Education and Services for People with Autism Limited

Ashleigh

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

Overall summary

This was an unannounced inspection carried out on 25 November 2015.

We last inspected Ashleigh in December 2013. At that inspection we found the service was meeting the legal requirements in force at the time.

Ashleigh is an 18 bedded service offering places to students with autism and other related conditions. It is registered for the regulated activity of accommodation for persons who require nursing or personal care. Nursing care is not provided.

A registered manager was in place. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, where decisions were made on behalf of people who were unable to make decisions themselves. Other appropriate training was provided and staff were supervised and supported.

People received their medicines in a safe and timely way. People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed.

People were supported to maintain some control in their lives. They were given information in a format that helped them to understand and encourage their involvement in every day decision making.

Staff knew the people they were supporting well. Care was provided with patience and kindness and people's privacy and dignity were respected. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Staff said the manager was supportive and approachable. Communication was effective, ensuring people, their relatives and other relevant agencies were kept up to date about any changes in people's care and support needs and the running of the service. There were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

Summary of findings

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.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff would be able to identify any instances of possible abuse and said they would report it if it occurred.

Policies and procedures were in place to ensure people received their medicines in a safe manner.

There were enough staff employed to provide a supportive and reliable service to each person.

Is the service effective?

Good

The service was effective.

Staff had received the training they needed to ensure people's needs were met effectively. Staff were given regular supervision and support.

Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

People received appropriate support to meet their healthcare needs. Staff liaised with GPs and other professionals to make sure people's care and treatment needs were met.

People received a varied diet.

Is the service caring?

Good

The service was caring.

People we spoke with said staff were kind and caring and were complimentary about the care and support staff provided.

People's rights to privacy and dignity were respected and staff were observed to be patient and to interact well with people.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

People were helped to make choices and to be involved in daily decision making.

Is the service responsive?

Good

The service was responsive.

People received support in the way they needed because staff had detailed guidance about how to deliver people's care. Support plans were in place to meet all of people's care and support requirements.

People were provided with a range of opportunities to access the local community. They were supported to follow their hobbies and interests and were introduced to new experiences.

Summary of findings

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post. People using the service and staff praised their approach and commitment.

There were systems in place to monitor the quality of the service, which included regular audits. Actions had been identified to address shortfalls and areas of development.

Ashleigh

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 25 November 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience accompanied by their support worker. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for younger people with autism and related conditions.

Before the inspection we 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 obliged to send the Care Quality Commission (CQC) within required timescales. We contacted commissioners of services and the local safeguarding teams. We received no information of concern from these agencies.

We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with five people who lived at Ashleigh, the deputy manager, the administrator and seven support workers including two senior support workers and one member of catering staff. We observed care and support in communal areas and looked in the kitchen, bathrooms, lavatories and some bedrooms after obtaining people's permission. We reviewed a range of records about people's care and how the home was managed. We looked at care plans for three people, the training and induction records for three staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and their relatives, the maintenance book, maintenance contracts and the quality assurance audits that the manager had completed.

Good

Is the service safe?

Our findings

People appeared calm and relaxed as they were supported by staff. Peoples' comments included, "I feel safe living at Ashleigh," "I really like being at Ashleigh, if I was worried or upset I'd tell my key worker or the manager," "I go out to the pub with staff and can have a couple of pints but that's all, it keeps me safe, those are the rules and I'm fine with that," and, "I trust the staff." Staff members comments included, "People are safe here," "I feel safe working here," "Staffing is flexible during the day," "Everyone has a staff member with them and if they go out some people have two staff. This keeps everyone safe," and, "We work mostly on a one to one basis with the men but we try not to overcrowd them or take over. We just want to keep them safe."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. All staff members said they would report any concerns about people's care to the senior staff member on duty or the registered manager. Staff told us, and records confirmed, they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. One staff member commented, "Safeguarding is top of the list to keep people safe. There's a lot of emphasis on safeguarding as we're protecting some very vulnerable people."

The deputy manager was aware of when a safeguarding incident needed to be reported. A book was in place to record minor safeguarding issues which could be dealt with by the provider. Two safeguarding referrals to the local authority safeguarding adult's team had been raised since the last inspection and had been investigated and resolved.

Assessments were undertaken to assess any risks to people and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. These assessments were also part of the person's care plan. There was a clear link between care plans and risk assessments for example, epilepsy and distressed behaviour. Risk assessments were also in place to help maximise people's independence and to encourage positive risk taking and at the same time keep people safe. For example, travelling and cooking.

Care plans were in place to show people's care and support requirements when they became distressed. Information was available that detailed what might trigger the distressed behaviour and what staff could do to support the person. Care records provided detailed and up to date information for staff to provide consistent support to people. The guidance in the records helped them recognise triggers and help de-escalate situations if people became distressed and challenging. For example, "I don't like people invading my personal space," and, "When (Name)'s anxious they may exhibit behaviour such as grumbling, swearing. Sometimes this can escalate to aggressive behaviour such as hitting, yelling or biting."

Regular analysis of incidents and accidents took place. The deputy manager said learning took place from this as it helped identify any trends and patterns and enabled them to take action to reduce the likelihood of them recurring. For example, with regard to distressed behaviour a person would be referred to the psychologist and behavioural team when a certain amount of incidents had occurred and a meeting would be held. Recent staff meeting minutes showed discussions had taken place with staff with regard to a person's state of well-being because of an increase in behavioural incidents.

There were sufficient numbers of staff available to keep people safe. The deputy manager told us staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting people could be increased or decreased as required. At the time of inspection there were seven people using the service and they were supported by six to seven support workers during the day and, one sleep in and two waking members of staff overnight.

We checked the management of medicines. People received their medicines in a safe way. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

Medicines were given as prescribed and at the correct time. A senior support worker told us medicines would be given

Good

Is the service safe?

outside of the normal medicines round time if the medicine was required. For example, for pain relief. We saw there was written guidance for the use of "when required" medicines, and when these should be administered to people who showed signs of agitation and distress. However, the current medicine administration record (MAR) for one person did not record when the 'when required' had been prescribed. We discussed this with the senior support worker who told us it would be addressed.

Documentation was available for one person who required the covert administration of medicines as the person did not have mental capacity to make decisions about their medicines. However, there was no up to date evidence to show the decision making adhered to the National Institute for Health and Care Excellence (NICE) guidelines as a 'best interest' meeting had not taken place since the person had started to use the service with the relevant people that included the pharmacist. A best interest meeting involves relevant staff, the health professional prescribing the medicine(s), pharmacist and family member or advocate to agree whether administering medicines without the resident knowing (covertly) is in the resident's best interests. We discussed this with deputy manager who told us it would be addressed.

The registered provider had arrangements in place for the on-going maintenance of the building. Records we looked at included, maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was well maintained. We observed the lift was out of order and we were informed there were no plans to repair or replace it as it was very expensive. We checked currently every person using the service was able to use the stairs. We were shown a ground floor room that was available if a person was unable to use the stairs. We were also told if it required money was available to replace the lift.

Good

Is the service effective?

Our findings

Staff had opportunities for training to understand people's care and support needs. Comments from staff included, "It's very good here, there's loads of training," "We do lots of training in the summer holidays when people have gone home," "I can say if there is a training course I'd like to do," and, "There are opportunities for training. We talk about training at my 1:1 and at staff meetings."

Some staff told us they had worked at the service for several years. One staff member commented, "I love working at Ashleigh I've been here for years." All staff said when they began work they had completed an induction. They said they had the opportunity to shadow a more experienced member of staff when they began work. "One person said, "I shadowed staff for three weeks." Another new staff member commented, "I had a very good induction which included three weeks of training and covered lots of information and all the basic courses I needed." This ensured people had the basic knowledge needed to begin work. Staff told us they were kept up to date with training and that training was appropriate. The staff training matrix showed they had opportunities for training to understand people's care and support needs.

The deputy manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as, autism, communication, Makaton (sign language), epilepsy, dealing with difficult situations, equality and diversity, fluids and nutrition, dealing with difficult situations and person centred care. They had also received Mental Capacity Act (MCA) 2005, human rights and Deprivation of Liberty Safeguards (DoLS) training. Many of the staff were studying or had achieved a diploma in health and social care. Staff told us new starters studied for the Care Certificate as part of their induction to equip them with some of the required skills to work with people.

Staff said and training records showed staff received regular supervision from the management team, to discuss their work performance and training needs. One person said, "I have supervision every two months and an appraisal every year but we talk about it after six months." Staff said they had regular supervision to discuss the running of the service and their training needs. They told us they could also approach the registered manager at any time to discuss any issues. They said they felt well supported by colleagues and worked as a team. One staff member commented, "We have a good team and we all work well together."

Staff told us communication was effective. Staff comments included, "Communication is very good," "Communication is a work in progress," "There are no problems with communication about people's needs." We were told a handover session took place, to discuss people's needs when staff changed duty, at the beginning and end of each shift. A formal verbal exchange of information took place about all people to ensure staff were aware of the current state of health and well-being of each person. Staff told us the diary and communication book also provided them with information.

CQC monitors the operation of the Mental Capacity Act 2005. This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA. They are safeguards put in place to protect people from having their liberty restricted without lawful reason. The registered manager told us six authorisations were in place from the local authority and applications were in process for other people who used the service including one person who used the service for respite care.

Records showed assessments had been carried out, where necessary of people's capacity to make particular decisions. Records contained information about the best interest decision making process, as required by the Mental Capacity Act. Best interest decision making is required to ensure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. Information was available to show if people had capacity to make decisions and to document people's level of comprehension. For example, one care record stated, "In all areas of my life I have capacity to make decisions for myself."

We checked how the service met people's nutritional needs and found that systems were in place to ensure people had food and drink to meet their needs. People identified as

Good

Is the service effective?

being at risk of poor nutrition were supported to maintain their nutritional needs. People's care records included nutrition care plans and these identified requirements such as the need for a modified diet.

A six week menu was in place and an alternative to the main meal was available. For example, on the day of inspection the evening meal was lamb steak or vegetarian sausages with a selection of vegetables. One person said, "I choose my own food and what I eat. The staff are great and they bring the menu to me and let me choose my own meals." As part of learning and skills development some people were supported to prepare and cook their own food. For example, one person's nutrition care plan stated, "I go food shopping once a week as part of my menu planning sessions and like to choose what I am going to make independently." A person told us, "I have made a curry for my tea, it's spicy." For another person who had chosen to cook a chicken burger we saw they were disappointed with their meal. We observed staff supported the person to reassure them and plans were made to take the person shopping to ensure they got another healthy alternative to help ensure their nutritional needs were met.

People were supported by staff to have their healthcare needs met. Records showed the health needs of people were well recorded. Information was available in their records to show the contact details of any people who may also be involved in their care. Care records showed that people had access to a General Practitioner (GP), psychologist, behavioural team, dietician and other health professionals. For example, one person's care plan stated, "I receive one to one support during all my health appointments. Records of my appointments and treatments are kept in my multi-disciplinary team file." We saw the relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met.

Good

Is the service caring?

Our findings

During the inspection there was a happy, relaxed and pleasant atmosphere in the service. Staff interacted well with people, joking with them and spending time with them. People's comments included, "I like being here. I trust the staff they are nice and kind," "Staff always help me if I ask them," "I like it here I can make choices about the things I want to do. Staff know what I like and we meet to talk about my interests," "Staff are kind," and, "I get on well with the staff, they listen to what I have to say."

We observed the evening meal and saw there was lots of conversation and interaction between people and the staff. The meal was not rushed and people could take their time eating. The dining room was peaceful and relaxed. We noticed staff members spoke individually to people and were patient and did not interrupt when people were talking. Staff gave people plenty of time to answer any questions. After tea we observed people in the main lounge. Some were using technological equipment such as 'Ipads' and 'tablets'. They were playing on a 'Wii' machine, (computerised, interactive game console). People were supported by staff who joined in with them. There was much banter and laughter. We saw staff did not take over the activity but supported people and allowed them to make their own decisions about what to play. In all our observations we noted people were treated with respect and staff always involved them in decisions about how they were supported.

Not all of the people were able to fully express their views verbally. Support plans provided detailed information to inform staff how a person communicated. For example, communication care plans for some people stated, "I interact when asked a question or when I ask a question. This is through signing as I have limited verbal communication," "If you are having difficulty understanding what I'm trying to say you can prompt me to understand by putting in a word," "When I'm anxious about something I find it harder to communicate. I may talk about whatever is on my mind before I can focus and connect the topic," "Clear and simple verbal communication, (Name) likes to use Makaton (a sign language) as well as visual prompts such as PEC. (Picture exchange communication)," and, "A visual timetable helps plan daily living tasks. This needs to be backed up with verbal communication and encouragement." This informed staff how people communicated and how they could be encouraged in decision making in their daily lives.

People were encouraged to make choices about their day to day lives. People's care plans referred to their ability to make choices. For example, "I am able to make choices of activities and decide if I want to participate or not in group activities for myself." One person commented, "The activities are decided by us, they are what we want to do." We saw staff used pictures, signs and symbols to help people make choices and express their views. Information was available in this format to help the person make choices with regard to activities, outings and food. A person commented, "I don't need pictures or anything but some of the others have pictures to help them make choices." Care records also detailed how people could be supported to make decisions. One person's care plan stated, "Sometimes I can find choice difficult. I can become overwhelmed which can lead to anxiety." Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

Staff respected people's privacy and provided people with support in the way the person wanted. Care records showed how people wanted their care to be delivered by staff. For example, "I don't like people touching me unless I touch them first. If I need to be touched I need to be aware they (staff) will touch me and why." We saw staff knocked on a person's door and waited for permission before they went into their room. Care plans provided information for staff with regard to respecting people's privacy. For example, one care plan stated, "I value my own space and privacy. I have my own lounge next to my bedroom where I like to sit on my own watching my DVDs and going on my laptop." Staff meeting minutes showed a discussion had taken place with staff about balancing people's safety and their privacy and dignity. For example, when bathing. A recent change in a person's needs meant they required supervision when they had a bath. In the short term it was decided, "Staff will be outside the partially open door," to protect the person's privacy and keep them safe. Staff respected people's dignity as people were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. For

Good

Is the service caring?

example, a care plan stated, "I can dress myself but I do not always know when something is dirty. I require prompting to put these clothes in the dirty washing basket in my bedroom."

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. The registered manager told us if necessary a more formal advocacy arrangement would be put in place. Advocates can represent the views of people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

Ashleigh is part of an organisation that provides education and services for people with autism. It provides residential accommodation during term time when people are away from home. Written information was available that showed people of importance in a person's life. One person commented, "I look forwards to going home at weekends." Staff told us people were supported to keep in touch with family members and friends. For example, "(Name) speaks with family on Thursday night."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort.

Records showed pre-admission information had been provided by relatives, education agencies and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, activities of daily living and communication needs.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. For example, "I don't like big groups of people, they are often noisy and I prefer peace and quiet," and, "I wear clean clothes daily and can dress myself. However, I do need staff to place my clothes on my bed facing downwards."

The service was rehabilitative and taught people new skills to help them become more independent in activities of daily living. There was an emphasis on developing people's confidence and helping some people to prepare to live independently or in a small group setting in the community. One person commented, "I get involved with lots of things here and the staff help me to learn new things as I want to live in my own flat and need to be able to cook and shop and look after my money." A staff member told us, "I am working with (Name) and I'll support them to do their own ironing and sort out their room later as part of learning and developing their everyday life skills."

People were positive about the opportunities for activities and outings. They all said they went out and spent time in the community. One person told us, "I am very interested in trains. I like to visit the museums and to read books about trains." People were supported to try out new activities as well as continue with previous interests. People attended college during the day. One person told us, "I'm doing career research and do voluntary work," and, "The staff here are very good and have helped me with my career research." Records showed there were a wide range of activities available for people. For example, swimming, bowling, gardening, eating out, cinema, arts and crafts and whatever was of interest to the person.

A daily record was available for each person. It was individual and in sufficient detail to record their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

We were told individual weekly meetings took place with people to consult with them about activities, skills planning and menus. One person commented, "I have meetings with my key worker and we talk about my skills and how I'm doing. Staff will always ask me what I think and will let me decide and make my own choices."

People had a copy of the complaints procedure. A record of complaints was maintained. No complaints had been received since the last inspection. A person commented, "I know how to complain and would go straight to the manager."

Good

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission since 2014.

The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person centred care, for each individual to receive care in the way they wanted. Staff received training when they started to work at the service to make them aware of the rights of people with autism and associated conditions and their right to live an "ordinary life." Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was friendly. Staff said they felt well-supported. Comments included, "The manager is very approachable," "I've been here for years and love it," "I've just started and I'm very well supported," "The staff are so helpful and friendly," "I love working at Ashleigh." "We're a good team," and, "The staff were so welcoming."

Staff told us staff meetings took place weekly. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff had discussed finance, health and safety, service issues, training, risk assessments and needs of people who used the service. Meeting minutes were made available for staff who were unable to attend meetings

Records showed audits were carried out regularly and updated as required. Daily audits included checks on finances and medicines management. Weekly checks also took place that included health and safety, fire safety and documentation. Monthly audits were carried out and they included health and safety, documentation, risk awareness and staff awareness of safeguarding. The results were sent to the line manager who had direct operational responsibility for the service. The manager told us a separate audit was carried out by a manager from another service to provide an independent view of the service. Their monthly visit was to speak to people and the staff regarding the standards in the service. They also audited a sample of records, such as care plans and staff files. These audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The deputy manager told us the provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to people who used both Ashleigh and the college service. Surveys had been completed by relatives and people who used the college and residential service in 2014. However, we had concerns a separate survey was not sent out from Ashleigh to collect the views of people who used the service and their relatives so the information collected and results could be specific to Ashleigh. This would help contribute to the monitoring of Ashleigh's service. The deputy manager told us this would be addressed.