

# Education and Services for People with Autism Limited

## East Dene Court

### Inspection report

Melbury Street  
Seaham  
County Durham  
SR7 7NF

Tel: 01915815008  
Website: [www.espa.org.uk](http://www.espa.org.uk)

Date of inspection visit:  
07 September 2017  
08 September 2017

Date of publication:  
04 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We last inspected the service on 15 January 2015 and rated the service as good overall. At this inspection we found the service remained good and met all the fundamental standards we inspected against.

East Dene Court provides accommodation with support for younger adults who may have a learning disability and who are on the autistic spectrum. Currently the service provides support to nine young people.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

All interactions between staff and people were caring and respectful, with staff being patient, kind and compassionate. Feedback from relatives was excellent with praise for the all the staff team and management.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe.

There were safe systems in place to receive, administer and dispose of medicines.

We found that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Staffing levels were provided to meet the needs of people using the service. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system. Staff told us they felt supported by the management at the service.

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.

People's nutritional needs were met and they were supported to access healthcare services when required.

There were systems in place to ensure people were involved in their care and support and treatment.

Support plans were in place which detailed the care and support to be provided for people. These were detailed and were in the process of being changed to include a visual map of people's requirements to support their autism spectrum needs.

People were supported to access the local community and engaged in a wide variety of activities both in house and at the provider's activity centre.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views and that of their relatives.

The provider was meeting the conditions of their registration. They were submitting notifications in line with legal requirements. They were displaying their previous CQC performance ratings at the service and on their website.

## 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.

# East Dene Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 7 September 2017. The inspection was announced. We gave the registered manager 24 hours' notice of our arrival to ensure someone would be at the service when we arrived. The inspection was carried out by one adult social care inspector.

Prior to our inspection, we checked all the information which we had received about the service including any notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We contacted Durham local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. We used their feedback to inform the planning of this inspection.

The registered manager had completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

On the day of our inspection, we spoke with four people who used the service and observed staff interactions with people who had communication difficulties. We also talked with the registered manager, assistant manager and four care staff. We examined three people's support plans. We also checked records relating to staff and the management of the service. Following our visit we spoke via telephone with three relatives of people who used the service.

# Is the service safe?

## Our findings

We spent time observing staff interactions at the service and saw that people were very comfortable with staff and were able to move around the service in an unrestricted way. One person told us, "Yes I am happy here."

Two relatives we spoke with also felt the service provided a safe environment for people and comments included, "Yes, I know my relation is safe and properly cared for," and "Yes, I feel reassured my relation is in safe hands."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staff members we spoke with did not raise any concerns about staffing levels other than recent sickness levels. The staff we spoke with told us that as a team they worked together to cover any vacancies caused by annual leave or sickness. One staff member said, "We all muck in and rally round."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. 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 prevents unsuitable people from working with vulnerable adults.

We spoke with the domestic at the service who had worked to develop systems to keep people safe with regard to the Control of Substances Hazardous to Health (COSHH) that had been adopted by the provider's other services as an example of good practice. The provider had an infection control management policy in place that described the responsibilities of staff, the procedures to follow to prevent and control infection and who to report any concerns to. The domestic told us, "I can order whatever I like in relation to housekeeping and I keep on top of supplies."

Risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Equipment was in place to meet people's needs including hoists, shower chairs and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire

equipment service checks were up to date, fire drills took place regularly and people who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

The provider's safeguarding vulnerable adults policy described what abuse is, definitions of adults at risk, the responsibilities of staff and action to take. We saw that there were robust measures for recording incidents of behaviour and these were reviewed with the provider's behaviour co-ordinator to ensure that any trends were identified and any interventions were closely monitored to keep people and staff members safe. Statutory notifications had been submitted to CQC when required and staff had been trained in how to protect vulnerable people.

We found appropriate arrangements were in place for the safe administration and storage of medicines. One of the senior staff team explained the procedures for ordering, administration and returns of medicines and they told us they had their competency checked regularly to make sure they were safe to administer medicines.

Medicines were stored in a treatment room. Room and refrigerator temperatures were recorded to ensure they were within safe limits. Each person had an individual medication administration record [MAR] that included a photograph of the person, GP contact details, details of any allergies, and information on how the person preferred to take their medicines. There were always two staff members to support the administration of medicines at East Dene Court.

# Is the service effective?

## Our findings

People who lived at East Dene Court received effective care and support from well trained and well supported staff. We spoke with relatives who told us they had confidence in the staff's abilities to provide good care and support. One relative told us; "The staff are excellent, they do a great job ensuring people are happy."

All staff we spoke with said they felt supported by the registered manager and management team. We saw records of regular supervision sessions that were meaningful and which showed clear outcomes and expectations for staff to work towards. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and observation in the workplace.

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. Staff had received training specific to the needs of the people they supported such as autism spectrum disorders and understanding relationships and sexuality for people with autism. One staff member told us, "There is loads of training, in fact sometimes it feels like there is too much but I understand we need to have refreshers."

We saw records that showed that staff met together regularly with the registered manager and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, staff discussed ways of improving the service. This showed relevant updates were shared with the staff team.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. The registered manager and staff we spoke with had all been trained in the MCA and appropriate authorisations and requests for authorisations had been undertaken.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's support plans.

People were positive about the food and we joined the lunchtime meal where people were well supported



and offered choices in a calm and sociable atmosphere.

We saw people had access to a range of external healthcare professionals. The service had good links with people's G.P's and other specialists such as dietitians and speech and language therapists. The provider also had an occupational therapist and a behaviour specialist for people using the service if needed. We were also told that people's relatives were kept informed about healthcare decisions affecting people. One relative told us, "They keep me up to date and involve me in everything."

## Is the service caring?

### Our findings

Staff had developed positive relationships with people. People showed that they valued their relationships with the staff team. We observed this through people's facial expressions and body language that they responded positively to staff who were supporting them. Staff were comfortable in displaying warmth and affection toward people whilst respecting their personal space. One staff member told us, "We all have compassion here and that's really important, every time I come to work, I realise that there is so much love and care for people."

The registered manager told us how the service had worked with an occupational therapist to devise several 'Social Stories' to support one person to deal with a family event. Social Stories are short descriptions of a particular situation, event or activity, used for people with autism, which include specific information about what to expect in a situation and why. We saw these stories had been written using photographs, symbols and easy language specific to the person and the event. We spoke with the person's relative who told us, "They supported [Name] no end, and they explained in a way [Name] could understand what was happening. The staff put in some amazing work to prepare [Name] for what was happening and this also supported me so much. They are excellent."

People often came into the office area and clearly felt comfortable coming into the office and speaking with the registered manager without restriction.

People we met, who could communicate with us, told us they liked the staff team. One person said, "Yes, I like everyone here," and another person told us, "I love living here, it's the best."

We spoke with relatives of people who used the service and received the following feedback. "The staff are amazing, they have been very supportive not just to my relation but the whole family." And, "It's tremendous, I can assure you if it wasn't spot on and the best service, my relative wouldn't be there." People were actively encouraged and supported to maintain and build relationships with their friends and family. People who used the service were able to visit their relatives and friends regularly and were also supported to use the telephone.

We were shown around the service by the registered manager who demonstrated a good knowledge of people using the service, describing their personalities, likes and dislikes as well as their care and support needs. We were shown people's rooms (with their permission) which were all very different and reflected their individuality. The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. When asked, staff could tell us about the needs of an individual for example they told us about their life history and their likes and dislikes, they could also tell us about people's families.

We saw that people's choices were respected. One relative told us, "We are very happy with everything that happens at East Dene Court, we know it's for [Name's] best interest as they know them so well."

Staff respected people's privacy. They made sure people had opportunity to have time in their own rooms during the day that was undisturbed. Staff members were careful to protect people's dignity by making sure all personal care took place in private, behind closed doors. People's personal records and information was stored securely and kept confidential. This showed that people's right to privacy was respected.

Staff were compassionate, sensitive and patient. We observed that staff worked with calm, quiet efficiency. We observed staff anticipated that one person was becoming anxious in the lounge area so they intervened and supported the person to move to another area and distracted them with an activity. One relative we spoke with told us, "Staff are always on top of the situation, if [Name] doesn't want to be in the mix there is space for him to go that's quiet."

The registered manager told us that people who were using the service had access to local independent advocates to support them. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

## Is the service responsive?

### Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. There was easy read information around the home on how to make a complaint and there were consultation meetings where people were given updates and asked about their satisfaction with the service. People were always asked if they felt safe and if they had any concerns. We saw that where people had raised an issue, that it was noted for action and then fed back at the next meeting so people were kept informed. Relatives we spoke with told us they knew the registered manager and were able to raise any issues with them. One relative we spoke with said, "I speak to [name] the manager regularly."

The provider had its own off-site resource for people to attend activities such as arts and crafts and several people attended regularly. People were often out attending activities in the community such as shopping. The service was focussed on assisting people with activities of daily living and we saw everyone had a programme in place to support people with skills such as laundry and cleaning to help people moving on to more independent living. People had also been supported to go on holiday which had included a caravan in Northumberland and one person was about to go to Centre Parcs with staff support.

There was a range of support plans in place for each person. We saw evidence that support plans were regularly reviewed to ensure people's changing needs were identified and met. There were very detailed plans in place relating to positive behaviour support for people that gave very clear strategies for supporting people when they became anxious. We saw that specific intervention protocols were signed by the registered manager so that they confirmed the least restrictive interventions to maintain someone's safety.

We spoke with the assistant manager who had developed an "Autism Tree" document that showed on a one page profile how people needed to be supported by the service to address the areas of impairment relating to their autism. This showed how people may be affected for example by sensory issues such as loud noise or by rigidity of thought and needing a specific routine or consistent approach by staff. One relative we spoke with said, "They understand my relatives autistic needs really well, but they put the person first, not the autism."

## Is the service well-led?

### Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. People who used the service and staff that we spoke with during the inspection spoke highly of the registered manager. Relatives we spoke with told us the registered manager was approachable, supportive and they felt listened to. Relatives we spoke with told us; "Yes I speak to [Name] regularly and they keep me informed with everything." Another relative we spoke with said, "Nothing is ever too much trouble, the service is well managed and very well led."

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. Observations of interactions between the registered manager and staff showed they were open and positive. One staff member told us; "We are appreciated every day and thanked for our work in staff meetings. That means a lot."

We saw that the staff had regular consultation meetings with people who used the service to seek their views and ensure that the service was run in their best interests. These meetings took place based on people's own needs so some people may feel comfortable to meet together in a small group whereas other people may prefer a one to one discussion with a staff member, but we saw the same issues and themes were discussed. Information discussed recently included a person moving into the home and exploring people's views about this and also about prospective new staff. This showed the service listened to the views of people. The service also carried out surveys with people and relatives on an annual basis and shared the overall results with people.

Staff members told us, "She [registered manager] is very approachable and if often on shift working alongside us." Staff also told us they met regularly to discuss training and other issues relating to the service. We were told that the meetings talked about people using the service, keyworkers, safeguarding and health and safety topics as well as an update from the registered manager. The regional manager also carried out regular visits to the home where as well as undertaking quality checks they also spoke with staff and people using the service to obtain their views.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The management team carried out a regular audit on issues such as staffing, medication, health and safety and the environment. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. There was also a peer review process whereby a registered manager from another of the provider's services would also visit to review the quality of the service every six months.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.