Care Quality Commission

North East Autism Society

North East Autism Society

Inspection report

15-16 Lumley Court
Drum Industrial Estate
Chester Le Street
County Durham
DH2 1AN

Tel: 01914109974

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31 December 2015
07 January 2016
11 January 2016
14 January 2016

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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

This inspection took place on 31 December 2015 and 7, 11 and 14 January 2016. We gave the provider 48 hours' notice we would be visiting to ensure someone would be at the service.

North East Autism Society provides personal care and support to people who live in supported living houses across the north east. On the day of our inspection there were 19 people using the service.

North East Autism Society had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

North East Autism Society was last inspected by CQC on 13 December 2013 and was compliant.

There were sufficient numbers of staff in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Thorough investigations had been carried out in response to safeguarding incidents or allegations and accidents or incidents.

People were protected against the risks associated with the unsafe use and management of medicines.

Staff training was mostly up to date however some refresher training was due.

Staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

People were protected from the risk of poor nutrition.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We found the service was working within the principles of the MCA.

People who used the service, and family members, were complimentary about the standard of care at North

East Autism Society.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

The home had a full programme of activities in place for people who used the service.

Care records were written in a person centred way.

The provider had a complaints policy and procedure in place and people who used the service, and family members, knew how to make a complaint.

The service had a positive culture that was person-centred, open and inclusive.

The service had links with the community and other organisations.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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.

There were sufficient numbers of staff in order to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations and accidents or incidents.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff training was mostly up to date however some refresher training was due.

Staff received regular supervisions and appraisals.

People were protected from the risk of poor nutrition.

The provider was working within the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

The home had a full programme of activities in place for people who used the service.

Care records were written in a person centred way.

The provider had a complaints policy and procedure in place and people who used the service, and family members, knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

The service had links with the community and other organisations.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Care Quality Commission

North East Autism Society

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 31 December 2015 and 7, 11 and 14 January 2016 and was announced. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff and district nurses. No concerns were raised by any of these professionals.

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.

During our inspection we visited one of the houses where people who used the service lived and spoke with two people. We also spoke with three family members, the registered manager, area manager and two care workers.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at North East Autism Society. They told us, "Yes, the procedures the staff have in place are safe" and "I haven't had any concerns".

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working for the service. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, marriage certificates and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager who told us staffing levels varied per house depending on the needs of the people they were supporting. They told us the service had its own bank staff to cover any vacancies or staff absences and agency staff were used as a last resort. If agency staff were used, the agency provided the same staff for continuity purposes. A team leader told us staff used the communication book at the house where they worked to request shift preferences and the team leader took this into consideration before setting the staff rotas. This meant sufficient staff were on duty to keep people who used the service safe.

We saw risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included road safety, fire safety, health and safety and deprivation of liberty. We saw risk assessments were up to date and had been signed by the person who used the service.

Positive behaviour support plans were in place for people who used the service and provided information on proactive strategies to be used to prevent challenging behaviour and how to help empower the person to manage their own mood and behaviour. These included giving the person time and space and relaxing activities such as watching TV and DVDs, reading books and baths.

We saw checks were carried out to make sure people who used the service lived in a safe environment. These included fire inspection and fire safety risk assessment, portable appliance testing, gas safety test and health and safety and legionella risk assessments. All the records we saw were up to date. The service also had a business continuity plan in place in case of emergencies such as the loss of power, utilities and staff being unable to get to work.

We looked at the safeguarding file and saw a copy of the provider's safeguarding policy and copies of safeguarding incidents, including details of the incident, copies of local authority alert forms and statutory notifications to CQC. We saw copies of accident and injury records, which were completed at the individual houses and copies were sent to head office for recording and analysis.

We were unable to observe medicines being administered but could see how this was managed and recorded. Medicines were stored in a locked cabinet in the staff room. We looked at care records and saw one person self-administered their own medicines with minimal support from staff. The person was able to independently recognise when their medicine was due. We discussed this with staff and looked at medicine administration records (MAR). We saw each record had been signed by staff once they had observed the person administer their own medicine. We saw medicines risk assessments were in place and described the risk, risk level before action, what action to take and the risk level following action taken. This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People told us the staff were "Nice." Family members told us, "Overall, we couldn't be doing any better for [Name]", "The head of care is excellent" and "I am very fortunate. I know that there is nothing better out there". We asked people who used the service whether they liked the care staff and were well looked after. They said, "Yes."

We looked at training records and saw mandatory training for all staff at North East Autism Society included health and safety, first aid, food hygiene, manual handling, safeguarding, mental capacity, deprivation of liberty and positive behaviour support (PBS). Records showed most staff training was up to date although some staff were due refresher training in some areas. Staff we spoke with told us they received enough training for their role. They told us, "Loads", "It is good" and "If there's something I want to do, I just have to ask".

Each new member of staff was given an induction to the service as part of their six month probationary period. The induction included an autism workbook, a checklist to work through and completion of mandatory training. Staff were required to complete their mandatory training before the end of their probationary period.

We looked at the supervision and appraisals file and saw all members of staff had a supervision contract. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. From the records we looked at we saw each member of staff had received at least three supervisions in 2015 and an annual appraisal. Supervision discussions included training, medicine competency, safeguarding, mental capacity and roles and responsibilities. Appraisals included a review of the previous year, plans for the following year and any learning and development requirements. All the records, except one, had been signed by the member of staff and their supervisor. Staff we spoke with told us they received supervisions every two to three months.

We saw weights and measurements were recorded regularly for people. Some of the people who used the service had a limited understanding of the nutritional value of food so were supported by staff in this area to ensure the person had a well balanced diet. We saw individual preferences were recorded, for example, one person did not like red meat, and any newly identified likes and dislikes were recorded for future information. One person's record stated that all staff received training in food hygiene. We checked staff training records and confirmed this, although some staff were due refresher 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 to 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. For supported living services, Deprivation of Liberty Safeguards (DoLS) are applied for through the court of protection. We discussed DoLS with the registered manager who was aware of their responsibilities with regard to DoLS and saw two applications for DoLS authorisations had been made to the Court of Protection. The registered manager told us mental capacity assessments were carried out as part of multi-disciplinary team meetings. We saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards although some staff were due refresher training. This meant the provider was following the requirements in the DoLS.

We looked at health appointment records and saw for each appointment, staff filled in a form which included the reason for the appointment, what the diagnosis was and whether any follow up or action was required.

Good

Is the service caring?

Our findings

We asked family members about the standard of care at North East Autism Society. They told us, "The carers at the house are lovely", "All her care needs are met", "The staff look after her lovely" and "They are fantastic". People who used the service told us they were "Very happy."

People we saw were well presented and looked comfortable with staff. We observed staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people, understood people's individual needs and were able to describe the individual needs of people who used the service.

We asked family members whether staff respected people's privacy and dignity. They told us, "Yes, definitely" and "Yes but they respect her privacy too much sometimes. It needs to be a bit more controlled". People's bedroom doors were shut, some were locked, and staff told us they would never enter a person's bedroom without first obtaining permission. This meant that staff treated people with dignity and respect.

We saw people were encouraged to take an active part in the running of the house they lived in and in carrying out daily activities such as meal preparation and domestic chores. We saw staff provided support as required. For example, "[Name] will pour their own cereal. Staff will need to advise [Name] not to overfill the bowl" and "After finishing, [Name] will take the pots and put them into the dishwasher". We saw one person was able to contact their GP practice and, with support from staff, make their own appointment for their annual health check.

We saw care records described people's level of independence and what support they required from staff. For example, we saw two people were able to independently shower and were aware of the correct temperatures for the shower and bath. Both people were independent with their personal care needs however one person required assistance to dry their hair. We saw one person was supported by staff when using public transport however another person was more independent and able to identify the correct bus and put out their hand to stop it.

Family members we spoke with told us, "[Name] is independent and [Name] gets independence", "[Name] is starting to do things [Name] wouldn't do before" and "[Name] has become more confident". This meant that staff understood how to support people to be independent and people were encouraged to care for themselves where possible.

We looked at care records and saw each person's care record included an 'All about me' section, which contained information about what the person understood and what staff could do to help. This included people's communication skills and information to assist staff in understanding the person. For example, for one person it stated, "I understand simple verbal instructions" and "When giving an instruction, use simple language". It also described that the same person was nervous of confined spaces so provided instructions to staff on how to support the person, for example, when hanging their coat in the cloakroom. We saw that

this had been written in consultation with the person who used the service and their family members. This meant people who used the service were involved in planning their care.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

Each person also had a personal profile in place, which provided important information about the person such as date of birth, gender, ethnicity, religion, next of kin and family details and contact information for healthcare specialists. Personal profiles also provided information on the person's diagnosis and support requirements, for example, support required to promote independence and help with personal care.

We saw people who used the service had routines such as morning, mealtime, travelling, bath time and bedtime routines. These were detailed and specific for the individual. For example, one person's morning routine described the time they got up, washing and dressing routine and breakfast. They also described the level of support the person required from staff. For example, "After breakfast, staff will ask [Name] what they are going to do next." This involved staff using a picture exchange communication system (PECS) book. PECS is a pictoral system used to assist with communication.

We saw activities feedback sheets in the care records. These were in an easy read format and gave people who used the service the opportunity to tick activities they liked to do. For example, going to the pub, discos, archery, basketball, cycling, walking and swimming. We saw one person had also written on the back of the sheet, listing other activities they like to do and food they enjoyed. People who used the service told us there was lots to do and they enjoyed the activities that were arranged for them.

Activities were organised following an appropriate assessment procedure. Some people who used the service attended the provider's own day service provision and took part in a variety of activities. We saw one person had gone to a local college and studied a variety of subjects that was part of a personalised programme over a two year period. Following this the person had moved on to a one year personalised social and vocational programme at the provider's day service provision. Another person who used the service was interested in gardening and had their own greenhouse in the back garden on the house where they lived. They also took part in gardening activities at the provider's day centre provision and went into the community to work in people's gardens. The registered manager told us people were given opportunities to move into employment following completion of their programme at the day service.

Each person who used the service had a 'Service user contract'. This provided information on the person's rights and responsibilities, such as right to privacy and dignity and right to retain the maximum possible level of independence. It also provided information on the service's quality assurance process and complaints procedure.

We saw the complaints file, which included a copy of the provider's 'Compliments, complaints and suggestions policy'. This provided information of the procedure to be followed when a complaint was received, including early stage and formal resolution and appeals. We saw there was also an easy read version of the policy available.

We saw there had only been one complaint recorded in the previous 12 months. We saw a copy of the complaint and the action taken by the service. This complaint was still in progress at the time of our inspection. Family members we spoke with were aware of the complaints policy and knew how to make a complaint however did not raise any concerns with us. This meant the provider had an effective complaints procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. Family members, told us, "They [Management] are approachable" and "I visit every week and speak to staff and the team leader. We have a good relationship".

Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns.

We saw staff were regularly consulted and kept up to date with information about the service and the provider. An annual staff survey took place and we saw records of team leader meetings, the most recent had taken place on 29 September 2015. The agenda for this meeting included; investors in people, induction, training, vehicle checks, medicines and covering shifts. We saw records of individual house meetings that took place at each of the houses where people who used the service lived. Agenda items for these meetings included staffing, supervisions, holidays, completing checks, training, activities and communication. The registered manager told us any issues discussed at the house meetings were fed back to management via the team leader meetings.

The service had links with the community, mainly via its day service provision. These included local colleges and leisure facilities. The service used specialist advisors, such as for gardening and horticultural advice and people who used the service were given employment opportunities at local businesses.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw the quality assurance file, which contained records of audits carried out at each of the houses where people who used the service lived. The quality audits included a check of policies and procedures, safeguarding records, care records, health and medical records, personal finance, staff training, environment, management and residents. Each of these areas contained examples of good practice and action where required. For example, the safeguarding audit checked all staff were up to date with training in safeguarding, mental capacity and DoLS and positive behaviour plans were in place and any incident reports were sampled. We saw an action was for one member of staff to attend an update for their safeguarding training.

We saw records of questionnaires that had been completed by people who used the service and family members to give feedback on the quality of the service. These asked questions on safety, diet, activities, home environment, personal care, privacy, dignity and choice, safeguarding and the complaints procedure. The majority of the responses provided were positive, for example, "The staff have been helpful and understanding" and "My daughter is supported to have a healthy and nutritional diet". Family members told us they received regular questionnaires. They told us, "They always take it [feedback] on board", "We always get the opportunity to feedback" and "We get surveys to fill in".

This meant that the provider gathered information about the quality of their service from a variety of sources.