North East Autism Society

Ashton Way

Inspection report

2 Ashton Way
East Herrington
Sunderland
Tyne and Wear
SR3 3RX

Tel: 01915282084

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Ashton Way is registered to provide accommodation and personal care to a maximum of three people who have autism spectrum disorder. Three people were using the service at the time of inspection.

At the last inspection in June 2015 we had rated the service as good. At this inspection we found the service remained good and all domains apart from the caring domain met each of the fundamental standards we inspected. We found the caring domain exceeded the fundamental standards.

Some people were unable to tell us about the service because of their complex needs. People were well cared for, relaxed and comfortable in the home. Staff knew the people they were supporting well and we observed that care was provided with patience and kindness.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were other opportunities for staff to receive training to meet people's care needs. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes being used when staff were employed.

Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. There were enough staff available to provide individual care to people. Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making approaches, when people were unable to make decisions themselves.

People were involved in decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

All of the people were encouraged to develop their independent living skills. They were supported to become as independent as possible whatever the level of need, to enable them to lead a more fulfilled life.

Staff upheld people's human rights and treated everyone with great respect and dignity. Every effort was made to help people communicate their needs and wishes, including the use of communication technology, so that care could be tailored to the individual person.

Care records were personalised, up to date and accurately reflected people's care and support needs. The support plans included information about peoples' likes, interests and background and provided staff with detailed information to enable them to provide effective, person centred care that promoted people's independence.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. 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 received their medicines in a safe and timely way. They received a varied diet and had food and drink to meet their needs.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were supported to contribute and to be part of the local community. Relatives and visitors were very positive about the care provided.

Staff and visitors said the manager was approachable. Communication was effective to ensure staff and relatives were kept up to date about any changes in people's care and support needs and the running of the service. The provider continuously sought to make improvements to the service people received. The provider had effective quality assurance processes that included checks of the quality and safety of the service

Further information is in the detailed findings below,

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good

Is the service effective?

The service remains good.

Good

Is the service caring?

The service is outstanding.

Outstanding ☆

Is the service responsive?

The service remains good.

Good

Is the service well-led?

The service remains good.

Good

Ashton Way

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 checked 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 comprehensive inspection took place on 29 August 2017 and was unannounced.

It was carried out by an adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with two relatives, one visiting health care professional, the registered manager and three support workers. We looked around the home. We reviewed a range of records about people's care and how the home was managed. We looked at care records for two people, recruitment, training and induction records for four staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and relatives, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

Staff spoken with and training records looked at confirmed safeguarding training took place. Staff were aware of the procedures they would follow should they suspect abuse. They expressed confidence to us that the registered manager would respond to and address any concerns appropriately. There were also procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team.

We considered there were sufficient numbers of staff available to keep people safe and with the appropriate skills and knowledge to meet people's needs. There were three support staff on duty during the day and four support staff in the evening, these numbers did not include the registered manager. Overnight staffing levels included one person who slept on the premises and one waking night staff member.

Risk assessments were in place that were reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for choking and distressed behaviours. At the same time they gave guidance for staff to support people to take risks to help increase their independence. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring.

Staff had received positive behaviour support training. They also used positive support behavioural guidance specific to each person which advised distraction techniques and other measures to calm and help reassure the person and detailed records showed this was used with some success. One visiting health care professional was very positive about the support provided by staff. They told us, "Staff are proactive and keep us involved. They're very good at following our advice and guidance to support the person."

Positive behaviour support plans were in place for people who displayed distressed behaviour and they were regularly updated to ensure they provided accurate information. Support plans contained detailed information to show staff what might trigger the distressed behaviour and what staff could do to support the person. They provided guidance for staff to give consistent support to people and help them recognise triggers and help de-escalate situations if people became distressed and challenging. A visiting health care professional told us, "[Name] used to be heavily medicated. Within six months of coming to live here their medicines had been able to be reduced."

A system was in place for people to receive their medicines in a safe way. 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.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately

recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before applicants were offered their job. Records of other checks were available and up to date. Application forms included full employment histories. Paperwork was also available to confirm a person's identity. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

Good

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. Visitors we spoke with praised the staff team. One visitor told us, "They're an experienced staff team." Staff told us they were trained to carry out their role. One staff member told us, "We receive plenty of training." Another staff member commented, "I've done positive behaviour support training."

Staff were trained in a way to help them meet people's needs effectively. New staff had undergone an induction programme when they started work with the service. Staff undertook the Skills for Care, Care Certificate to further increase their skills and knowledge in how to support people with their care needs. (The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.) New staff shadowed more experienced workers until they were confident in their role.

Staff made positive comments about their team working approach, the support they received and training attended. Staff told us, and records confirmed, they attended training relevant to their role, people's needs and safety. All staff were expected to attend key training topic at clearly defined intervals. Topics covered included health and safety and care related topics, including introduction to autism and communication, sensory and behaviour awareness and basic life support.

Staff told us they received supervision and appraisal. This allowed staff to be supported in their role and to continually develop their skills. They told us they could access day to day as well as formal supervision and advice and were encouraged to maintain and develop their skills. One staff member commented, "I can request additional supervision if I want." The registered manager told us the staff team had achieved 99% compliance in staff training and competency within the organisation,which we confirmed when looking at the staff training matrix.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that three people were currently subject to such restrictions.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records

confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests.

People enjoyed a varied diet. They were offered regular drinks and snacks throughout the day in addition to the main meal. We observed staff blended nutritious 'smoothy' drinks with fresh fruit and vegetables to promote people's nutritional intake. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Risk assessments were in place to identify if the individual was at risk of choking. Some people had specialist needs regarding how they received their nutrition and staff received detailed guidance and support to ensure these needs were met.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from a different health professionals. For example, the GP, district nursing service and community mental health team. People also had access to dental treatment. The organisation employed a speech and language therapist and people had access to an occupational therapist. Relatives told us they were kept informed about their family member's health and the care they received. One relative told us, "Communication is excellent, we're kept well informed about [Name]'s progress and if they are unwell."

Outstanding ☆

Is the service caring?

Our findings

During the inspection there was a happy, relaxed and pleasant atmosphere in the service. Staff appeared to have a good relationship with people and knew their relatives as well. One staff member told us, "The three people get on together and this has helped to settle [Name]." Staff were not rushed in their interactions with people. Staff spent time chatting with people individually and supporting them to engage with activities. We saw that where people required support it was provided promptly and discreetly by staff.

Some people had complex and challenging needs and staff responded and provided compassionate care and support. The ethos of the service was for people to receive person centred care, that promoted their independence whatever the level of need. Observations and conversation with staff and visitors showed that this ethos was adhered to. As a result people's quality of life was improving. Staff understood and interpreted people's non-verbal communication, which enabled people to engage more with those around them. Staff were also helping some people to communicate and express themselves in a more socially accepted way, that was benefiting the person as they relaxed and built up trust.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received an induction when they started to work with the organisation and at the service to make them aware of the rights of people with autism spectrum condition and their right to live an "ordinary life." The culture promoted person centred care, for each individual to receive care in the way they wanted.

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, records and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

Staff received training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. They were aware of and respected the cultural beliefs and traditions of people including their dietary needs.

Staff were warm, kind, caring and respectful with people and people appeared comfortable with them. Staff were patient in their interactions and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. This guidance was also available in people's support plans which documented how people liked and needed their support from staff. For example, one support plan stated, 'Staff knock on [Name]'s door at 9:00am and say good morning.' 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.

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, one communication care plan stated, '[Name] can follow instructions containing two keywords….All communication should be positive as

they do not respond to the words no and don't.' The information included signs of discomfort when people were unable to say for example, if they were in pain or unwell. People also used apps that had been programmed on their individual Ipad to assist with their communication and to help them make their needs known.

People were encouraged to make choices about their day to day lives and staff used pictures, signs and symbols to help people make choices and express their views. For example, "[Name] is able to make a choice of what they'd like to eat." For another person, 'I will use my Ipad to indicate what I want through the evening and make choices.' Staff were aware that some people needed a limited number of choices.

Staff were observed to use 'Tacpac' a method of communication that had been personalised by a speech and language therapist and a staff member to help a person who displayed distressed behaviour and had limited communication and interaction. With the help of the staff member a sensory and sound pack had been developed with tactile objects of interest to the person and soothing music they liked to listen to. As the person engaged, felt the object and listened to music they relaxed and we were told they had started to respond and to relax. The sessions had also helped the person to concentrate.

Staff respected people's privacy and dignity and provided people with support and personal care in the privacy of their own room. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. We observed staff recognised the signs and supported a person when they were communicating non-verbally they wanted a shower, if they had not known the signs we were told the person would have communicated this in a non-positive way that would not have promoted their dignity. They responded immediately and the person's dignity was protected. We saw staff knocked on a person's door and waited for permission before they went into their room.

There was information available about advocacy services and how to contact them. The registered manager told us one person had the involvement of an advocate. Advocates can represent the views for people who are not able to express their wishes. They told us an Independent Mental Health (IMHA) was involved with a person due to best interest decision making.

Good

Is the service responsive?

Our findings

People were encouraged and supported to engage with a variety of activities and to be part of the local community. People received care and support that was personalised and responsive to their individual needs and interests. The registered manager told us a holiday to Scarborough was planned for two people. People attended college or day placements run by the provider. They were supported to access the community and try out new activities as well as continue with previous interests. Records showed they were supported with a range of activities and these included trampolining, bowling, television, horse riding, hydrotherapy, disco, massage, trips to the pub, shopping, walking, meals out, relaxation therapy, computing and music. The home owned a minibus and people had enjoyed trips to the coast, countryside, Sealife centre, Durham, South Shields, Alnwick Gardens and other places of interest.

The registered manager told us the service had previously been registered as a childrens service as it supported some of the people when they were children. When they became young adults of 18 years, the service had adapted and registered to provide care to adults so they could continue to provide care and support to the people already living there. This meant people did not have to go through the trauma of the change of accommodation and staff as their needs could continue to be met.

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 provided guidance of how these needs were to be met. For example, with regard to nutrition, distressed behaviour, personal care, epilepsy, mobility and communication. The registered manager told us one person was learning to use public transport supported by staff.

Staff responded to people's changing needs and arranged care in line with people's current needs and choices. Records showed regular meetings took place with people. Individual monthly meetings took place to review their care and support needs and aspirations for the following month. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans. People's risk assessments and care plans were evaluated monthly to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences. People had keyworkers (a named staff member) who was responsible for aspects of record keeping.

Other information was available in people's care records that was relevant to the individual. Records contained information about people's likes, dislikes and preferred routines. For example, '[Name] sits at the back of vehicle, can put their seat belt on and likes music whilst driving', '[Name] is supported to visit the pub on a regular basis as this is something they enjoy. They can make a choice from their favourite foods on the menu' and '[Name] likes to listen and dance to music.'

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends. One visitor told us their relative visited one day each weekend.

A copy of the complaints procedure was displayed. A record of complaints was maintained. No complaints had been received since the last inspection. One relative told us, I'd speak to the registered manager if I needed to raise any issue."

Good

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in 2015.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager was open to working with us in a co-operative and transparent way.

The registered manager was enthusiastic and had introduced ideas to promote the well-being of people who used the service. Staff and visitors we spoke with were positive about their management and had respect for them. They told us the service was well led. They said they could speak to the registered manager, or would speak to a member of staff if they had any issues or concerns. Staff and relatives said the registered manager was supportive and accessible to them. One staff member told us, "The registered manager is very approachable."

The registered manager was supported by a staff team that was experienced, knowledgeable and familiar with the needs of the people the service supported. The staff team was very stable with a number of staff having worked in the home for some years. We were told communication was effective and staff meetings were held to discuss the running of the service.

They registered manager told us they were well supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the home. Regular meetings were held where the management were appraised of and discussed the operation and development of the home.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received an induction when they started to work with the organisation and at the service to make them aware of the rights of people with autism and their right to live an "ordinary life." The culture promoted person centred care, for each individual to receive care in the way they wanted. 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, records and talking to staff that people were encouraged to retain control in

their life and be involved in daily decision making.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who lived in the home. The audits consisted of a wide range of weekly, monthly, quarterly and annual checks. They included the environment, health and safety, accidents and incidents, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. 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. A monthly risk monitoring report that included areas of care such as accidents, incidents, safeguardings, complaints and personnel issues was completed by the registered manager and submitted to head office for analysis. Regular monthly analysis of incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re- occurrence.

Monthly visits were carried out by a representative from head office who observed and spoke to relatives, people and staff regarding the standards in the home. They also audited and monitored the results of the audits carried out by the registered manager. All audits were available and we saw the information was filtered to ensure any identified deficits were actioned.

The registered 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 the service and staff.