

Autism Anglia

Domiciliary Care Agency

Inspection report

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24 September 2019

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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

About the service:

Domiciliary Care Agency run by Autism Anglia is a domiciliary care agency which also operates supported living housing schemes and an outreach service. It provides personal care and support to adults and older people living within their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 24 people using the service.

People's experience of using this service and what we found

People received safe and effective care and support. Risks were assessed and managed to enable people to live independent lives. Staff were vigilant to identify risks and take action to ensure people remained safe. Systems used for the management of medicines were effective and monitoring processes in place ensured these were robust.

People received timely support from a consistent staff team. People's needs were assessed and reviewed to ensure their care needs were met. Care plans were detailed and effective to ensure staff always had access to the most current information.

Staff received training relevant to their role and had good support from the registered manager and their colleagues.

Staff sought people's consent before supporting them and decisions about people's care and treatment were made in line with current law and guidance.

People received enough to eat and drink to maintain their health.

People were supported to access healthcare, and other agencies, when required. The registered manager worked in partnership with health and social care professionals to ensure consistency and ensure people received appropriate support.

People's care was responsive to their changing needs. People, and their relatives, were involved in the assessment and planning of their care and good communication was central to enable people to work together to ensure people's needs were met fully. People knew how to raise a concern and always felt listened to.

People, staff and professionals felt the service was well managed. People, and staff, had regular opportunities to share their views about the service. The provider carried out audits to ensure the quality of care provided was maintained to a good standard.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (Report published 4th March 2017)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our Well Led findings below.

Domiciliary Care Agency

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It also operates supported living housing schemes and an outreach service.

The service had a manager registered with the Care Quality Commission. There were four registered managers who each oversaw different areas of the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 September 2019 and ended on 24 September 2019. We visited the office location on 11 September 2019.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During our inspection visit, we spoke with four people using the service and four relatives to ask about their experience of the care provided. We also spoke to four members of care staff, office personnel, the deputy service manager and two of the four registered managers.

We reviewed a range of records. These included five people's care and medication records. We also looked at eight staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. We looked at records relating to recruitment, training and systems for monitoring quality. After the first day of the inspection we spoke with staff and relatives by telephone to seek clarification and validate the evidence we found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported. One person said, "They are really good they keep us all safe." A relative stated, "I have no worries they keep [person] safe and it gives me peace of mind."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff told us they knew how to share concerns and were confident these would be listened to and acted upon.
- The registered manager was aware of the procedures to follow to report abuse to protect people and the provider had used the process effectively to safeguard people who used the service.
- Information on safeguarding was available for staff within the office location and people using the service were provided with information in a format that met their needs.

Assessing risk, safety monitoring and management

- People had risks to their personal safety identified and managed effectively.
- Staff were aware of risks associated with the people they supported and told us how they supported people to be as independent as possible while managing the risks. One staff member told us how they ensured people could maintain their safety and independence. They said, "We are constantly looking for hazards. We do health and safety checks for the people to ensure they are kept safe."
- There were arrangements in place to deal with foreseeable emergencies and to monitor the safety of people's home environments.
- People were provided with information on how to contact the service out of office hours should they require support. Staff had received training in first aid life support and knew how to respond in the event of an emergency.
- The registered manager reviewed risk assessments to ensure they reflected people's needs and they liaised with the person and, if necessary, their family, staff and other professionals to do this. One staff member told us, "Risk assessments are updated if something changes along with the support plans."

Staffing and recruitment

- People told us they liked the staff who supported them, and the registered manager told us staff were matched carefully to the people they supported to ensure a positive working relationship could be developed. Feedback demonstrated this process was effective.
- People told us staff arrived at their homes on time. Some people received quite a few hours of support and staff told us they shared information between teams to ensure continuity of care.

- Staff were employed in sufficient numbers to ensure people had consistency. The provider was currently recruiting to ensure additional staff were available to support at short notice.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed. Staff supported people as required, with the proper and safe use of medicines. People's prescribed medicines were recorded. Their involvement and support needs were considered and planned for. Medicine management policies and procedures were accessible to staff.
- Staff recorded in medicines administration charts as necessary. These were regularly checked and audited to ensure medicine management and practices were safe.
- Staff told us they received training before they were able to administer medicines and were observed and had their competency assessed, until confident. Staff were confident to administer medicines safely and understood the importance of following guidance from health professionals.

Preventing and controlling infection

- People were protected from the risk of cross infection. Staff told us they had access to personal protective equipment and used it appropriately. They understood the importance of using it to protect people from the risk of cross infection.
- Staff had received training in safe practices to control the risk of infection.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene within their home environment. For example, supporting people with their laundry and domestic tasks.

Learning lessons when things go wrong

- Records showed staff had identified concerns, accidents and incidents and appropriate action had been taken to address them. Where required, accidents and incidents were referred to local authorities and the CQC and advice was sought from relevant health care professionals.
- Incidents and accidents were reflected on as a means of learning and improving safety for people. Investigations and actions taken were shared with the staff team at meetings.
- Staff told us how they reflected on their practice and held regular meetings to share concerns and issues to ensure improvements were continually made to the care provided. Staff told us they could liaise with colleagues, share experiences and request support should they need to.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People knew they had care and support plans and told us they had been involved where able in producing them.
- Plans seen were detailed and personalised. People's needs, and preferences were identified before they received support to ensure staff could meet those needs. This included information about people's life experiences, individual preferences and health care needs.
- Care plans were updated when people's needs changed. One staff member told us, "Care plans are detailed enough so we know what we need to do. Any changes are always communicated."
- Staff were knowledgeable about people's needs and preferences, including little details that made care personalised. Staff spoke positively about the level of information they received and felt it enabled them to deliver good quality care.

Staff support: induction, training, skills and experience

- Staff spoke very positively about the training opportunities provided. One staff member said, "The training is very good here. We do online training and some face to face."
- Staff told us training was tailored to meet the needs of the people they supported. For example, one staff member said the positive behaviour training was centred around meeting one person's individual needs, so they could offer individual personal and effective support.
- Staff received a good induction when they started. Staff confirmed it gave them the knowledge and understanding they needed. They said they also received regular and ongoing support from colleagues as well as the managers.
- Staff felt well supervised and supported. One staff member told us, "We have a very supportive team and the manager is very approachable." Staff felt team work was a strength of the service provided. They told us about regular opportunities to discuss their performance, during team meetings and on-line support when needed. They told us this support enabled them to be effective in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people received support from staff to eat and drink they received sufficient and appropriate help to ensure they maintained their health.
- Staff told us they knew people's dietary needs and preferences, and this enabled them to promote a healthy and varied diet in line with individual tastes. Staff told us they promoted healthy eating by offering healthy options. Staff also recognised people made their own choices and often ate what they preferred.

Staff were aware of the rights of people to make their own choices and their duty of care to support people to remain healthy.

- Where people had specific dietary needs, staff were aware of these and care plans offered detailed guidance about how people's meals should be prepared, and the support people required to eat safely.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with outside agencies to ensure people's needs and changing circumstances were shared when appropriate.

- The registered manager described how they worked with partner agencies to ensure people received care that met their changing health needs. For example, one person could become distressed and anxious and behave inappropriately. Another person had a traffic light warning system in place to identify and appropriately respond to periods of anxiety. Guidelines were seen in these people's care plans and staff were aware of this.

- Staff received support guidelines from health professionals and this information was cascaded to the whole team. Staff were therefore knowledgeable of the support required and this meant they could offer consistent and effective support to people using the service.

- Where people's support needs had increased or changed, the registered manager liaised with outside agencies to ensure the person's care package was suitable.

Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with external professionals such as the district nursing team and behavioural support teams to ensure people received the right support. Information reflecting joint working was seen on the care files we reviewed.

- Staff supported people to access healthcare services when required. For example, accompanying them to healthcare appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff asked permission before carrying out any care tasks. One person told us, "They always ask me if I want any help and maintain my dignity." Staff reflected this was their approach during discussions.

- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been recorded and explained so that staff were aware of acting in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated and supported. One person told us, "The staff are all very kind. They are really nice and look after me well."
- Staff respected people's equality and diversity. In discussions staff demonstrated a kind and empathetic approach towards the people they supported. One staff member told us, "I always ask how the person wants to be helped. It's their choice we must listen to. I treat people as I would want to be treated."
- Staff were aware of people's individual needs, including their sexual, cultural and religious needs. These were reflected in care plans. People's individuality was promoted, and records reflected people's protected characteristics. This ensured people received personalised care.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported to be involved in decisions about their care. People were in control of all aspects of their lives and staff supported people as required to achieve goals and aspirations as well as managing activities of daily living.
- People told us about their plans for the day and for their future. For example, people had chosen where they would like to go on trips and had aspirations they wanted to fulfil. For example, one person had previously been on a helicopter ride and they had been assisted to do this.
- Staff described how they offered people choices and delivered care with consideration for people's personal preferences and routines. For example, staff offered people choices about the clothes they wore, the food they ate and what they would like to do during their day. Support was very much centred around meeting people's individual needs and choices but again this was flexible.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with were complimentary about staff support. They said staff treated them well.
- Staff shared examples of how they actively promoted people's privacy and dignity while offering support. For example, staff knocked before entering people's homes and their private space.
- People told us staff encouraged them to be as independent as possible. Other people enjoyed doing their own personal care and household tasks.
- People were supported to remain in touch with their families and friends thus maintaining links with people that were important to them and enhancing their quality of life.
- Confidential information was securely stored and protected in line with General Data Protection Regulations (GDPR). This showed people's sensitive and private information was not unnecessarily shared

with others.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was planned in accordance with people's needs and preferences. Care records were detailed and reflected people's individual wishes and included details about people's preferences.
- People, and their relatives, were involved in the development of care plans and plans were flexible. This ensured staff could meet people's expectations as well as their changing needs.
- People had their care and support needs reviewed to ensure they reflected their current needs and preferences. Where people's needs changed, for example, due to a decline in health, their needs were promptly reassessed with health professionals as appropriate.
- Staff said care plans were person centred and informative. Staff kept daily records of the support offered to people at each visit and care plans were reviewed on a regular basis to reflect changes in people's needs and wishes. Our review of the plans supported this.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's needs were identified, including those related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People said they would speak with staff or the registered manager if they were unhappy about anything. The registered manager said they would be happy to receive calls from people when they wished to share information or had a worry. This informal approach meant the registered manager was aware of how people were feeling and so could respond promptly to support them.
- The provider had a system in place to ensure the effective management of complaints. Staff told us how they would escalate concerns to the provider (on a person's behalf) with the confidence these issues would be immediately addressed.

- Staff told us if they raised a complaint they were confident the concerns would be followed through.

End of life care and support

- At the time of this inspection no-one was receiving end of life care. However, people's care plans had the facility to reflect how they would like to be cared for at the end of their life. Staff were mindful and trained in the sensitivity around approaching this subject with the people they supported.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager worked with their team to ensure the service was delivered based around the needs and wishes of individuals.
- The registered manager was aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong when providing care and treatment.
- Everyone spoke highly of the registered managers. One staff member told us, "You can talk to anyone in the office, they all really support you and manage the service well I think." Another staff member said, "We have a good management team behind us, this is a great company to work for."
- There were processes in place to ensure people received the care and support they wanted. Assessment tools were person focused and assisted staff in the promotion of independence and equality.
- Staff demonstrated a strong commitment to provide person centred, caring support to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the responsibilities of their role and acted in accordance with them. Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and incident notifications.
- The service had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. Outcomes were shared with the staff team to drive improvement.
- People knew all the registered managers very well and we observed open and relaxed interactions which meant people felt confident to share their views and opinions.
- There were management support systems in place for staff during out of office hours should they need it.
- The service was well managed and well led. All staff knew their roles and responsibilities and communication between staff was effective. One staff member told us, "Communication is brilliant here."
- Staff felt valued that the registered manager would ensure there were enough staff at all times to deliver care when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, and staff, told us how they felt fully involved and consulted in relation to how their support was delivered. Staff shared examples of how the registered manager had listened to their ideas and acted upon them to improve people's quality of life.
- Staff had opportunities, both informal and formally to discuss issues and make suggestions for improvements and changes. For example, they attended regular staff meetings and one to one sessions to discuss issues.
- People's views and opinions were valued. People's individuality was respected. Care plans were very detailed about people's views, choices and decisions.

Continuous learning and improving care

- The provider and the registered manager told us how incidents or accidents were reviewed and discussed in staff teams. The provider said any learning from them would be taken on board and actioned to prevent possible reoccurrences.
- Staff shared experiences of issues impacting on their ability to provide effective support. They told us the registered manager had listened to staff and taken on board issues.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. Staff told us how this positive joint working had positively impacted on people quality of life.
- Staff had good relationships with health and social care professionals.