Education and Services for People with Autism Limited

Education and Services for People with Autism Limited - 7 The Cedars

Inspection report

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Date of inspection visit: 16 July 2014
Date of publication: 24/10/2014

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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Summary of findings

Education and Services for People with Autism - 7 The Cedars provides care and support for up to seven people who have autism spectrum condition. The accommodation for six people is within a large detached Victorian house and the seventh place is within a separate coach house in the grounds. The home is opposite parkland and is close to the city centre. At the time of this visit there were six people using the service.

This was an unannounced inspection. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were unable to tell us about the service because of their complex needs. Their relatives made many positive comments about the service people received. Relatives said people felt safe and settled at the home. Relatives felt included in decisions about their family member's care.

Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and Deprivation of Liberty Safeguards to make sure they were not restricted unnecessarily. Relatives confirmed they had been involved in the agreements about keeping people safe and that people enjoyed fulfilling lifestyles that did not compromise their rights.

Staff were clear about how to recognise and report any suspicions of abuse. Staff told us they were confident that any concerns would be listened to and investigated to make sure people were protected.

There were sufficient staff to meet people's needs. Staff provided one-to-one support for some people and additional support when people were out in the community. Staff received relevant training to assist each person in the right way.

People were supported to enjoy a healthy lifestyle that included healthy diets which met their individual dietary needs. People had choices about what, where and when they ate their meals. There was a calm, supportive atmosphere in the home and there were positive interactions between staff and the people who lived there.

People were treated with dignity and respect. People were encouraged to make their own choices and decisions about their day to day lives, wherever their capabilities allowed. Staff were respectful of people's individual and diverse needs.

Relatives told us they felt people were well cared for in the home. They said any changes in people's health were referred to the relevant health care agencies. The health care professionals we spoke with felt the home responded quickly and appropriately to any changes in people's needs.

People and their relatives were asked for their views about the home and their suggestions were used to improve the service. People and relatives had clear information about how to make a complaint or comment.

The provider involved people and their relatives in reviews about the care service. Relatives and staff felt there was an "open" and "approachable" culture within the home and in the organisation. Staff said they felt valued and fulfilled in their roles. They felt they could make any comments and were confident these would be acted upon.

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. Relatives said their family members felt safe and secure in the home.

Staff were following the Mental Capacity Act 2005 (MCA) for people who lacked capacity to make a decision. The provider had arranged for each person to have a Deprivation of Liberty Safeguards (DoLS) assessment to make sure people were not restricted unnecessarily, unless it was in their best interests.

There were sufficient staff to meet each person's needs, including one-to-one support where this was required. The provider only employed staff who had been checked to make sure they were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective. Relatives said people got the individual care they needed to meet their specific autism needs.

People received care from staff who had specific training in autism spectrum condition and were clear about how to meet each person's individual needs. Staff felt equipped and supported to care for the people who lived at the home.

People were supported to lead a healthy lifestyle. People enjoyed their meals at the home and had a choice about what, when and where to eat. Staff worked closely with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good

The service was caring. Relatives said the service was "very caring". Relatives felt staff understood each person's individual needs and how to support them. Staff were calm, supportive and patient.

Staff understood and acted on people's individual preferences of how they wanted to be cared for and respected their dignity. People's privacy and independence were promoted.

Staff were very familiar with each person's methods of expressing themselves. They explored different ways of supporting people to be able to communicate their choices and decisions about their own lifestyles.

Is the service responsive?

Good

The service was responsive. Relatives said the service was good at working with other care agencies to meet people's needs. Care professionals told us the provider responded quickly to any changes in people's needs.

People were offered daily activities, either individually or in small groups, to meet their social needs. People's choices about whether to engage in these activities were respected.

People had information about how to make a complaint in easy-read and pictures to help them understand it. Relatives said they knew how to make a complaint or raise a concern and were confident these would be dealt with.

Summary of findings

Is the service well-led?

Good

The service was well-led. Relatives said the service was “well run” and senior managers were “accountable”. Health and social care agencies were also positive about the way the service was run.

Staff told us the registered manager and provider were approachable, open and supportive. Staff felt able to offer suggestions for improving the service for people.

The home had a registered manager who had been in post for over five years. People’s safety was monitored and the provider had new plans about how the quality of the care at the home would be checked.

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Detailed findings

Background to this inspection

We visited the home on 16 July 2014. The inspection was carried out by an adult social care inspector.

The service met the regulations we inspected against at their last inspection on 19 September 2013. No concerns had been raised since then.

During the visit we spent time with people who lived at the home and observed how staff supported them. We joined three people for a lunchtime meal. We spoke with the registered manager, the assistant manager, three support workers and the cook. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of two staff and training records.

The six people who lived at this home had complex needs that limited their communication.This meant they could not tell us their views about the service. We spoke with three relatives for their views.

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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We contacted the commissioners of the service and the local healthwatch group to obtain their views. During and after the inspection we asked a range of health and social care professionals for their views about the service provided at this home, including care managers and a district nurse.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

The six people who lived at this home had complex needs that limited their communication and their comprehension of the world around them. This meant they could not tell us their views about the service. We spoke with three relatives for their views about whether their family member was safe. One relative told us, "It's definitely safe, we've never had any problems. They are looked after properly and the premises are secure for them." Another relative commented, "It's absolutely safe. He seems to be happy there." One relative said, "She is always ready to go back to the home after a visit to us, so she must like it and feel safe there."

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was regularly updated. Staff were able to describe the procedures for reporting any concerns and told us they would have no hesitation in doing so. There had been no safeguarding issues since the last inspection and the local authority safeguarding team confirmed this. The provider had clear policies about safeguarding vulnerable adults. Staff showed us they had access to the policies and the telephone details of who to contact if they needed to report any concerns. There were posters about this on the staff room wall. In this way, staff understood their duty to report any potential concerns.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. All of the staff had received training in MCA and DoLS. Staff understood the recent court decision about DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. The registered manager had made DoLS applications to the respective local authorities that were involved in each person's placement. This was because people needed 24 hour supervision and all needed support from staff to go out. Some people had DoLS authorisations and the applications for other people were being processed. In this way the provider was working collaboratively with local authorities to ensure people's best interests were protected.

The relatives we spoke with told us they felt included in decisions about people's safety. For example one relative commented, "We got all the paperwork about deprivation of liberty, but he's always out with staff anyway so he's not restricted in his lifestyle."

A care manager told us, "(The provider) works in partnership with other agencies and ensures legislative requirements are complied with, for example, all residents have had a deprivation of liberty assessment to ensure they are not being denied their rights in accordance with the recent revised guidance on the application of DoLS."

Some people needed help with managing behaviour that challenged the service if they became anxious. Staff told us, and care records confirmed, people were supported in the least restrictive way to help them cope at these times. This included supporting people to take time out in a quiet place or guiding them away from the cause of their distress. All staff were trained in 'Studio 3' which were non-aversive techniques for supporting people if they were upset. New staff received this training as part of their induction before they started working with people. All staff received annual refresher training in 'Studio 3' so they were always up to date and confident they were supporting people in the right way.

In discussions, staff were able to describe the specific triggers that could lead to some people becoming anxious, such as crowded or noisy environments. Staff described using low arousal, distraction and alternative activities to help people when they became anxious. There were clear care plans about each person's behaviours that guided staff to support them in the most effective way to meet their individual needs. One staff commented, "We get lots of training in this, but have rarely had to physically support people in this way. We use time out or distraction when people are upset."

People's records included risk management plans which provided staff with information about identified risks and the action they needed to take to minimise the risk. For example, one person needed two staff to support them when out in the community as they were unaware of the risks associated with traffic and crossing roads. A care manager told us, "My view is all reasonable steps are taken to ensure no-one is at risk of harm. Incidents are reported quickly and risk management meetings are arranged if necessary. This is not a common occurrence."

Good

Is the service safe?

Relatives felt there were enough staff to support people. The registered manager described how staffing levels were determined by the individual needs of each person. For example, one person needed one-to-one support throughout the day and two staff members to support them to go out. On the day of this inspection the registered manager, assistant manager and four support workers were on duty. There was also a cook and a member of housekeeping staff. Staff told us, and the rotas confirmed, there were typically five support workers on duty from 9am-2pm, eight staff from 2pm-4pm, and five staff from 4pm-10pm. There were two support workers on duty overnight.

Staff told us there were sufficient staff to meet the current needs of the six people who used the service. One staff member told us, "I feel it's a very safe service for the people who live here." One staff member commented, "The numbers of staff means it is safe. There's also a lot of back up at night if we need it." Another staff member told us, "There are enough staff for people's needs at the moment. It just means a bit of planning to make sure everyone gets a chance to go out every day. We arrange it so a couple of people go out in the morning and others go out in the afternoon."

Many of the staff had worked at the home for several years. Relatives told us the stability of the staff team was important as people found it difficult to cope with changes due to their autism spectrum condition. There had been four changes to staff in the past year, and three of those staff members had transferred to other services operated by Education and Services for People with Autism (ESPA). Three new staff members had been employed and the vacant post was being covered by an experienced support worker from another service.

We looked at recruitment records for two of the newest staff members and spoke with staff about their recruitment experiences. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. Staff told us, and records confirmed, they had completed an application and had a formal interview as part of their recruitment. The provider had obtained references from previous employers and checked with the disclosure and barring service (DBS) before employing any new member of staff. This meant people were protected because the provider had checks in place to make sure that staff were suitable to work with vulnerable people.

Good

Is the service effective?

Our findings

Relatives told us the service was "very good" at meeting people's individual needs. One relative said, "It's definitely effective. There are not many services that could provide this particular type of care. They know specifically how to care for them." Another relative commented, "We couldn't ask for a better service. It's a high level of care." A relative told us, "He is tremendously well looked after. The staff never stop trying to find anything he responds to." Staff also felt the home provided a good service for the people who lived there. A support worker said, "I would recommend it to friends if they had relatives with autism. It's good quality and very autism specific." A staff member visiting from another service told us, "The staff are very knowledgeable about people's ways, even about the type of ground surface that they feel able to walk on."

Staff told us they received relevant training and "very good" support to meet the needs of the people who lived at the home. Staff had opportunities to attend a four day training course specifically designed for care professionals working with people with autism. Staff described the course as "very intensive but very helpful". In discussions staff commented on other relevant training they had attended, including courses on sensory awareness and communication methods. The registered manager was a qualified trainer in epilepsy awareness and provided this training to all staff. This was relevant because one person had epilepsy. Staff told us, and records confirmed, they received training in mandatory health and safety subjects including first aid, fire safety, food hygiene and infection control.

The registered manager commented, "We are lucky because we have specialists and resources within the ESPA organisation, so it's very supportive for people and staff. Staff get training from specialists in their field so they can tailor the training specifically to people's needs."

Relatives felt staff were very knowledgeable about each person's needs. One relative told us, "They get all the care they need. Most staff have been there for some time and they know her needs and specifically what she likes and doesn't like, and what she can manage."

All new staff received induction training before they started to work with people. We saw the induction training programme included all mandatory training, an introduction to autism training and the 'Studio 3' system training. A newer member of staff commented, "I had three weeks of induction training when I started. It was very in-depth and made me feel prepared for the job."

Staff were enthusiastic about their role and said they felt "valued" and enjoyed working at the home. Support workers told us they had individual supervision sessions with their line supervisor (either the assistant manager or senior support staff). The provider aimed for each staff member to have four supervision sessions a year. There had been a recent gap in staff supervision sessions, however each staff had had an annual appraisal of their performance and development with the registered manager. There was a planned schedule for supervision sessions for the rest of the year. The registered manager described her plans for future supervision sessions to also include discussions about positive behaviour support, safeguarding and DoLS to strengthen each staff's awareness in these areas. New members of staff had a probationary period where their on-going development and training needs were monitored. In this way staff told us they felt trained, competent and supported to carry out their roles.

Staff understood each person's individual abilities, including how they made choices about their meals. For example, some people could verbally indicate their meal choices and one person could make visual choices from two meal options shown to them.

The provider employed a cook who had worked at the home for several years and was very familiar with people's individual dietary needs. For example, some people needed a gluten-free diet, a sweetener-free diet or a soft diet. The cook and support staff worked closely with a speech and language therapist for one person who needed soft foods. The cook described how they used alternatives to make sure the person received a healthy diet that was easier to swallow. For example, using poached eggs instead of fried eggs. The cook told us, "All the food is delivered fresh and we shop for the special dietary items that can't be ordered."

The cook was aware of each person's activity timetable so she knew which days people would be in the house or out for lunch. She told us, "All the menus are based on healthy eating and it's all freshly made. If people are going out I can make them a packed lunch, but it's very flexible too and depends what they're doing that day."

Good

Is the service effective?

The home had a dining room where some people chose to dine. Other people ate in the lounge with staff. No one needed physical assistance with their meal but some people needed verbal prompts to eat at the right pace. Staff dined alongside people so they could make sure they were not at risk of choking whilst eating their meals. Staff kept a daily record of people's meals, a monthly record of each person's weight, and their nutritional health was regularly checked. This meant people were fully supported with their nutritional well-being.

Relatives told us people's health care needs were acted upon. It was clear from monthly health care records that people were supported to access community health services whenever this was required. Each person had an annual health check with their GP and regular reviews with specialist consultants about any specific health care issues, such as dietary and epilepsy needs.

The provider also employed a range of health care professionals to support the people who used its care services. These included psychologists, a behaviour manager, an occupational therapist and psychiatrists. This meant people had quick access to these services whenever needed. The provider held monthly meetings with the registered manager and health care professionals about each person's well-being. In this way each person's physical, mental, social and emotional needs were monitored and regularly reviewed.

Good

Is the service caring?

Our findings

Relatives told us the service was "very caring". One relative said, "She has a good relationship with all the staff and goes to them, which means she trusts them." Another relative commented, "Staff are very good with him. It goes way beyond 'care' with the staff, they really do care."

Staff were patient and calm when supporting people. Staff tried to make sure the home was a relaxing place for people to feel settled. People found it difficult to cope with too many choices so staff supported them by offering them a small number of options of the things they liked. One staff told us, "We use visual choices such as photos and pictures. We show people photos of staff so they can choose who supports them. Some people cannot make choices so we make their choices using their known preferences and what we know works well for them."

Staff were very familiar with each person's methods of expressing themselves. They explored different ways of supporting people to be able to communicate their choices and decisions about their own lifestyles. The provider employed a speech and language therapist who was involved in helping people with different communication methods. For example, one person had been supported by staff to use an iPad. Some people used pictures, set phrases and non-verbal clues to communicate their choices. For example, one person used foot-touch as a way of letting staff know how he felt. There was a care profile about how and why this person used physical contact to engage. In this way staff were knowledgeable and experienced in each person's specific communication methods.

Relatives felt staff understood each person's individual needs and how to support them. A relative told us, "Staff treat her very well. If she's upset staff are able to calm her down by holding hands with her." Another relative commented, "He's very comfortable there. He seems happy by the way he is."

Health and social care professionals made positive comments about staff attitude and their support of people who lived at the home. For example, a district nurse told us, "I have always found the staff to be helpful and caring." A care manager told us, "People's views are taken into account when planning care and consideration is given to the best interests of those who cannot express themselves or who do not have the mental capacity for independent decision-making."

Staff described how they supported people to retain as much independence as possible, and tried to ensure people's dignity and privacy were upheld. For example, one staff member told us, "We ask if it's ok to help them or to go into their bedroom and we always make sure bedroom and bathrooms doors are closed for them." Another support worker told us, "We know each person's needs and abilities very well. If a person doesn't take his clothes off at the swimming pool, we know this means he is choosing not to do it." One support worker told us, "It's all about people making their own choices in their own way and we respect that."

Relatives said they felt involved and included in the care of their family member. Relatives told us they were kept informed of any events and had a good relationship with the registered manager and staff. In a recent 'parents survey' relatives had confirmed they found staff "friendly and approachable" and "caring and supportive". People were helped by staff to visit their parents from time to time. One person was assisted to use Skype to keep in contact with their parent and also joined in activities, such as baking, with their relative at the provider's nearby activity centre.

Good

Is the service responsive?

Our findings

People had limited involvement in their own care records because of their limited communication and the complexity of their needs. However, people's care records showed that support plans had been developed to prompt staff to involve people as much as possible in their own care. For example, by offering people suggestions and choices from the things they liked. One person had a visual schedule of the daily routines to help them make sense of the pattern of each day. There were also care plans about how people communicated their feelings. This helped staff understand people's wishes and how they showed if they liked or disliked something.

Relatives told us they felt involved in planning and reviewing their family member's care. For example, one relative told us, "We get copies of the care plans so we know exactly what's being planned." Relatives confirmed they were invited to take part in six monthly and annual reviews about the care of their family member.

We looked at the care records for two people. Their care plans were very descriptive and showed how each person preferred to be supported. The care plans included guidance for staff on people's communication, understanding, decision-making skills and personal care. The care records described people's abilities as well as their support needs. This meant all staff had access to information about each person's well-being and how to support them in the right way. It was clear from discussions with staff they had a very good knowledge of people's specific needs.

The registered manager described how the service had access to an occupational therapist to help them develop creative ways of helping each person to understand the world around them. These included visual and sensory aids, structured programmes of activities and routines. For example, some people benefited from using vibrating toys, rough textures, scented baths and sensory activities such as trampolining and swimming.

Each person had a timetable of activities that included sessions at the provider's nearby day centre including art, pottery and IT, and at community facilities such as swimming pools. People had opportunities to go out each day, such as for walks, shopping or meals out. People's choices about whether to engage in these activities were respected. For example, on the day of this visit one person had chosen to go for a walk but had changed their mind. Staff understood the person felt insecure because unfamiliar people, including workmen, were in the house. Staff supported the person to spend some relaxing time in their favourite room listening to music because they knew this was something the person enjoyed and helped them to feel at ease.

Care records showed that people's needs were continuously reviewed by the staff at the home, and six monthly and annual reviews were held with care professionals and relatives. A care manager told us, "As far I can tell, ESPA do respond quickly to any change in need. All matters involving a service user's care are drawn to my attention and ESPA are considerate towards others. For example, one person's relative is unwell and cannot attend their review, therefore ESPA have arranged to have the review at the relative's house. This shows consideration for others and a willingness to be flexible with work practices."

Relatives told us the service responded quickly if people's needs changed in any way. One relative told us, "They are very good at getting the doctor or medical advice if someone is feeling unwell." Another relative commented positively on the way the home had arranged home visits by a dentist as their family member needed frequent support with this.

A nurse told us the service had worked well with them to support the specific health needs of one person. They commented, "Together with the staff we developed a pathway of care for the management of a client and referral to our service was appropriate. I found all staff to be very open to ideas and very responsive when we developed the pathway."

The provider had a complaints procedure which was available to people, relatives and stakeholders. The procedure was also available in an easy-read and picture version to help people understand this. Although most people at this service would not be able to comprehend this information, staff were clear about recognising people's demeanour or behaviour to show if they were dissatisfied or unhappy with a situation.

Relatives confirmed they had been given written information about how to make a complaint. They said they would feel comfortable about raising issues with the registered manager if they needed to. One relative

Good

Is the service responsive?

commented, “I’ve never had to make a complaint, but I feel I can mention anything. They do take on board anything I’ve suggested, even if it’s something small, like about clothes.”

There had been no recent complaints made about this service. The complaints reports were held in a hardbacked book and included details of previous complaints dating back to 2002. The registered manager agreed that any future complaints could be recorded on individual forms to ensure these could shared confidentially with relevant people.

Good

Is the service well-led?

Our findings

Relatives said the service was well-led by the provider and registered manager. One relative commented, "It's a superb service and very well run." Another relative told us, "Amanda is a good manager. There are also plenty of senior managers for her to report to so they are accountable and they check how its run."

People were offered opportunities to comment on the service they received in an easy-read, picture survey. However people's complex needs meant they would need staff support to complete these.

Relatives said they felt able and encouraged to make suggestions or comments about the service. We saw copies of the 'parent survey' for 2014 which had been completed by five people's relatives. Relatives were asked to show whether they were happy with the care, whether they had opportunities in making decisions and whether the provider maintained high standards of safety and care. The results were positive with all five relatives "strongly agreeing" that they would recommend the service. All five relatives also agreed or strongly agreed that they were kept informed and their views were listened to. A relative told us, "It's specifically for people with autism. I couldn't think of any improvements that they could make."

The home had a registered manager who had been in post for over five years. The staff team included an assistant manager and senior support workers who provided support to the staff team. The registered manager and staff described the culture of the home as "open" and "all about the people". The registered manager told us, "We have an open culture and I have an open door for all staff. Staff will tell me if a new staff member has spoken a little sharply due to their inexperience, and we keep the culture open like this."

Staff said they felt able to make suggestions for improvements both formally and informally. Staff were able to take part in an annual staff survey (although the results were not yet collated for this year). Staff also felt able to offer suggestions for improvements informally. For example, one staff told us they had suggested using a mug of soup rather than a bowl for one person to help their independence and this had been put into practice.

Staff told us the registered manager was approachable, open and supportive. One support worker commented, "I feel really appreciated for the job I do. It makes me feel valued." Another staff member told us, "I fell well supported by ESPA and the manager. I could approach any of the managers if I needed to." The registered manager told us, "I find all the staff are passionate about the people and about the service. Any little staff niggles are always about making the service better for the people who use it."

A care manager told us, "Commenting as an observer it appears to be well run and organised and the service is structured to address the care needs of the people they look after in a way that is safe and supportive."

The provider had a range of senior managers who supported the organisation and were responsible for checking the quality and safety of the service. Any incidents or accidents were reported to senior managers and monitored for any trends. Any incidents involving people's behaviour were reported and monitored by the behaviour manager.

The former quality assurance manager had left the organisation late last year. Since then the home had had two quality assurance visits from other senior managers. However there were no reports or action plans from these visits. The registered manager described a new system that was proposed for quality monitoring visits. The new system would involve 'peer review' visits at least six times a year by managers of other services operated by the provider. These visits would monitor areas such as involvement and information for people, safeguarding and safety, equipment, resources, the building, personal spaces, staff and quality of life. At the time of this inspection 7 The Cedars had not yet had a 'peer review' visit.

The registered manager made sure her own professional development was kept up to date and she was well-informed about proposed future changes in social care. For example, she had recently attended training for managers in the national proposals about social care commitments and the duty of candour. The registered manager was also involved in local initiatives including an Improving Health group and the regional Tyne and Wear Care Alliance group. In this way she recognised the benefits of networking with other care agencies to share resources and inform best practice.