Education and Services for People with Autism Limited

ESPA Agency

Inspection report

2a Hylton Park
Hylton Park Road
Sunderland
Tyne and Wear
SR5 3HD

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

Date of inspection visit:
14 December 2016
20 December 2016

Date of publication:
21 February 2017

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 14 December 2016 and was announced. A second day of inspection took place on 20 December 2016. This was the provider's first inspection since they recommenced providing a service on 1 December 2016.

ESPA Agency provides personal care to people in their own homes. At the time of the inspection 15 people were in receipt of personal care from the service. On this occasion we were unable to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. This was because as the service had only been operational since 1 December 2016 we did not have enough information to determine the sustainability of service provision to accurately award a rating for each of the five key questions and therefore could not provide an overall rating.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The person and relatives we spoke with said the service was safe and they were happy with the support they received.

The registered manager and staff demonstrated a good understanding of how to safeguard people from abuse. Staff were aware of the provider's whistle blowing procedure. Staff told us they were confident in raising concerns about people's care, but did not have any to date.

We found accurate Medicines Administration Records (MARs) had been kept to confirm the support people received with medicines.

Risks to people's safety and wellbeing were assessed and linked to appropriate care plans.

Staffing levels were consistent with people's needs. Staff were recruited in a safe and consistent manner with all appropriate checks carried out.

Staff had received a comprehensive induction and appropriate training to carry out their roles.

The service provided personalised support to each individual. People had personalised care plans in place that included information around their preferences.

The registered provider had a complaints procedure in place for people to use should they be dissatisfied with the support they received.

The registered provider had quality assurance processes in place to monitor service provision. However, due to the limited time the service had been operating we were unable to evidence sustainability of the processes and how they informed future development of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

People and relatives told us the service was safe.

Staff were confident in their role to safeguard people.

Risks to people's safety and wellbeing were assessed.

Staff were recruited in a safe way.

Is the service effective?

Inspected but not rated

Relatives felt staff were adequately trained and skilled.

Staff had received up to date training and comprehensive inductions.

People were supported to meet their nutritional needs.

Is the service caring?

Inspected but not rated

People and their relatives told us the service was caring.

Staff promoted and encouraged people to be as independent as possible.

People's care records and information were kept confidential.

Is the service responsive?

Inspected but not rated

Care plans were personalised and included people's individual preferences.

Records showed that people were involved in planning their care and support.

The registered provider had a complaints procedure in place.

Is the service well-led?

Inspected but not rated

There was a registered manager in post and they had submitted statutory notifications to CQC accordingly.

Quality assurance processes were in place but due to the short duration of the service to evidence sustainability.

A staff meeting had taken place and future meetings had been scheduled to take place.

ESPA Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 20 December 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.'

The inspection was carried out by one 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 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 reviewed this information as part of our planning for the inspection.

We spoke with one person who used the service and two relatives. We also spoke with the registered manager, the learning and development manager, two care team leaders, one senior care worker, one care worker and an administration worker. We looked at the care records for three people, medicines records for four people, recruitment records for three staff members and other records around the management of the service.

Inspected but not rated

Is the service safe?

Our findings

People and relatives told us they felt safe receiving support from staff. One person said, "[Staff member] keeps me safe. A relative told us "[Family member] is safe relatively."

The registered provider had a safeguarding policy in place. Staff had a good understanding of the principles of safeguarding and were confident in their role of keeping people safe. Staff were able to explain the reporting process to us. One staff member said, "I'd report safeguarding issues to the manager to chase up." Another staff member told us, "I'd report it myself to (the local authority)." Staff we spoke with and records confirmed they had received up to date safeguarding training. Staff were provided with copies of the whistle blowing policy and safeguarding issues were discussed in staff meetings.

We saw the service had a safeguarding file which contained a copy of the safeguarding policy and blank referral forms which were clearly accessible for use. The file also contained referrals made to the local authority safeguarding team, any action taken and outcomes. Records showed safeguarding concerns were fully investigated and managed appropriately.

From viewing people's Medicines Administration Records (MARs) we found medicines had been administered safely. People who required 'when required' medicines had sufficient protocols in place to inform staff when to administer or offer those medicines. Protocols included signs people may show if they were in pain and were unable to communicate this to staff. MARs viewed were fully completed and included reasons for non-administration.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed by the team leader or senior care workers. All identified risks had appropriate care plans in place which detailed how people should be supported to manage those risks. For example, a person with epilepsy who was at risk of experiencing seizure had a care plan in place to guide staff how to support them if they suffered a seizure in different situations. These included environment, activity and duration of the seizure.

The care team leaders had systems in place to plan staffing rotas and ensure sufficient staff were available to provide support to people. The registered provider had an electronic system in place to analyse staffing levels and ensure sufficient staff were available. Staff told us they felt there were enough staff to support people with their needs. When asked if there were enough staff one member said "yes". When asked if there were times when more staff were required one staff member said, "Not really the office always cover."

We reviewed staffing rotas and saw the staffing levels were consistent with people's needs. People and relatives told us there were enough staff to meet their needs and the same staff usually provided support. One relative said, "Staff are consistent, same ones."

Effective recruitment checks were in place to confirm new staff members were suitable to work with people using the service. Staff records we viewed confirmed all appropriate pre-employment checks had been

carried out including applications, interviews, references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff members had a criminal record or were barred from working with vulnerable people.

Inspected but not rated

Is the service effective?

Our findings

Relatives felt staff were adequately trained and skilled to support their family members. One relative said, "They are autism specific tuned in and really aware of my [family member's] needs. They point things out to help me. They are open and honest. Another relative told us, "[Family member] has six staff who deal with them, as far as I know they seem to be aware of [family member's] needs. [Family member] seems to like them."

Staff received a comprehensive induction and had up to date training to enable them to carry out their roles supporting people. One member of staff said, "I've had autism training; mental capacity act, medication, safeguarding, health and safety, studio three training, food hygiene, meaningful activities training, communication and visual training."

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

People who were identified as lacking capacity to make decisions in relation to their care were referred to the local authority. MCA assessments, best interest decisions and court of protection authorisations were in place where required. Care plans were put in place to reflect people's needs in relation to these.

People had nutrition care plans in place where necessary. One person's care plan stated, 'I can help staff to cook a meal, I have been attending a cookery class with staff support and really enjoy this.' Staff told us people's care plans contained information how to support them with their nutritional needs. One staff member said, "In the care plan we log what (people) eat and drink; advise on healthy eating and what to drink and how much they need to drink."

Inspected but not rated

Is the service caring?

Our findings

People and their relatives told us the service was caring. One person said, "[Staff member] helped me (through a difficult situation)." A relative we spoke with commented, "Caring is good."

Staff promoted and encouraged people's independence as much as possible. One staff member told us, "We encourage clients to do things they are capable of themselves." A relative told us, "They (staff) help him to be more independent and are very caring." People's care plans included information to guide staff to support people to maintain their independence. For example, one person's care plan stated, 'I can undress myself but need help to dress myself.' Another person's care plan stated, 'I get in the shower and bath on my own but need staff to prompt me which areas of my body to wash.'

Staff understood how to support people while maintaining their privacy and dignity. One staff member we spoke with said, "(We) keep it private, take them (people) to another area (while supporting them with personal care). Changing (people) can be intense so we keep them covered and keep them as comfy as possible."

People's care records were stored securely in locked cabinets. Staff understood and were confident in how to maintain confidentiality in relation to people. One staff member said, "We don't discuss clients care or private things with anyone."

Inspected but not rated

Is the service responsive?

Our findings

People told us they were happy with the care and support they received from staff. One person said about their care worker, "We are so well matched in terms of our interests."

People had a range of care plans in place to meet their needs including personal care, medicines, nutrition and communication, as well as more specific care plans for things such as epilepsy. Care plans were personalised to individuals and included personal preferences. For example, one person's personal care plan stated, 'I prefer to have a bath.' Another person's nutritional care plan stated, 'I like sandwiches and all meat.'

We saw from care records that people were involved in planning their care and support. People had essential lifestyle plans in place which used a spectrum star system to record their starting points in specific areas such as how they felt about accepting some support from staff. The registered manager explained this information would be used to help plan future support and goals people may have.

Where needs had been identified, care plans had been written to guide care workers on the care the person needed. Care plans were personalised and contained sufficient detail about the support people required. For example, one person's communication care plan stated, 'Signs I show when I'm happy and sad; keep conversations short and simple so I can understand.' The care plan also detailed hand gestures the person may use to communicate such as 'thumbs up'. Another person's communication care plan stated, 'If I'm hungry I might say "can you hear my tummy rumbling?" or "I think the doll wants to go into the kitchen."'

The provider had a complaints procedure for people to access should they wish to make a complaint. There had been no previous complaints made about the service so we were unable to assess the effectiveness of the complaints procedure.

Inspected but not rated

Is the service well-led?

Our findings

The service had a registered manager in post. They were proactive in submitting statutory notifications to the CQC. These are notifications about changes, events or incidents the provider is legally required to let us know about. Staff told us they felt confident approaching management with any concerns or queries they had. When asked if they were happy in their role staff answered "yes".

The registered provider had appropriate quality assurance processes in place to monitor the service and identify areas requiring development. Due to the short duration of service provision we were unable to assess the effectiveness of systems in place.

The provider had a range of policies and procedures covering all essential aspects of care and support. These included safeguarding, medicines management, health and safety and complaints. Due to the limited duration of the service a significant number of these policies and procedures had not yet been put into practice.

During the inspection we noted there had been a staff meeting and future dates were scheduled. From the minutes of the meeting we saw discussions included specific people's needs, health and safety, records and training. Staff told us they had participated in meetings. One staff member told us they discussed "client issues, up and coming training, any events, trips and staff issues".