

Education and Services for People with Autism Limited

Education and Services for People with Autism Limited - 7 The Cedars

Inspection report

Ashbrooke
Sunderland
Tyne and Wear
SR2 7TW

Tel: 01915165080
Website: www.espa.org.uk

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21 April 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

The care home at 7 The Cedars is a residential service for up to seven people with autism spectrum condition. The accommodation for six people is within a large detached Victorian house and the seventh place is within a separate coach house in the grounds. The home is opposite parkland and is close to the city centre. At the time of this visit there were seven people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People actively sought out staff to spend time with and appeared comfortable in their presence. Relatives said the service was very safe for people. There had been few occasions where the service had made safeguarding referrals to protect the people who lived there. Staff were regularly trained in safeguarding processes. The local authority told us that the service took appropriate action to deal with these.

There were enough staff to support the seven people both in the house and out in the community at leisure events. The organisation vetted potential new staff to make sure they were suitable to work with people. Staff were trained in medicines management and supported people with their medicines in a safe way.

Staff felt well-trained and supported to carry out their roles competently. The cook was knowledgeable about people's individual nutritional needs and also supported people towards greater independent cooking skills where possible.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice. All staff were trained in how to support people when they are agitated or upset. This involved the least physical or restrictive intervention.

Relatives said staff were "genuinely very caring" and went beyond the call of duty. Staff supported people in a friendly and encouraging way that promoted their decision-making skills. Staff were skilled at understanding and respected people's individual communication methods.

Staff understood each person and supported them in a way that met their specific needs. Each person had a range of social and vocational activities they could take part in if they chose.

The registered manager had worked at the service for several years. They were passionate about the continuous development of the service for the people who lived there. Staff said the management team were open and approachable. They felt very well supported by the management team and by the organisation.

The provider had effective quality assurance processes that included checks of the quality and safety of the service.

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 remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 inspection took place on 13 and 19 April 2017. Contact was made with relatives on 21 April 2017.

The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before 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. We also reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We contacted local authority commissioning officers and other health and social care professionals. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent some time with three people. We spoke with the registered manager, deputy manager, two senior support workers, two support workers and the cook. Following the inspection we contacted three people's relatives.

We reviewed a range of care records relating to four people and medicines records of two people. We viewed three staff files for recruitment records, as well as supervision and training records. We looked at other records relating to the management of the service.

Is the service safe?

Our findings

The people who lived at the home had complex needs that meant they found it difficult to express their views about the service. During the time we spent with people we saw they appeared comfortable in staff's presence.

Relatives told us it was a very safe place for people. For example, one relative commented, "My family member is always relaxed around the staff." Another relative said, "It's absolutely safe. It's marvellous."

All staff were trained in safeguarding protocols during their induction period before they started work and then at regular intervals. The provider had a clear safeguarding policy which was accessible by staff. Staff knew who to contact if they had any concerns. For example, one support worker commented, "Any issues would be reported immediately and the registered manager would sort it out."

The provider had an on-call system for senior managers who were designated safeguarding leads for the organisation. This meant staff were well-informed about how to report any safeguarding matters. The local authority safeguarding team said any safeguarding matters were 'appropriately dealt with'.

Any potential risks to the people were assessed, managed and kept under review to make sure people remained safe. There were written risk management plans to show what the risks were and what control measures should be in place. This made sure people were supported to remain safe without compromising their lifestyles. For example, people needed supervision when using the kitchen but were assisted to help prepare foods. The risk assessments and plans were personalised to show the different ways each person needed to be protected from potential harm.

There were personal evacuation plans for each person so staff knew how to support people in the event of an emergency. The provider's health and safety team visited the home regularly to check that all required certificates for the premises were up to date, such as gas and fire safety and legionella testing. The deputy manager carried out monthly health and safety checks to make sure the premises remained safe for people and staff.

Relatives told us there were enough staff to support people to lead fulfilled lives. For instance, one relative commented, "Yes, there are enough staff. We've never felt they weren't getting the right support."

Staffing levels were determined by the individual needs of each person. For example, one person needed one-to-one support throughout the day. The usual staffing was six members of staff, including one senior support worker, to support the seven people who lived here. This allowed each person sufficient support to go out on individual activities or healthcare appointments in the community. The provider responded appropriately to increases in people's needs by improving the staffing levels. For example, since the last inspection night staffing arrangement had increased to three support workers on waking duty. This was because the number and needs of people had increased.

Relatives commented on the low staff turnover and the benefits of this for the people who lived there. One relative commented, "There's a lot of stability amongst the staff team which is so important to people with autism as they find it difficult to cope with any changes."

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 vulnerable people. This meant the provider made sure only suitable staff were recruited.

The arrangements for managing people's medicines were safe. Medicines were securely stored in a locked medicine cabinet within a locked room. The home used a local pharmacy which delivered most medicines in monitored dosage blister packs so staff could see at a glance which medicines were to be administered at which times of the day. Senior staff were responsible for checking in new medicines and checking these were correct.

All staff were trained in safe handling of medicines and had an annual check of their competence. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). There were clear guidelines for staff about how and when to support individual people with any 'as and when required' medicines. Two staff made sure medicines were given in the right way. This meant every time a medicine was given, it was checked and witnessed by another staff member. A senior support worker audited the medicines every week to make sure medicines had been managed in the right way for people.

Is the service effective?

Our findings

Relatives told us staff were very competent and skilled in their roles and were supported in this by Education and Services for People with Autism (ESPA). One relative commented, "A big feature of this service is the training of staff. It's always been an important aspect of the ESPA organisation and they get all the training they need before they start work." Another relative said, "Staff are very well trained and, more importantly, trained to understand autism and to deal with any events."

People received care from staff who had specific training in autism spectrum condition and were clear about how to meet each person's individual needs. Staff told us, and records confirmed, they also completed training in essential health and safety subjects, such as first aid, food hygiene, fire safety and infection control. Most staff had achieved a national qualification in care. New staff were signed up for this after they had completed a comprehensive induction training programme.

The staff we spoke with felt supported with their professional development. Each staff member attended planned supervision sessions with a senior member of staff to discuss any training needs, issues or support. There had also been themed supervisions over the past year to deliver specific guidance. These had included sessions on epilepsy, medicines management and critical incidents. In this way staff were trained and supported to understand what was expected of them. Each staff had an annual appraisal of their performance and development.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that DoLS applications had been made to the local authority and were being correctly implemented and monitored.

We saw from DoLS authorisations people were only restricted where they did not have capacity to make major decisions and would be otherwise unsafe. For example, all of the people who lived here required 24 hours support and supervision due to their complex needs. The front door was kept locked because people would be unsafe if they left the home without support.

Care records included clear details of the areas of care people could show their consent to. Throughout the inspection we observed staff asking people's permission to support them. People were able to use non-verbal communication, such as smiling or turning away, to show their consent or otherwise.

Some people needed help with managing behaviour that challenged the service if they became anxious. Staff told us, and care records confirmed, people were supported in the least restrictive way to help them cope at these times. This included supporting people to take time out in a quiet place or guiding them away from the cause of their distress. All staff were trained in non-aversive techniques for supporting people if they were upset. New staff received this training as part of their induction before they started working with people. All staff received annual refresher training so they were always up to date and confident they were supporting people in the right way.

The service employed a qualified cook who had worked at the home for several years. The cook was also trained in care and support and spent time with people assisting them to use and broaden their independent living skills to make snacks and drinks. In discussions the cook was very knowledgeable about people's nutritional needs and menu preferences. For example, they described how they made soft foods for a person who had had extensive dental treatment and staff had purchased a juicing machine for them to have blended drinks. Staff had training in how to support people who had difficulties with swallowing safely. There was specialist cutlery and weighted cups to support the independence of people with dexterity needs.

The menus were designed by the organisation's catering manager to be nutritious whilst also acknowledging people's individual likes and dislikes. The care records about each person included information about their eating and drinking preferences and needs. People's weight and nutritional well-being were recorded and kept under review.

The registered manager was passionate about monitoring people's health care needs because they would not be able to state if they felt any subtle changes were happening to them. Recently a persistent approach by the registered manager and the organisation's psychiatrist about one person's health had led to a diagnosis of a rare genetic syndrome. This diagnosis provided the staff team with a clearer understanding of the various ways the syndrome impacted the person so staff could arrange for all relevant health services to be involved.

The registered manager was also a trained trainer in a number of health topics and provided in-house training to staff in relevant health needs that may affect people who lived there. These included training in intimate care and health monitoring, cancer awareness, epilepsy and the menopause as people were becoming older.

Health care records showed people were supported to access community health services such as GPs, dentists and opticians whenever this was required. The provider also employed a range of health care professionals including a clinical psychologist, occupational therapist, behaviour specialist nurse, consultant psychiatrist and a speech and language therapist. This meant the provider made sure each person had access to the right support for their physical and psychological health.

Is the service caring?

Our findings

People were relaxed in the company of staff and relatives told us their family members had good relationships with the staff. One relative commented, "I'm very happy about the staff. They have a very caring nature and they genuinely seem to love my [family member]." Another relative told us, "Staff are marvellous and they are absolutely caring."

Throughout the inspection we saw staff supported people in a friendly and encouraging way that promoted their decision-making skills. Staff were sensitive to the fact that people found it very difficult to cope with too many choices. Staff used their knowledge of people's preferences to offer them a small number of options at a time.

Some people used non-verbal communication such as touch, gestures and noises to show their feelings. Staff were skilled at understanding and respected people's individual communication methods. The staff used a number of communication tools to assist people to express their wishes. These included iPads, photostories, CDs and pictorial information books. At the time of this inspection all of the people who lived there had relatives who would be involved in supporting them to make any major decisions. The organisation had details of how to access advocacy services if necessary.

One support worker told us the service was "very caring". They commented, "We're all like a family in here. My colleagues are lovely towards people. Some people and staff have been here for years and whatever they need, staff just know – even if they are non-verbal, staff just know them so well." Another support worker told us, "We try to make it very relaxed for them – it's their home. All the staff are so passionate about the people who live here."

Recently the registered manager had arranged for 'resilience' training for staff and had introduced debrief sessions at the end of each day. A debrief involves all staff discussing critical incidents and sharing their thoughts how they managed the situation. This allowed staff to cope with some very difficult and challenging events without losing their feelings of care for the people who lived there. A health care professional who had been involved in this commented they had been "impressed that all staff that attended demonstrated a very client centred and compassionate approach to (the person)".

The registered manager told us, "I cannot praise the staff team enough, they are fantastic. They're so receptive to people's needs. I have absolute confidence that when I'm not here people are well supported and loved."

One staff member told us, "I love my job here – it's makes my day to work here. I feel ESPA provides a brilliant service for people. If I had a child with autism I would want them to use this service."

Is the service responsive?

Our findings

People received a personalised care that met their individual needs. People were not involved in planning their care service because of their limited communication and the complexity of their needs, and this was outlined in each person's care records. The relatives we spoke with felt they were fully involved in their family member's care. One relative commented, "I totally understand what staff are doing for my family member and where they are going with the service."

Care records about each person were very descriptive and showed how each person needed to be supported. There were support plans which provided guidance for staff on people's autism, their understanding, decision-making skills, health and communication. This meant all staff had access to information about each person's well-being and how to support them in the right way.

There was clear, detailed information in each person's support plans about their communication styles and how they expressed themselves through different behaviours. For example, how each person would show they were happy, upset or in pain. Staff used their knowledge of people's individual communication styles to support people to understand circumstances and events that they would not otherwise understand. These included, for example, photos and storyboards created by staff to support someone with their bereavement.

Staff felt people received an individual service based on their specific needs. For instance, one support worker commented, "It's very person-centred. Everybody is different – they are all treated very well but in the way that they each need."

People were involved in a range of leisure activities. These included sessions at the provider's nearby day centre such as drama and dance, IT and pottery. People had opportunities to go out to community-based social or sports activities such as swimming, cinema, discos, shopping or meals out.

Since the last inspection the service had improved one person's access to the community because staff found a pub that had quiet booth areas where person could enjoy a meal out without feeling overwhelmed by the comings and goings of other people. This was a significant improvement for the person as it meant they now had some degree of social inclusion in their local community.

The provider had information for people and relatives about how to make a complaint. The information for people was in pictorial format but most would still not understand the concept of a complaints process. Staff were familiar with people's demeanour and would recognise if people were unhappy or dissatisfied with a situation or event.

Relatives said they felt able to approach the registered manager or staff to discuss any issues and we saw from records that relatives had frequent contact with the service and were kept fully informed. One relative commented, "I know the ropes and know how to raise any comments. But I have absolutely no concerns."

Is the service well-led?

Our findings

The home had a registered manager who had been in post for several years and experienced in services for people with autism. 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.

We saw people had a good relationship with the registered manager and some people actively sought out her company. The office was furnished with chairs and sofas and the door was always open. This encouraged people to spend time with the management team if they wanted.

Relatives told us they thought the service was well-run. They said the registered manager was open, enthusiastic, friendly and always accessible to them. One relative commented, "I'm a great fan of [registered manager]. She is very caring as well as very well qualified." Another relative commented, "The manager is fantastic and still so enthusiastic about the service."

Staff told us the management and senior team were approachable and supportive. One staff member commented, "I feel I can speak with the managers or any of the seniors anytime – and feel 100% supported by them."

Relatives told us they were involved and informed about the service and were regularly asked for their feedback. One relative commented, "It's excellent. I am perfectly satisfied with the home and with ESPA." Another relative described it as a "superb service".

The registered manager attended bi-monthly managers' meetings to discuss organisational changes and shared practices. These messages were then shared with the staff team so they had clear direction about expected practices. Staff felt informed and appreciated by the organisation. They told us it was a "good organisation to work for" and "they try lots of things to keep improving it for people". The service was involved in supporting a 10-year Autism research project run by Newcastle University to see how people with autism age. (This had involved agreements with parents and consultants and consisted of an annual questionnaire.)

The registered manager and management team carried out a range of audits to continuously check the safety of the service. These included audits of medicines, care records, health action plans and risk assessments. The provider had a range of senior managers who supported the organisation and were responsible for checking the quality and safety of the service. The provider's quality assurance system included checks by a health and safety manager, unannounced monitoring visits by a general manager and occasional 'peer review' visits by the deputy manager of another services operated by ESPA. There were detailed reports of these visits including any suggested actions and timescales for improvements. We saw the actions were checked as completed at the next visit.

The provider was a registered charity that has been providing services to people with autism for over 25 years. The provider's vision and values about supporting people with autism to lead fulfilling lives were set out on its website. The provider had a development plan in place for the service at 7 The Cedars that included goals and objectives for the next 12 months. This meant the provider continuously sought to identify and promote any areas for improvement.