Autism Sussex Limited

Autism Sussex Domicilliary Care, East Sussex

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Autism Sussex Domiciliary Care, East Sussex provides personal care and support for people living in their own homes. The service is provided to adults with autistic spectrum disorders and some people will have learning disabilities and or mental health conditions. Although people received support in a range of areas our inspection was centred only on the personal care element of care and support. At the time of our inspection there was only one person in receipt of personal care.

There was a registered manager in post. 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.

This comprehensive announced inspection was carried out on 10 and 11 January 2017.

There were a number of areas where record keeping was not effective, for example, organisational quality assurance systems were in place but the systems for following up on shortfalls were not effective. The service was moving to a new system for storage of staff recruitment records so a number of documents were held at the head office. These areas were highlighted as areas to improve.

The manager and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The person was supported to make a range of choices and decisions on a daily basis and when more complex decisions were required their family members assisted them. An advocate had been used in relation to supporting the person's choice of accommodation and in assisting them with communication generally.

Staff had a good understanding of the person as an individual, their needs and interests. The person was supported to attend their day centre and to attend activities of their choice.

Whilst we only looked at how the organisation supported people with personal care, documentation provided a holistic assessment of the person's needs, including what they could do for themselves and the support given to them to live their lives. The support plan clearly stated the aspects of personal care that were to be provided. Where risks were identified risk assessments had been carried out to minimise the risks of accidents occurring.

All staff completed basic training and more specialist training was provided for staff on various aspects of autism and how to support people with specific needs. There was a thorough induction to the service and staff felt confident to meet people's needs before they worked independently with them. Staff received regular supervision and support from management which made them feel valued. Staff spoke positively about the way the service was managed and the open style of management.

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 enough staff to meet the person's needs safely.

Staff knew how to recognise signs of abuse and knew how to report concerns.

Where risks had been identified risk assessments were carried out to assess the actions to take to minimise the risk of accidents.

Is the service effective?

Good

The service was effective.

The manager and staff understood their responsibilities in relation to the
Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

New staff received a thorough induction to the service.

Staff sought the person's consent before providing all aspects of care and support. Staff received appropriate training to fulfil their role.

Is the service caring?

Good

The service was caring.

Staff knew the person well and displayed kindness and compassion when supporting them.

The person's privacy and dignity was respected.

The person was supported in a way that suited their needs.

Is the service responsive?

Good

The service was responsive.

The person knew who to speak with if they had any concerns or

worries.

Support plans included advice and guidance about how the person's needs should be met.

The person had regular opportunities to take part in activities of their choice.

Is the service well-led?

Requires Improvement

The service was not always well led.

Organisational quality assurance systems were in place but the systems for following up on shortfalls was not effective.

There was a positive and open culture at the service. Staff told us the registered manager was supportive and approachable. They were readily available and responded to what the person and staff told them.

There were good systems in place to ensure staff had opportunities to meet up regularly and to be kept up to date with the running of the service.

Autism Sussex Domicilliary Care, East Sussex

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.

Autism Sussex Domiciliary Care East Sussex is registered to provide personal care. Support is provided to individuals living in their own home. At the time of our inspection there were 43 people using the service. Although people received support in a range of areas we only inspected the personal care element of their care package and there was only one person in receipt of personal care.

This inspection took place on 10 and 11 January 2017and was announced. When planning the inspection we took account of the size of the service. As a result, this inspection was carried out by one inspector without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services. We contacted the service two days before our visit to let them know we would be coming. We did this because staff were sometimes out of the office and we needed to be sure that there would be someone available.

Before our inspection we reviewed the information we held about the service, including previous inspection reports. We considered information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spent time at the registered office in Gensing Road. As part of the inspection and with their permission, we visited one person in their home, spoke with them and with their relative. During our inspection we met with the registered manager and one of the deputy managers. We also spoke with a senior support worker and three support workers.

We also asked the provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and this helps to inform some of the areas we look at during the inspection. This was provided before our inspection and informed the planning of the inspection.

Good

Is the service safe?

Our findings

The person supported told us, "I feel safe here, its's quiet. I like having neighbours close by." The person's relative told us that they were confident that if care staff had any concerns for their relative's safety they would contact them immediately.

The person supported was responsible for taking their own medicines but with their agreement staff checked that they had taken their medicines and kept a record that this had been done. All staff had completed training on medicines. The person knew what medicines had been prescribed and what they were taking them for.

Risks of harm and abuse were minimised because staff had an understanding of different types of abuse and knew what action they should take if they believed the person was at risk. There were policies and procedures available to guide staff in safeguarding people from abuse. This was supported by a programme of training. Staff told us they had received training in safeguarding and were able to tell us signs of abuse, what they would do if they suspected abuse and who they would report it to. This training is important and helps to ensure staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected.

Risk assessment documentation in support plans had been updated at regular intervals and new assessments were written when new activities were introduced. Following a minor accident that occurred in the kitchen, a risk assessment was written with advice for staff regarding the support to be provided to minimise the risk of a reoccurrence. Staff were aware of the measures in place.

The person lived in a property that was rented from a housing association. The property therefore did not form part of this inspection. However, there were systems in place to ensure the premises were safe and that regular checks were carried out by staff in relation to the environment. All staff had received fire safety training and the person had a personal emergency evacuation plan. Staff and the person were clear about what they would do in the event of a fire.

There were enough staff to meet the person's needs safely. The person was funded to receive a set number of hours each week. An additional number of hours a year had recently been agreed to provide support in an emergency, to cover situations such as the person not being well and unable to attend their day centre. It was noted that this had been the case and already about half of the agreed additional hours had been used. The registered manager confirmed that they would be seeking additional funding to ensure that this type of unplanned care could be provided and they said that until it was agreed, they would continue to ensure that the person was supported as and when needed to meet their needs. The person's relatives told us that Autism Sussex had been, "Really good. We know how good they are and know how flexible they are." There were clear on call arrangements for evening and weekends and staff knew who to call in an emergency. Staff told us there were enough staff to meet the person's individual needs. The person told us that they received a rota a week in advance so that they knew who would be supporting them. If there was staff sickness or unplanned support this would be covered by staff working overtime or relief staff.

Good

Is the service effective?

Our findings

The person received support from staff that knew them well and had an understanding of how to support them appropriately. Their health needs were met and there were good systems in place to ensure they attended a range of healthcare appointments.

Staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. 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.

We checked whether the service was working within the principles of the MCA. There were no restrictions in place. The person told us that they made their own decisions about how they chose to live. An advocate had been used to support the person in making the decision to move to supported accommodation but the person told us that the ultimate decision was theirs and they said, "I know I made the right decision." Staff told us that since the person had moved to the service they had not had to make any complex decisions but that should the need arise they were confident that with the right support systems in place the person would be able to make informed decisions.

There was a commitment to ensuring staff had the necessary skills to carry out their roles effectively. The training programme and records showed that the majority of staff had completed all essential training and where renewals were due; timescales for achievement had been set. Staff told us they received training which included safeguarding, mental capacity and DoLS, infection control and medicines management.

The service had assessed that the online training that staff completed had not been sufficient on its own to ensure staff had the skills to meet people's needs. As part of their quality audit they had looked at what they could do as a service to improve. As a result they had looked at other courses and speakers they could invite to team days. Within the last year they had invited a person with autism (person not supported by Autism Sussex) to give a talk to staff about issues like, 'not informing people of change' and 'being late' and how simple things like these can have a big impact on people with autism. The registered manager told us they had received very positive feedback from the staff team about the talk. They said they had looked at issues with people such as 'what you do if you come home and the staff member is not there.' We asked the person supported if they were always told if a staff member was going to be late or if changes were made to their support and they confirmed that they were. During our inspection we saw that when a staff member was late as a result of a train delay, the person was told and the staff member already present stayed on until the staff member arrived.

All staff completed online training on autism. A number of staff were in the process of completing a more advanced course on autism and were using a workbook to support their learning. The registered manager

said that is was their intention that all new staff would complete this workbook. Two staff had completed training on the mental health act and sexuality and consent and the registered manager and two staff had completed an autism practice day in November 2016. Further courses had been booked for staff for example on 'anxiety from the autistic perspective.' The manager was clear that when staff attended training, any learning from courses was discussed at team days and they discussed how this could be put in practice in the workplace. Staff confirmed that this was the case. A newly appointed staff member told us that the training received had been very helpful in understanding the condition and how it affected the person particularly in relation to communication. This combined with the detailed guidance in the support plan had made meeting the person's needs much easier.

As part of the commitment to ongoing training, with the exception of one staff member all staff had completed a health related qualification at level three or above. One staff member had completed a level five qualification another two staff were completing this qualification. This showed the service was striving to drive improvement and to ensure staff had the skills they needed to meet people's identified needs.

There were effective systems to enable new staff to develop competence in their role. A staff member told us that the induction was very thorough. There was time to get to know the policies and procedures and to read through support plans before providing care and support. They said they felt, "Very supported." When they started working on their own, there were regular phone calls from the office to check they were ok and there was a spot check to ensure the support provided was appropriate. They said they were given lots of reassurance.

On completion of induction staff who had not previously worked in care went on to complete the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Systems to ensure staff received appropriate support; supervision and appraisal to make sure competence in their role were maintained. Senior staff provided supervisions for support workers and the registered manager provided supervision for senior staff. These meetings enabled staff to talk about their work and any areas of training or development they may require. Staff told us they received regular supervision and felt supported by their line manager. A staff member said, "I don't hold aback, what I say is acted upon and I get feedback, my supervisor always tries to resolve issues."

The person was supported to maintain good health and received on-going healthcare support. A professional had recommended particular exercises that staff had supported the person in doing. However, staff said that the person now did these independently and they just checked that they had been done. The person had a specific health condition that had had a big impact on their life. Staff told us that the person's relative had spoken with them individually to ensure that they had information about the condition and about possible signs they should be aware of, should the condition reoccur. The person's relatives continued to support the person with health appointments and they worked closely with the service to ensure that they were kept informed of the outcome of health appointments. They were clear that this was a role that would gradually pass to staff to provide support.

Good

Is the service caring?

Our findings

The person supported told us that they liked the staff who supported them and that they made sure they had opportunities to do the things they enjoyed doing such as swimming and going to shows/theatre. The person's relative was positive about the care their family member received. Staff were passionate about providing care that was individualised and ensured the person who used the service fulfilled their goals.

During our visit we observed that staff treated the person with kindness and respect. Staff knew the person well, and care and support was offered in a friendly and caring way. Staff were knowledgeable about the person's likes, dislikes, support needs, and things that were important to them. Staff told us the communication book they kept ensured that staff coming on shift had all the information they needed to ensure the person was supported well. The person's relative said, "Staff are person centred, all of them." They support (person) to plan their day and to do the things they want to do.

The persons support plan and daily records and charts were stored safely within the staff office/sleep in room to ensure confidentiality was maintained. The support plan gave advice on how they person liked to be supported; their individual likes and dislikes, their dreams and aspirations and information about how staff should support them to maintain their dignity. Staff were able to give us examples of how they maintained the person's privacy and dignity. For example they said they ensured their doors and curtains were always closed when personal care was given.

A staff member told us that they always respected the person's privacy and gave the person the choice of whether they wanted to be on their own or if they wanted staff to sit with them and they respected their decision. Decisions made were recorded in the daily records.

Staff were skilled in communicating effectively. All of the staff knew that when supporting the person it was important to use short sentences, to given them time to process information, and to respect the choices and decisions they made.

We observed that staff and the person's relative respected that the flat was the person's home. For example, if they wanted to use the bathroom they requested the person's permission. Staff reminded the person to have occasional drinks as they said if they didn't, the person might get dehydrated. This was done in a friendly, caring way and the person was appreciative of this. The person was very talented with cross stitch and there were a number of very intricate pieces displayed in their lounge which gave a very personal touch to the room. Staff told us that the person enjoyed keeping their flat clean and tidy and that they were very proud of their first independent home. The person confirmed this.

The person continued to maintain important relationships. They spent a lot of time with their family who visited regularly and they had invited other family members to their flat at Christmas time to visit.

Good

Is the service responsive?

Our findings

The person received support that was personalised to their individual choices and preferences. They were independent with most living skills so staff tried to be unobtrusive but were there to guide and offer support when appropriate and to provide company when needed.

Whilst we only looked at how the organisation supported people with personal care, the support plan provided a holistic assessment of the person's needs, including what they could do for themselves and the support given to them to live their life. The person required female staff support with hair washing two to three days a week and this was provided. However, the person's relative had made a recent request that the days be spaced out more evenly throughout the week. The registered manager told us that this request could be accommodated but would take a while to implement as it would require adjustment to the rotas.

Activities were planned weekly but were changed in line with the person's wishes. A log book was kept to record the activities that the person had chosen to take part in and the support that had been given. Regular activities included attendance at a day centre five days a week. Staff also supported the person to attend swimming and a regular disco and to take part in other activities of their choice in the local area. Swimming was an important part of the person's life and family also supported them to attend a coaching session once a week.

The person's needs had been continually reviewed. Since the person had moved into supported accommodation a six week review had been held which had been attended by the person, their advocate, social services, relatives and the person's keyworker. The person's keyworker told us that on a weekly basis they spent time with the person discussing their wishes and choices and sought feedback on the service provided. A six month review had also been planned.

We were told that the person took time to get to know staff and to feel they could trust them. They told us that if they had a problem or a worry they often contacted their relatives rather than spoke with the staff member who supported them. This meant that the relative often dealt with the problem and informed the service of the outcome. The relative told us that this was not helped by the large number of carers that provided support. It was noted that whilst there was often a small core of staff that provided support this had been increased to accommodate the additional support provided for sickness or unplanned care and to cover annual leave around the Christmas period. It was expected that this would settle. The relative was clear that it was still early days and they were happy to provide this support but hoped that the person would gain independence in seeking support. Staff confirmed that they had started to look at strategies to enable the person to make a call or seek assistance if they needed reassurance or support. The person's advocate had recently spent time with the person looking at communication and in the days before the inspection had sent correspondence with advice and suggestions to build on progress made.

A staff member told us that the person didn't complain but they said you have to be observant and you can see little signs for example, "Facial expressions when they are speaking show if they are unhappy and if they are very unhappy they appear distressed." They said, "When they are like this you question gently, but you

have to be careful you don't put words in their mouth because they often repeat the last thing said so you gradually check out what the problem is." This reflected the advice in the person's support plan and demonstrated that staff knew how to support the person.

The complaints procedure provided information about the process for responding to and investigating complaints. There had been no formal complaints received. The person knew that there was a complaint process that they could use if they had any concerns but they chose to raise any worries with their relative in the first instance. The relative told us that the service had always listened to what they said and the keyworker had always acted on what they said. There was a calendar that the family put family events or recorded times when they would be supporting the person and this aided clear communication and security for the person.

Since moving to the service the person had not had the opportunity to be involved in staff recruitment but we were told that there would be opportunities in the future for this to happen if they chose to. However, we found that as part of the assessment process the service looked at the person's likes and dislikes and tried to match care staff that had similar interests. For example the person supported had a love of musicals and going to the theatre and a staff member who supported them shared this interest and they enjoyed supporting them with this pastime.

The person had a mobility car which had greatly improved their independence and allowed them to get out and about which they really enjoyed. The relative told us that this was hampered sometimes if there was not a driver on duty. The records reflected the balance between use of public transport, taxis and the car and staff told us that when they supported the person to plan activities they tried to ensure that there was a driver on shift when needed. We noted that the lack of a driver on occasions had not prevented the person from attending an activity that they had planned to do.

Requires Improvement

Is the service well-led?

Our findings

From our discussions with staff, the manager and our observations, we found the culture at the service was open, relaxed and inclusive. Staff said the manager was available and they could talk to them at any time. Staff felt supported by their line managers and the organisation. The person's relative was happy with the service provided and said there was good communication between manager and keyworker. As the service for the one person supported was still relatively new there were some areas that were still being developed and areas where record keeping required further attention to reflect the worked carried out.

Organisational quality assurance systems were in place but the systems for following up on shortfalls was not effective. It was noted that these had not happened for a period of time but had been reinstated. Records of visits carried out in July and November 2016 were available. These visits had been carried out to look at how the service operated against the domains for safe in July and caring and effective in November 2016. The assessments looked at all the services that operated from the location so were not specifically looking at the domiciliary aspect. As the November assessment related to a different domain from July there was no system to make sure that any issues identified in July had been addressed. However, the shortfalls raised in July did not relate to the domiciliary service. There were issues raised in November in relation to the records for the person supported. The person's keyworker confirmed that the paperwork had been updated accordingly. However, as the specific areas that were changed were not dated it was not possible to see from the records which areas had been changed/updated.

The organisation was in the process of changing the way they stored records related to recruitment. There were no references for one staff member on the computer. (Following our inspection we received copies of the references that had been at the head office). Two verbal references had been taken for another staff member. However, one of the referees stated that they had known the applicant when they worked in a particular place but this place had not been referred to within their employment history. There were records missing from a staff member's file that included the reasons for the decision to appoint them. Staff files included application forms, interview notes and evidence that people from other parts of the service (outreach and supported living) had been involved in the recruitment of prospective staff. There was evidence that a Disclosure and Barring System check had been carried out. (A DBS check is a police check that ensures that staff have no record of misconduct of crimes that could affect their suitability to work with people). There was no auditing carried out in relation to staff files. However, it was recognised that a staff member had already been assigned the task of sorting the files and most of the information required was still at their head office.

Medicines were stored in line with the person's wishes. However, this was not in line with the service's policy on the storage of medicines which required that the storage of medicines be risk assessed to ensure that the service was satisfied that safe arrangements were in place.

Staff provided support with two aspects of personal care. Long term goals included that the person would manage their needs independently without prompts. Staff told us that they felt the person could achieve independence in these areas. However, the steps to achieve this were not recorded and therefore there were

no systems to assist the person to gain independence in these areas.

We recommend that the above areas of record keeping be addressed to demonstrate more clearly the work carried out in addressing the shortfalls found.

There were systems to gather people's views. Whilst the organisation had procedures to carry out an annual survey the person had only been living in supported accommodation since August 2016 so this had yet to be done. However, as a six week review had been carried out this was treated as an opportunity to seek the person's views and those of their relatives about the care and support provided. Comments received had been positive and it was assessed the support provided met the person's needs. There were also regular opportunities through keyworker meetings for the person to share their views about the support they received.

Accidents and incidents were recorded and actions taken to minimise the risk of a reoccurrance. The registered manager told us that they analysed the accidents and incidents regularly and made sure that there were no trends or patterns and ensured that risk assessments had been updated. For example, following one accident that occurred in the kitchen a risk assessment was written with advice for staff regarding the support to be provided to minimise the risk of a reoccurrence.

We were told that staff meetings were difficult to arrange so instead they had team days/staff training days four times a year. All staff confirmed that they found these meetings very useful and that they supported their learning and development. Meetings were also used to update staff on the running of the service and any changes planned. All staff told us that any changes to support plans were emailed to them, recorded in the communication book and spoken about at handovers so this ensured consistency and the person could be assured that all staff would be up to date with changes in their needs and wishes.