

Autism Sussex Limited

Autism Sussex Domiciliary Care, West Sussex

Inspection report

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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 inspection took place on 8 November 2016. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Autism Sussex Domiciliary Care, West Sussex forms part of a larger service provided by Autism Sussex. This includes outreach services, children's services and day centres, all of which fall outside of the Care Quality Commission's scope of registration. The domiciliary care service provides personal care to people living in their own homes. At the time of this inspection six people were receiving personal care from this service. No one using the service at the time of the inspection received assistance with their medicines. The service works with people with a learning disability and/or autism.

The service had a registered manager in place. 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.

People were protected from risks to their health and wellbeing. Up to date plans were in place to manage risks, without unduly restricting people's independence.

Relatives told us that people were safe at the service and knew who they would speak to if they had concerns. The service followed the West Sussex safeguarding procedure, which was available to staff. Staff knew what their responsibilities were in reporting any suspicion of abuse.

Relatives told us that people were treated with respect and their privacy was promoted. Staff were caring and responsive to the needs of the people they supported. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way.

Staff received training to enable them to do their jobs safely and to a good standard. They felt the support received helped them to do their jobs well.

There were enough staff deployed to support people with their assessed needs. The registered manager considered people's needs when allocating staff and staffing levels were calculated appropriately. The registered manager followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People benefited from receiving a service from staff who worked well together as a team. Staff were confident they could take any concerns to the management and these would be taken seriously. Relatives were aware of how to raise a concern and were confident appropriate action would be taken.

People and their relatives were empowered to contribute to improve the service. They had opportunities to

feedback their views about the service and quality of the care they had received.

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

Risks to people had been assessed and appropriate measures were in place to manage the risk, without unduly restricting people's independence.

There were sufficient numbers of staff deployed to ensure people received the care and support they needed.

Staff understood their responsibilities to protect people from abuse.

Is the service effective?

Good ●

The service was effective.

Staff received the training, support and supervision they needed to be able to provide safe and effective care.

Staff understood how consent to care should be considered.

People health needs were assessed and monitored and appropriate referrals were made to other professionals, where necessary.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, friendly and respectful staff.

People were encouraged to make their own decisions. They were treated with kindness and respect; their dignity and privacy were upheld.

There was a friendly and relaxed rapport between staff and people.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care was delivered in a highly person centred way by staff who understood them. People and their relatives were given the information they needed and were encouraged to make choices.

Care records reflected people's assessed needs.

The service responded to people's experiences. People knew who and how to complain to if needed. Complaints were investigated and action taken to make improvements.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided strong, clear leadership and ensured an enabling and person-centred culture was firmly embedded in the service.

Staff feedback was that the registered manager was supportive and approachable.

Systems were in place to effectively monitor the quality and safety of the service. There was a clear commitment from the registered manager for the continuous improvement of the service.

There was an open culture, focussing on the people who used the service.

Autism Sussex Domiciliary Care, West Sussex

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 8 November 2016. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

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 previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

As part of the inspection we sought feedback from people who use the service, their relatives, care staff and social care professionals. We were unable to obtain detailed feedback from people about their experiences because of their complex needs, but used other methods of understanding people's experience and how their care needs were met. We briefly met with a person who was attending the day service, but they were not able to share their views about the personal care they received. We received feedback from two relatives. Four staff members provided feedback. We also spoke with the registered manager and care coordinator.

We looked at care records for two people, a number of policies and procedures, three staff recruitment files, staff training, induction and supervision records, staff rotas, complaints records, incident records, audits and minutes of meetings.

The service was last inspected in September 2014 and there were no concerns.

Is the service safe?

Our findings

All relatives we spoke with told us that they liked the service. We were told that, "They are good people," and, "It's a good service."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding adults at risk. Feedback from staff told us that staff knew what action to take to protect people if they suspected they had been harmed or were at risk of harm. The registered manager was clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC. The registered manager told us they also made sure staff understood their responsibilities in this area. The service followed the West Sussex policy on safeguarding; this was available to all staff as guidance for dealing with any such concerns.

Risks to people were carefully assessed. Thorough risk assessments were completed. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and covered areas associated with people's behaviour and autism, for example eating non-food items. Where risks had been identified these had been assessed and actions were in place to mitigate them using the least restrictive practice. Staff provided support in a way which minimised risk for people whilst maintaining their independence and choice. The service assessed the environment and premises for safety as part of the initial assessment, including slip and trip hazards. Other areas assessed for staff safety included risks related to staff lone working and lone travelling.

Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager. This included events that related to the well-being of people. Records showed that the relevant professionals and relatives had been contacted. All accidents and incidents were discussed by staff with the management team. Actions taken by the staff and management team office helped to minimise the risk of future incidents.

There were enough staff to meet people's needs. Relatives told us there were sufficient numbers of suitable staff to keep people safe and the records we checked confirmed this. People and their relatives appreciated they received personal care from the same member of staff. Relatives told us how their family members did not respond well to changes, especially with staff. They said the service, "Took this into consideration when arranging the staff and the calls". Relatives told us that the service always introduced new staff members to them and their family member and said, "There have been a lot of changes in the care staff team. Things have improved now and there is a lot more consistency".

People's support needs were considered when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past four weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. Relatives told us, "There have been some timekeeping issues with some staff members, but this has now been sorted out." Relatives told us, "Following these hiccups, staff

now arrived on time." We were also told that staff stayed the expected amount of time and had never missed a call.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff were recruited in line with safe practice and we saw staff files confirmed this. For example, employment histories had been checked, references obtained and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk. Staff records showed that, before new members of staff started work at the service checks were made with the Disclosure and Barring Service (DBS). The DBS maintains records of people not considered safe to work in a care setting.

None of the people using the service received support with medication. In the Provider Information Return (PIR), the registered manager stated that, 'Staff have Medication training as required and do a competency test before they are allowed to give Medication'. Staff records confirmed that staff were appropriately trained in medication administration.

Is the service effective?

Our findings

Staff were well trained to make sure they had the skills and knowledge to effectively support people. Relatives spoke positively about staff and told us they were skilled to meet people's needs. They had confidence in their skills and knowledge. We were told that the staff, "Knew their relatives well," and were, "Capable".

On commencing work at the service new staff were supported to understand their role through a period of induction. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. The induction period also included shadowing shifts and competency assessments to ensure staff were ready to undertake their care duties. New staff progress was reviewed on a frequent basis as part of staff supervision. Following induction all staff entered onto an on-going programme of training specific to their job role.

Staff received regular training in topics including, health and safety, moving and handling, infection control, medicines, safeguarding adults, first aid and equality and diversity. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. The service used different methods to train their staff including workbooks and face to face training sessions. As well as providing all training required by legislation, the service provided training focussed on the needs of the people using the service. For example, staff had training in Makaton, non-verbal communication, 'seeing support through people's eyes' and Positive Behaviour Support. Positive Behaviour support is a model which contains strategies of how staff should support people, with learning disabilities and other complex needs, to reduce anxieties and manage behaviours displayed.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. All staff told us they felt supported by the registered manager, and the other staff. They said there was opportunity to discuss any issues they may have, any observations and ways in which staff practice could be improved.

During our visit we saw good communication between all grades of office staff and care staff who were visiting the office. Feedback received from care staff told us that they felt they were inducted, trained and supervised effectively to perform their duties.

People's rights to make their own decisions, where possible, were protected. Relatives told us that people were involved in decision making about their care and support needs. Care plans incorporated a section for people or their relatives to sign to say they agreed to their care plan. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the

person's best interests. The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff confirmed they understood their responsibilities under the act. Relatives told us staff always asked people for their consent before providing care.

Where providing meals was part of the package of care and / or where there was concern, the daily records included how much people had eaten. Where people were not eating well, staff would highlight that to the registered manager so that professional guidance could be sought. Relatives told us staff prepared the food the way people liked.

People had access to health care relevant to their conditions, including GPs and district nurses. Staff knew people well and referrals for regular health care were recorded in people's care records. Relatives told us that staff supported people to attend appointments if this was needed.

Is the service caring?

Our findings

The caring ethos of the service was evident. People received care and support from staff who knew them well. Relatives we spoke to were complimentary about the caring nature of the staff. People described them as, "Kind", and, "Caring". Everyone we spoke with thought people were treated with respect and dignity. Positive, caring relationships had been developed between people and staff. Staff had a caring approach and were patient and kind.

People were encouraged to be involved with the care and support they received. Relatives told us that people were included in decisions about their care. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. Relatives told us that people's care was not rushed enabling staff to spend quality time with them and they spent time listening to people and responding to their questions. Relatives said that staff explained what they were doing and offered reassurance when people appeared anxious.

People's relatives were involved in the planning of their care. Staff spent time with people to ensure that the plan of care met expectations. People's needs relating to equality and diversity were assessed at the start of the service. Care plans included instructions to staff on what actions they needed to take to meet people's individual cultural needs. People's care plans described the level of support they required and gave clear guidelines to staff. The care plans were person centred; they contained details of people's backgrounds, social history and people important to them. Care plans incorporated information for staff on protecting people's dignity, and people's preferences were respected when care was provided. Relatives told us that staff knew people well and were aware of their personal preferences.

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality in their care certificate induction training. All personal records were kept securely in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

Relatives told us that the staff chatted with people who appeared to enjoy their company. The overall impression was of a warm, friendly and safe service where people were happy.

Is the service responsive?

Our findings

Relatives told us that the staff were responsive to people's needs. One relative told us how staff had responded to a health issue with their relative. They described the service as, "Very responsive."

People received support that was individualised to their personal preferences and needs. People's likes, dislikes, behaviours and how they liked things done were explored and incorporated into their care plans. People's abilities were kept under review, any changes were noted in the daily records and care plans were updated if indicated.

People's care plans were person centred and based on a full assessment, with information gathered from the person and others who knew them well. Care plans provided staff with step by step guidance on how to manage people's emotional needs and behaviours. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities in their self-care. Relatives told us staff knew people well and how they liked things done. Staff did things the way people wanted.

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Changes in people's needs or behaviours were reported to the registered manager and written in people's daily notes. The care plans were up to date and daily records showed care provided by staff matched the care set out in the care plans. This meant people received consistent and co-ordinated care that changed along with their needs. The daily records were completed by staff at the end of their support visit. They included information on how a person presented whilst receiving support, what kind of mood they were in and any other health monitoring information.

A care plan was held within people's own homes or at the location where personal care was provided. For example one person received bathing assistance whilst attending a day centre located in the same building as the agency's office. A copy of all people's records were also kept at the office. The records were available to all staff and any updates in people's care or behaviour was communicated to staff by telephone. This ensured that staff were aware of any changes so people received care to meet their needs.

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People and their relatives were aware of how to raise a concern and told us they were confident the service would take appropriate action. People were given information about how to make a complaint when they started a package of care. Relatives told us that people were generally happy with the service and had no cause to complain. One complaint had been received in the last year, which had been appropriately investigated and resolved in line with the provider's complaints policy.

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. There was an open and friendly culture combined with a dedication to providing the best possible care to people. The registered manager took an obvious pride in the service, but was not complacent, and was looking for ways to improve, "We look for different ways of doing things to see if we can make it better".

The registered manager was aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager demonstrated good management and leadership throughout the inspection. Staff were positive about the inspection process, valued the feedback given and saw it as an opportunity to further develop the service.

We were told, and records confirmed, that staff meetings took place regularly. Staff used this as an opportunity to discuss the care provided and to communicate any changes. Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation. They felt confident to raise any concerns with a senior member of staff or the registered manager.

People were empowered to contribute to improve the service. People and their relatives had opportunities to feedback their views about the service and quality of the care they received. Annual feedback surveys were given out to people and their relatives. The responses were collated, and a report was comprised summarising people's comments and identifying any areas for action. People's comments were positive. The registered manager told us that she was looking into different ways of obtaining people's feedback as there was a low response rate to the surveys. The registered manager was committed to providing a service that was tailored to meet people's individual needs.

Quality was integral to the service and there were robust systems in place to drive continuous improvement. Quality assurance systems monitored the quality of service being delivered and the running of the service, for example audits of care records and staff files. Accident and Incident forms were completed. These were analysed for trends and patterns. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.