safe, absolutely." Another relative told us after their family member had moved into the home they had said the words, "Home, safe." We saw people were confident in approaching staff and were relaxed in their company.

Staff stated that they felt able to raise any safeguarding issues but felt fortunate that they had not had to do so. Staff were able to identify procedures to follow to raise any concerns by stating they would "Report anything to the line manager" or to an, "Experienced member of staff". Another member of staff advised us if they had any undue concerns they would always, "Take the matter higher" and "Report anything to the highest member of staff on duty". One member of staff told us, "Management are really good at sorting any issues, and if anything was an issue it would be sorted just like that".

We checked people's medicines and found the service had good medicine practices in place. We found medicines were stored in locked cupboards. We looked at the Medicines Administration Records (MARs); all of the MAR charts were up to date and there were no gaps. Some people required medicines which are called pro re nata (PRN) otherwise known as medicines which are required on an 'as and when required' basis. Guidance was available to staff for people who needed to take medicines on an as and when required basis. Fridge temperatures were checked daily and these were within an acceptable range.

We looked at the staff rota and found there were sufficient members of staff on duty to meet people's needs. Due to one person moving out of the service the levels of staffing had been reviewed and we found the service had carried out a risk assessment to reduce the numbers of staff on a night shift. This has been discussed with staff. Staff felt that the current ratio of staff to people who used the service was good. One staff member said, "At this moment in time" there are sufficient staff to care for people living in Orchard House.

People's personal risks had been assessed. These were documented together with actions required to ensure people were not at risk; these included the numbers of staff required to support people in the community. Any risks associated with living and working in the home had also been assessed and actions put in place to mitigate the risks.

One member of staff told us their recruitment consisted of an interview at head office, followed by an interview in-house. Staff told us that as part of the recruitment process a Disclosure and Barring Service (DBS) check was sought, training records were checked and three references obtained. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. The majority of staff we spoke with were well established members of staff and stated that whilst staff may move around within the company, Orchard House did not have a high turnover of staff. We looked at staff recruitment records and found all

pre-employment checks had been carried out.

The home was clean and tidy throughout. Regular cleaning took place and the risks of cross infection were minimised.

During our inspection maintenance staff were visiting the service to undertake repairs to the kitchen. We saw health and safety checks were regularly carried out. One staff member said, "Checks are undertaken weekly and this involves the emergency lights, fire safety, water. Due to the ability of the people who used the service the water was isolated in the rooms. Records reviewed during the inspection confirmed water checks were carried out in respect of temperature and for legionella testing. We saw electrical equipment around the premises all of which had been tested. Portable Appliance Testing (PAT) stickers showed tests were in date. There was a current employers' liability insurance certificate on display.

Is the service effective?

Our findings

Relatives we spoke with had no concerns about people's diets and confirmed to us no one had lost a substantial or alarming amount of weight. They felt people who used the service were getting the right amount of food and exercise.

Special diets were catered for in the service. We saw information had been provided to staff on food items one person could eat. This information was clear and understandable to read. Orchard House employed a cook who was available Tuesday to Saturday and who planned meals for 3-4 weeks in advance. The menus afforded people choices. When the cook was not available staff prepared the meals. We observed a member of staff working in the kitchen preparing tea, one person who lived in the home was also present. The member of staff engaged the person in conversation about what they were doing and what they wanted with the pie they were preparing. In the kitchen we observed a large selection of cereals, and fresh fruit was available. Staff told us Orchard House had fruit trees and an allotment. People who used the service could choose to work on the allotment. One member of staff said, "We pick our own fruit and give this to the cook who had recently turned this into jam."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Residents had named key workers, and all residents had up to date DoLS which we witnessed within resident's personal care plan.

Staff stated that before they started working in the home they had to undertake three weeks' worth of training, and mandatory training as defined by the provider was repeated on a regular basis. This was verified by the manager and we saw staff induction records on file which supported this. Staff had also received a range of training including first aid, managing safety and oral health. Staff confirmed that they felt sufficiently trained to undertake their role. One staff member told us they had recommended working for the provider to their friends because of the high levels of support they received. Further support was also provided to staff through regular supervision meetings with their line manager and annual appraisals.

Staff stated that when dealing with residents who may display challenging behaviour, they try to encourage the resident out of the situation by "Asking them to do something else." One staff member spoke about one person and explained, "I would encourage [person] to do something else and if that failed, I would ask if they wanted to go for a trip in the mini-bus. [Person] is fond of going out and this would usually be sufficient enough to calm the situation."

Relatives confirmed to us staff facilitated access to health care. We saw people had been referred to the

Speech and Language Therapy service. Appointments were made at the local GP service and people were enabled to access an 'autism-friendly' dental service. Where people needed to attend hospital appointments relatives told us staff accompanied and supported them.

Orchard House is a large stone built home which was adapted by the service to meet the needs of people with autism. People's bedrooms reflected their individual needs; for some people this meant the need for having a quiet space with reduced stimulation. One person's bedroom was away from the other rooms and gave them an opportunity to have their personal space where they could feel safe.

Is the service caring?

Our findings

One relative told us, "The care is excellent" and said their family member was looked after, "Really well." Another relative told us they felt the staff were, "Brilliant, fantastic, its home from home, I could not have wished for anywhere better." One relative said, "If he is happy, I am happy", and told us they had not known a time when their family member was ever unhappy.

One professional told us they found people who used the service to be, "Very well looked after." They told us staff were well-informed about people's needs and were able to detect changes in people's body language and were able to intervene before people became distressed. Staff discussed these changes in people's body language and gave us detailed information. Another professional told us they found people using the service to be, "Well groomed."

Staff were very aware of people's needs, behaviour, capabilities and personalities and could describe these in detail to us. Staff understood the triggers which could cause distress reactions in people. They also spoke to us in fond tones about people who used the service.

Following the inspection the registered manager told us about staff who had visited a person in hospital in their own time when it was difficult for family members to visit.

We spoke with one person in their room. Staff explained that the person enjoyed their own company and often stayed in their room. The staff member was able to quickly perceive when the person no longer wished to talk to us and concluded our conversation.

Throughout the inspection staff showed their respect for people. We observed them knocking on bedroom doors before entering and they asked people's permission to show us their rooms.

People were given explanations and information about what was to happen next. Staff explained to us they would "Take residents to one side" if they needed to ask them something or talk to them about a personal issue. One member of staff told us they would not, "Embarrass the resident in anyway."

One staff member informed us that there was a list of family members of one of the people who used the service and at Christmas time and special birthdays, the person and staff member went shopping and purchased gifts. The member of staff stated that they wrapped these up and ensured that the person gave their family the gifts at the appropriate time. Other staff members commented on the "Beautiful way" in which this member of staff undertakes this task. The member of staff informed me that over time they have picked up on some of the likes and dislikes of the family members and have adjusted the gift purchasing accordingly. This meant people were supported to be a part of their family.

Staff were familiar with the use of advocacy. Advocacy is a process by which people are supported to express their own views, wishes and feelings. One person had an advocate visit on a regular basis. Relatives spoke to us about the service listening to them as natural advocates for the people who lived at Orchard

House.

Is the service responsive?

Our findings

We carried out observations in the home and found staff were extremely responsive to people's needs. One relative described the service as "Brilliant"; they told us their relative had thrived in the environment created by the staff team. Relatives commented on the stable and quiet atmosphere in the home which was created by staff. One relative told us they felt the home was, "More secure and relaxed" and this was conducive to their family member being relaxed in the home. One professional told us they were, "Very impressed in standard of care" and the care delivery was, "Really Good." Everyone we spoke to about the service made extremely positive comments.

In August 2016 the National Institute for Health and Care Excellence (NICE) which provides national guidance and advice to improve health and social care revised their guidelines on Autism spectrum disorder in adults: diagnosis and management. We found the service strongly adhered to this best practice guidance including having in place a support structure for people with autism, carrying out detailed assessments, working with family members and considering the need for personal space.

Before people moved into the home we saw the service had gathered extensive information to show they had considered in depth each person's needs and if the staff were able to meet those needs. Information was gathered from psychiatric assessments, educational provision, social work involvement and families. Using the level of detail the service was able to put a clear and very detailed history and picture of the person to ensure they could fit in with the current people who used the service and staff were able to meet their needs. Staff understood people's complex histories. At the time of inspection the home had a vacancy. The registered manager told us it was important they chose the right person to live in the home who could fit into the peer group in order to protect the well-being of those who already lived in the home.

Each person had three files which contained their assessment documents and gave a full and comprehensive history, their likes and dislikes and identified situations whereby each person may feel uncomfortable and may behave in an unpredictable manner in certain circumstances. This included for one person the specific use of particular words. Clear guidance for staff was documented. We found this information to be highly detailed. Staff spoke with us about the files and explained it was important to them to understand the contents so they could, "Recognise behaviour traits." We found the service was outstanding in the way staff understood the details about people.

During our inspection a set of circumstances arose with a person who wanted a member of the inspection team to go to the kitchen with them and get them a particular drink. Staff responded quickly and efficiently. They effectively distracted the person to bring the event to a comfortable close. On review we saw the person's living plan documented this information in a clear and concise manner and gave a true reflection as to the situation we observed.

People received care which was extremely responsive to their needs. During our inspection we looked at two people's files. We carried out observations on the first person and looked at how staff interacted with them. On looking at their care file we found their care information matched exactly our observations about the

care staff provided. Staff showed they had an excellent understanding of the people they cared for. Their relatives also confirmed their care needs to us which in turn also matched the care plans. They told us, "This is home to [person] and they have never looked back." We found the service had enabled this person to develop according to their own wishes.

We spoke with a relative of the second person's file we reviewed. The relative described in detail their family member's needs and how they had come to live at Orchard House. We found the detail they described was replicated in exact terms in the person's care plans. This meant the information documented in people's files was exceptionally person-centred. Professionals we spoke to following our visit to the home told us when they checked people's records they found them to be extremely accurate and reflected people's needs. One relative told us they had new benefit forms for their family member and the service having all the information about the person, had offered to complete the benefit forms. The relative was grateful to the service for being able to respond in this way.

The registered manager told us the care plans were reviewed on a regular basis and were changed if required to meet people's needs. We found this to be the case and in addition the service held six monthly reviews which involved professionals and relatives. Professionals also told us the service attended and contributed to annual reviews. This meant the service was pro-active in ensuring they were up to date with people's care needs.

The service had in place a complaints procedure. No one we spoke to had raised a concern or a complaint about the service. Records showed that there had been no complaints made in the last 12 months. Relatives told us they had no reason to complain. One relative said, "No complaints." Another relative said "I have no qualms about [person] living here at all, it's an excellent place." A third relative said, "I have never had to raise any issues." We found the service had utilised the information available to them and drawn up care plans which in turn had prevented complaints being made as there was only positive impacts on people who used the service.

Staff strongly emphasised to us the importance of giving people opportunities to grow and develop at their pace with positive encouragement and support. We found that opportunities were given to people in different ways. People were able to choose what they wanted to do in their own home and were given opportunities to continue their interests. This included continuity plans between staff and to ensure that one person using the service was able to purchase on line games each month. One person maintained a hobby whilst living in the home. Staff knew and understood the boundaries this person wanted to keep around their hobby. Another person had a plan in place to support their access to the internet whilst another person was supported to be involved in the allotment attached to the home. This meant people were able to live their lives as they chose. We observed a staff member had some food left following meal preparation and asked one person, "Shall we feed the birds, do you want to feed the birds, and then we will get ready to go out". The person agreed. This demonstrated that staff maintained a home where people could be involved in meaningful individual daily activities.

Choice was an important part of people's lives. The provider, Education Services for People with Autism (ESPA), ran an activities centre, known as 'The Croft'. The centre provided a range of activities for example arts and crafts to enable people with autism access to activities in a safe environment. The registered manager told us this was a safe way of introducing people to a community where they could choose what they wanted to do. We saw people who used the service had attended the facility and had enjoyed, for example, pottery.

The registered manager told us they wanted to take positive risks with people to increase their confidence.

We saw in people's files these positive risks were assessed and with the knowledge staff had learnt about people, they were managed in a safe manner. For example, we saw assessments about traveling, using public transport, joining groups with unfamiliar individuals and going swimming. Staff knew and understood the requirements of positive risk taking to ensure people had a fulfilling lifestyle and to prevent them from becoming socially isolated. The positive risks which were taken were pertinent to each individual. Relatives spoke to us about staff successfully taking people on holiday. During our inspection people who used the service and staff had plans to go out. We observed staff supporting people to get ready to go out for the day. One relative told us, "They are always out and about" and told us, "There were lots of opportunities to go out."

Staff recognised that transitions for people with autism required detailed planning, encouragement and support, and could involve a range of issues including personal family life events, going out to a new place for the first time or moving to a new service. For one person this involved a significant change in their family. Their family member told us the staff had worked with them to manage this change and said, "This place is a godsend." For another person the staff had facilitated access to a healthcare professional over a significant period of time before the person was able to feel comfortable to receive treatment. Their relative spoke about the transition and said they had "Nothing but praise for staff" and "Could not do without them". We found the service had a positive impact on relatives as they could trust the service to care for their family members.

On one of their visits to the home the general manager held an open staff meeting to discuss the transition of one person to another ESPA home. We saw the transition was discussed in exceptional detail. The plans covered their health and wellbeing including the type of clothing they felt comfortable wearing, their preferred activities and updating risk assessments. Staff who were non drivers were to familiarise themselves with the area to afford the person security and were to take with them items familiar to the person. Two staff made the transition with the person to help support other staff to provide consistent levels of care. Their relative told us the service was "Very good". They felt the transition had been, "Pretty detailed."

Is the service well-led?

Our findings

There was a registered manager in post.

The registered manager was registered for two homes adjacent to each other. The day to day running of Orchard House was managed by a deputy manager. They told us, "Everyone needs to feel important" and they saw themselves as "Empowering people who live here to have a better understanding." When asked if staff felt supported by their managers one member of staff said, "Definitely, yes. You know you can go to anyone in management at any point", Another staff member said "If you need any help, support is there in that they will do whatever they can" and "There is lots of support from management". Staff stated that they had "never had to raise any issues" but were "confident that management would do something if there was a need".

There was a positive culture promoted within the service. The registered manager explained when they took over the service they had looked at ways of improving people's lifestyles. Staff spoke to us about encouraging and supporting people go out into the community. Relatives confirmed to us the service had looked for ways to ensure people in receipt of care from the service had a positive lifestyle. A professional told us, "[Person] has a good life." This showed the provider was promoting positivity in the home.

We saw the deputy manager carried out regular audits on the service and these were then overseen by the registered manager. The general manager visited the home on a regular basis and had quality themes for each visit. Actions were identified after the audits and were carried out and then completed.

We asked staff how they would improve the service. Staff could not identify any areas for improvement. One member of staff said, "Not that I can think of, if there was something I raised it would be listened to and worked on, they are pretty good at listening to staff."

Surveys had been carried out to monitor the quality of the service. People who were in receipt of care from the service were invited to comment on their experiences using an adapted questionnaire. Two relatives had also responded to the survey. We saw they rated the home as 'Outstanding' or 'Good' in all areas.

The service worked in partnership with other agencies. There were regular visits by care managers and advocates. One professional described their relationship with the service as, "Decent" and explained the service attended and supported local authority reviews. Another professional told us the partnership working arrangements were good. The registered manager told us the local GP carried out visits to the home and they wanted to continue to work in partnership with the GP to ensure people's health needs could be identified at the earliest opportunity.