

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

Date of inspection visit:

14 June 2023

19 June 2023

26 June 2023

11 July 2023

Date of publication:

14 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

North East Autism Society provides care and support to people living in 19 'supported living' settings where people are supported to live as independently as possible in their own accommodation. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection there were 29 people using the service who had a learning disability and or autism.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

Appropriate guidance was not always in place for medicines administration. We have made a recommendation about this.

Staff supported people to play an active role in maintaining their own health and wellbeing. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced. This work was being continuously developed and new software was being introduced to improve the analysis of data and share best practice with staff. People were supported by staff to pursue their interests. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received kind and compassionate care which supported their needs and focused on their quality of life. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. There was an ongoing recruitment campaign to minimise the use of agency staff. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People and those important to them, including advocates, were involved in planning their care. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 September 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for North East Autism Society on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

North East Autism Society

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

1 inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 19 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection, to be sure that the provider or registered manager would be in the office to support the inspection and so the provider could make arrangements with people for an inspector to visit them in their home.

Inspection activity started on 14 June 2023 and ended on 11 July 2023. We visited the location's office on 14

June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 2 supported living locations and met with 6 people who used the service. We spoke with 10 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, assistant managers, team leaders and support workers. We received written feedback from a further 7 members of staff.

We reviewed a range of records. This included 8 people's care records and 6 medicine records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines records did not always include sufficient information to guide staff around correct administration practices. In one location a person was receiving their medicines covertly, hidden in food, but the records relating to this did not accurately reflect the practice we observed. Guidance from the pharmacist contradicted the information provided by staff and the care plan did not include specific guidance around how to ensure these medicines were safely administered. At another location, guidance was not in place around 'when required' medicines. Nobody had been harmed as a result of these omissions and action was taken immediately to ensure robust guidance was put in place.

We recommend the provider consults current best practice guidance around medicines records and reviews support plans in line with this.

- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible. One relative told us, "Staff have a high understanding of [my family member's] medication and manage it well."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One member of staff told us, "The North East Autism Society provides comprehensive induction training regarding this issue and then ongoing training is accessed through an e-learning portal. I know what I should look out for and would be more than happy to put my head above the parapet to report anything."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One relative told us, "We cannot praise them highly enough. As parents we are very happy and relaxed."
- People's care records helped them get the support they needed and included important information about minimising risk. Staff kept accurate, complete, legible and up-to-date records, and stored them

securely.

- Staff could recognise signs when people experienced emotional distress. Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. The provider was working on a project designed to reduce the need for restraint even further.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The provider ensured the service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. There had been difficulty recruiting staff which had been mitigated via the use of agency staff.
- The provider was actively seeking to fill vacancies and reduce their reliance on agency staff. One relative told us, "It has been a bit of a nightmare with use of agency staff and staff changes." Another relative said, "Initially there were a few agency staff. Now [my family member] has 5 staff on a rota, they like them all and they're happy."
- Staff recruitment and induction training processes promoted safety. Appropriate pre-employment checks were undertaken such as reference requests and staff completed comprehensive induction training prior to starting work in a supported living setting.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for helping people keep their homes clean and hygienic. One relative told us, "Staff clean [my family member's] flat, Saturday is chores day and [my family member] helps by stripping their bed, putting things in the washing machine, and washing up."
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date. Staff were aware the policy and received training in this.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. A new software program was being developed to improve the way data was collected and analysed for patterns and trends.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One relative told us, "I can just pick up the phone. I can talk to the area managers like friends. We did have issues we weren't happy with. They listened to us and it was all sorted out."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One member of staff said, "Our opinions, ideas and questions are accepted and valued. I've never felt silenced, I've always felt confident to speak my mind."
- Staff felt respected and supported by senior staff. One member of staff told us, "[Registered manager], in particular, has shown professional kindness, support and genuine concern for our wellbeing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and good oversight of the service they managed.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. New training on autism and neurodivergence had recently been developed and was being rolled out later in the year. One member of staff told us, "[Team leader] encourages us to embrace training opportunities, to keep current and fresh with ideas." □
- Staff were able to explain their role in respect of individual people without having to refer to documentation. We saw that information staff told us in conversation was reflected in people's support plans and observed it being put into practice as staff provided support to people.
- The service apologised to people, and those important to them, when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were encouraged to be involved in the development of the service. Regular monthly team meetings were held, and staff gave examples of where their ideas had been put into action. One member of staff said, "We suggest activities and places to visit. Where feasible, they are well received."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Staff encouraged people to be involved in the development of the service. One relative

told us, "There are house rules that [my family member] created and they have house meetings. [My family member] can say what they want and if things are achievable staff make it happen."

Continuous learning and improving care; Working in partnership with others

- The provider invested sufficiently in the service, embracing change and delivering improvements. New software was being developed to reduce the use of physical intervention and a new 5 day training programme had been developed in partnership with the University of Sunderland.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service/ the wider system.