

Autism East Midlands

Autism East Midlands Supported Living

Inspection report

Unit 31, Craggs Industrial Park
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Tel: 01909506877

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18 June 2018

29 June 2018

02 July 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This service provides personal care and support to people living with learning disabilities, including some with physical disabilities. At the time of our inspection there were 11 people using the service across two supported living settings in Derbyshire. This enables people to live in their own home 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.

The service is run from an office in the village of Creswell, near Worksop in North East Derbyshire. We carried out this inspection on the 18 & 29 June and 2 July 2018, 13. We visited the provider on 18 June and spoke with staff and relatives on the 29 June and 2 July 2018. The provider was given 3 working days' notice of our inspection as we wanted to make sure the registered manager was available to support our inspection.

There was a registered manager for the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in February 2016 we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection in October 2015.

People continued to receive safe care from staff who were safely recruited to help ensure this. The provider's medicines, risk management, staffing and care systems were effectively operated and followed by staff when required for people's care. This helped to protect people from the risk of harm or abuse.

People continued to receive effective care. People were provided with care in line with their assessed needs and choices and received consistent, timely support when they moved between services. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible: policies and systems in the service supported this practice. People were supported to maintain or improve their health and nutrition, in consultation with external health professionals when required. Staff were trained to carry out their role and responsibilities for people's care. Revised care induction and staff support systems were recently introduced to ensure this.

People continued to receive care from staff who were kind, caring and had established good relationships with them and their relatives. Staff treated people with respect and promoted their rights and emotional support. Staff followed what was important to people for their care and daily living arrangements. People were supported to express their views about the service and provided with accessible information to help them understand what they could expect from their care. The provider ensured relevant principles for

people's confidentiality and rights in their care, were understood and followed by staff. This helped to ensure people were treated equally as ordinary citizens.

People continued to receive responsive care. People's care was timely and supported their individual needs and wishes. Staff understood how to communicate with people effectively, in a way that was helpful and meaningful to them. People were supported to engage with others and participate in routine and preferred daily living activities within their own home and often in the local community. Action was in progress to obtain an additional, suitably adapted vehicle to optimise people's choice and opportunities for community access. The provider's arrangements for complaints handling and obtaining regular feedback from relevant parties, about the quality of the service, helped to inform and improve people's care experience.

The service continued to be well led. The provider operated effective systems to ensure the quality and safety of people's care, ongoing service improvement and external partnership working to help inform and improve people's care experience. Staff understood their roles and responsibilities for people's care. People's care was effectively managed, informed and lawful. The provider met their legal obligations, to share relevant information with us about people's care, and to inform others with an interest about our judgements.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive, unannounced inspection. We visited the provider's office on 18 June and we spoke with staff and people's relatives on 29 June and 2 July 2018. The inspection team consisted of one inspector.

Before our inspection the provider sent us their completed 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 any improvements they plan to make. We spoke with local authority care commissioners for people's care at the service. We also looked at all the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about. We also reviewed completed care questionnaire surveys we received in November 2017 from two staff, and two community professionals, concerned with people's care at the service.

At this inspection we spoke with five people's relatives and five care staff, a care team leader; an assistant director for the provider and the registered manager. We also spoke with three community professionals concerned with people's care at the service. We looked at three people's care records and other records relating to the management of the service. This included staffing, medicines, complaints and safeguarding records; the provider's checks of quality, safety and related service improvement plans. We did this to gain a representation of views about people's care and to check that standards of care were being met.

Is the service safe?

Our findings

People continued to receive safe care and support. Both they, their relatives and community professionals we spoke with confirmed this. All were confident to raise any concerns about people's safety, if they needed to. Staff knew how to keep people safe and the action they needed to take if they witnessed or suspected the harm or abuse of any person receiving care from the service. The provider's related written procedures, staff training and safeguarding lead arrangements helped to ensure this.

Risks to people's safety from their health condition were assessed before they received care and regularly reviewed. People's care plans showed staff the care actions required to keep people safe, which they understood and followed. Staff regularly supported people to engage with others and take part in activities they enjoyed, within the home and local community. Risk assessments were completed for any new activity and regularly reviewed to make sure people were safely supported.

Some people could sometimes behave in a way that was difficult for others because of their health condition. Staff supported people in the least restrictive way, in accordance with nationally recognised guidance when this occurred. Staff's related knowledge, practice and any safety incidents concerned with people's care were regularly checked and analysed by the registered manager; to consistently inform and ensure people's safety at the service.

People's medicines were safely managed in their best interests. People's care plans showed staff the care arrangements for people's medicines. This included details of what, why, when and how people took their medicines and the arrangements for their ordering, storage and administration. Staff responsible for people's medicines received relevant training and competency assessments to make sure they understood how to support people safely.

Staff were safely recruited and deployed to provide people's care at the times they needed them. Completed questionnaire returns we received in March 2018, showed some concerns from an increase in staff turnover at Hilltop Road. This related to the impact on people who, because of their health condition, needed to receive consistent care from staff who knew them well. However, we found action was taken by the provider to introduce new staff employed, in a way which helped to minimise any risk to people from this.

The provider carried out required employment checks before staff began to provide people's care, to make sure they were safe to do so. This included checks of employment history, related care experience and checks with the governments' national vetting and barring scheme. This helped the provider to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children.

People's home environment and any care equipment was assessed before people received care and regularly reviewed for any related hazards that needed to be considered, to inform people's care. Staff were trained and provided with relevant personal protective equipment; such as disposable gloves, to help reduce the risk of infection relating to people's personal care. Relatives and community professionals felt

care staff followed good hygiene and infection control practices. Staff were also informed and knew the provider's procedures to follow in the event of a serious incident or foreseen emergency, such as a sudden health incident. Health incidents and accidents were monitored and regularly analysed by the provider. Results from this were used to inform people's care and related safety needs, including any changes needed, which were acted on when required.

Is the service effective?

Our findings

People continued to receive effective care from staff who supported them to maintain their health and nutrition. People, relatives and community professionals were happy with the care people received from staff at the service. Relatives and community professionals were confident staff understood people's health needs and related personal care requirements. A relative said, "You couldn't wish for better care." Another relative said, "Staff make sure [person receiving care] see's the doctor and other health professionals when needed; They always make sure [person] stay's healthy. from a specialist external health care provider

Staff followed people's care plans, which were agreed with them or determined in their best interests when required. People were supported to access to relevant internal and external health care professionals when required. This included for specialist and routine health screening. Community professionals and local care commissioners concerned with people's care at the service, felt staff understood people's health needs and followed any related personal care instructions and jointly agreed care directives when required. One commented particularly, about how well staff worked together to provide people with the right care. This helped to ensure people's health and wellbeing.

People were supported by staff to participate in their mealtime arrangements and to eat and drink sufficient amounts of food they enjoyed. Staff knew people's dietary needs, preferences and followed instructions from relevant health professionals concerned with people's nutrition, where required. For example, to ensure people received the correct type and consistency of food required for their health conditions.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The MCA provides a legal framework for making particular decisions, on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions; any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community. People's consent to their care was sought in line with legislation and guidance. This meant people's rights were being upheld, and restrictions in people's care were lawful.

Where people needed to transfer to live and receive care from another social care provider, we saw that bespoke transition plans were agreed in consultation with them, their relatives and others who knew them well; such as their care key workers and relevant external care professionals concerned with their care. The plans were tailored to ensure people were effectively supported to achieve the transition, whilst maintaining their health, lifestyle and daily living preferences. Each person also had a 'Communication Care Passport.' This document contained important key care information that goes with the person if they need to transfer to another provider or be admitted to hospital for any health related reason. The passport showed what was important to people and their agreed support for their personal care, daily living and lifestyle arrangements and also for their communication and health needs. This helped to ensure people received consistent,

informed and effective care, in the way they preferred and needed.

Survey questionnaire returns we received before our inspection, showed some staff felt arrangements for their individual support and supervision were not always consistent or effective. We found the provider had taken relevant action to address this in consultation with staff, by the introduction of a revised system for staff supervision, support and appraisal. One care staff told us, "It's all starting to settle down well now." Management records showed how this was to be monitored to ensure staff were effectively informed and supported to carry out their role and responsibilities for people's care.

Staff were trained to provide people's care. Staff confirmed comprehensive arrangements in place for their work induction and training, which related management records showed. This included relevant competency checks and bespoke training about people's health conditions; to help staff understand how people's health conditions affected them and their related personal care needs. We received all positive comments from care staff, which included, "We get really good training here and a very thorough induction:" "I can't fault the training; its always relevant and ongoing; we are always kept up to date;" and "The training is fantastic."

Is the service caring?

Our findings

People received care from staff who treated them with kindness, respect and ensured people's rights and emotional support. Staff had good relationships with people and their relatives who said staff were respectful, kind and caring. One relative said, "Staff are caring and respectful; they treat people properly, with kindness and understanding." Another relative told us, "[Person receiving care] is very happy with life and staff; they are always happy to come to my home and visit but also to return." A care staff member said, "I love working and helping people at the service, it's so rewarding."

Staff knew people well and understood what was important to them for their care. This included people's preferred care and daily living routines and their likes and dislikes. Related arrangements were shown in people's individual care plans, which staff followed. For example, staff supported people to spend their time and maintain their contacts with family and friends as they chose. Relatives said they were consulted and involved in people's care in a way that was positive and beneficial to people. Related records showed this was done in a way, which ensured people's choice and independence.

Staff we spoke with understood and followed the provider's published aims for people's care to ensure their equality and rights. For example, staff told us how they supported two people, to help ensure their rights as an ordinary citizen. This included enabling each person to access a relevant independent advocacy service when they needed someone to speak up on their behalf. Related care records showed both people experienced positive outcomes from this.

Staff understood the principles of confidentiality and they were able to describe how this was ensured in relation to people's care and relevant personal information. The provider's related care induction, training and policy guidance provided clear instruction for staff, which they followed. This helped to ensure people's safety, rights and independence.

People were routinely supported by staff to express their views and choices for their care and daily living arrangements, through a range of communication aids to suit people's individual needs. For example, by use of signing, story boards, simple language, objects of reference, pictures or symbols. People's care plans showed their individual communication needs, which staff followed to ensure this. One person's relatives told us how staff were supporting the person in their best interests, to transfer to another care provider. Both relatives confirmed this was being done in a caring and sensitive manner, with respect for the person's needs, choices and rights. The person's related care plan for this was tailored to support their understanding, choice and inclusion in the transition process. Staff made and recorded regular checks with the person, which showed they were 'happy' and progressing with this.

Is the service responsive?

Our findings

People received timely care, individualised care. A revised care plan format was introduced since our last inspection to help promote a consistently personalised approach to people's care. One person's relative said, "They make sure they get the communication right with [person] and myself, so they get the right care information." Another relative told us, "They ask what we [person and relative] think in variety of ways to suit; meetings, forums, surveys – there is no problem there."

People were informed and supported to understand and agree their individual care in a way that was meaningful to them. Each person had a 'Communication Care Passport.' This document contained important key care information that goes with the person if they need to transfer to another care provider. The passport showed what was important to people and their agreed support for their personal care, daily living and lifestyle arrangements and also for their communication and health needs.

People's care plans we looked at were personalised to show people's involvement, aspirations and wishes for their care, which staff understood and followed. Staff consistently understood the importance of supporting people at their own pace and knew how to communicate with people in a way they understood. For example, by use of picture and visual aids or recognised sign language. Such as Makaton. Makaton helps hearing people with learning or communication difficulties through the use of signs and symbols with speech, in spoken word order.

Staff responded promptly following any changes in people's health, including to engage with relevant external health professionals when required. An external care professional told us, "Any changes are always well communicated." A relative said, "Staff always act promptly and let us know if there's any health changes." This showed people received timely, personalised care that was responsive to their needs

People were supported to engage in activities, hobbies, holidays and interests they enjoyed, which included reasonable access their local community when needed for their relevant pursuits. The provider showed us they were working to secure an additional, suitably adapted vehicle for people's access and use, to increase opportunity for their community access. This helped to further optimise people's inclusion and independence.

People's needs were assessed before they received care. This usually considered people's likely compatibility with others living at their proposed shared living property, which included private and communal living space. Varying visits to meet existing residents could be arranged to help prepare for any new person moving in. Some staff felt that one person's friendship and compatibility needs in their particular supported living setting were not being fully met. We discussed our inspection findings with senior staff and management, who told us about their action to address this and ensure the right decision for the person's future care.

People and relatives were provided with a range of care and service information in accessible formats. This helped them to understand what to expect from the service and people's care and how to make a

complaint, or raise any concerns if they needed to. Regular meetings, representative forums and periodic care questionnaire surveys were also established with people and relatives. Related findings and results were used to inform and improve people's care experience when needed. We did not inspect our key line of enquiry for end of life care, as this was not being provided at this inspection.

Is the service well-led?

Our findings

Overall the service was well managed and led. Feedback we received before our inspection from relatives, community professionals, care commissioners and most staff concerned with people's care, was mostly positive. However, some expressed concerns relating to, 'Ongoing' and 'Continuous' management changes.

At this inspection, we found the provider had revised their management and quality assurance framework, with some key additions to improve their management continuity. With the exception of a care staff member; everyone we consulted felt that management arrangements were more consistent, which was perceived to have a positive impact on staff morale and also people's general wellbeing. There was a registered manager for the service. 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.'

People, relatives, staff and external care professionals knew the registered manager and relevant senior staff, who were responsible for people's care; and all were positive about the management and running of the service. One relative said, "The registered manager is excellent; there's very good communication with us again, and from staff at the house." Another relative said, "The registered manager is excellent and listens." Another relative told us, "Management contact us more now – it's much better; they are very approachable; we have regular meetings and good relationships are established." Staff comments included, "We are much better supported; HR are brilliant – they go above and beyond if needed;" and "The registered manager is lovely, caring and supportive."

The provider used a range of measures to inform and support staff to carry out their role and responsibilities for people's care. This included stated care aims and objectives, staff performance and development measures, communication and reporting procedures. It also included a comprehensive range of care policies and work-related procedures for staff to follow. This included nationally recognised procedures for information handling, confidentiality and data protection; and procedures for raising care concerns and reporting accidents or serious incidents. Staff were trained, supported and understood their role and responsibilities for people's care. They were also confident and knew how to raise any concerns they may have about this if they needed to.

The provider ensured ongoing management checks of the quality and safety of people's care, which related records showed. For example, checks relating to people's health, medicines and safety needs. Accidents, incidents and complaints were also monitored and analysed to identify any trends or patterns that may help to inform care improvements required. When any changes or improvements were needed for people's care, staff confirmed this was communicated to them in a timely manner. However, the provider's checks did not include consideration or any review of safety arrangements, relating to staff lone working at night. We discussed this with the registered manager and an external manager for the provider; who agreed to review this and take action that may be required, to reduce any risks identified to people's safety from this.

The service worked closely and liaised with relevant external agencies and health professionals concerned with people's care at the service. The provider sought regular opportunities to review and improve the service against nationally recognised guidance. Examples of recent care and service improvements from this included, the development of people's personal and positive behaviour support plans and revised measures for staff induction, training, supervision and support, including post incident debriefing. This helped enhance people's care experience, improve staff morale and wellbeing and ensure people received effective care, which met with nationally informed standards.

Records related to people's care and the management of the service were accurately maintained and safely stored. The provider met their legal obligations to send us notifications about important events which occurred at the service when they needed to. This showed there were clear arrangements in the place for the management and day to day running of the service.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their website.