Ansar Projects Limited

Ansar Projects

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?	Good

Summary of findings

Overall summary

This was an announced inspection carried out on 15 January and 20 January 2019. 13 people were using the service at the time of our inspection.

This was the first rated inspection of the service since it was registered.

Ansar Project is registered to provide personal care to adults with an autism spectrum disorder or related conditions. People are supported by staff to live individually in their own homes.

The service provides care and support to people with an autism spectrum disorder in 10 supported living settings, so that they can 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in place. 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.

Most people who used the agency had complex needs and they did not express their views about the service. During the time we spent with people we saw they appeared comfortable with staff. Relatives told us they felt people were safe and staff were kind.

There were sufficient staff employed and people received a reliable and consistent service. Staff were well-supported due to regular supervision, annual appraisals and a robust induction programme, which developed their understanding of people and their routines. Staff also received a range of specialised training to ensure they could support people safely and carry out their roles effectively.

Staff knew the people they were supporting well. Care plans were in place detailing how people wished to be supported. Staff had developed good relationships with people, were caring in their approach and treated people with respect. Care was provided with patience and kindness. Staff upheld people's human rights and treated everyone with respect and dignity.

People were supported to access health care professionals when required. They received varied and nutritious diets with involvement from other professionals to obtain advice for any specialist needs. People

were supported to receive their medicines safely. They were provided with opportunities to follow their interests and hobbies and to be part of the local community.

Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. Staff had a good understanding of the Mental Capacity Act 2005 and best interests 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. Information was made available in a format that helped people to understand if they did not read.

Staff were well supported by the registered manager and management team. The registered manager had a clear vision for the service and its development. They were enthusiastic and believed strongly in the ethos.

People, relatives and staff had the opportunity to give their views about the service. There was consultation with people, relatives and staff and their views were used to improve the service. A complaints procedure was in place if people or their relatives needed to raise a complaint. The provider undertook a range of audits to check on the quality of care provided.

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.

Staffing levels were sufficient to meet people's needs safely and flexibly. Appropriate checks were carried out before they began work with people. People received suitable support to take their prescribed medicines.

People were protected from abuse as staff had received training with regard to safeguarding.

Risks were assessed and managed. Positive risk taking was encouraged as people were supported to take acceptable risks to help promote their independence.

Is the service effective?

Good

The service was effective.

Staff had a good understanding and knowledge of people's care and support needs.

People's rights were protected because there was evidence of best interests decision making when decisions were made on behalf of people. This occurred when people were unable to give their own consent to their care and treatment.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

People received appropriate health and social care as other professionals were involved to assist staff to make sure people's care and treatment needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and supportive of people and their families.

People were offered choice and staff encouraged them to be involved in decision making whatever the level of support required.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people.

People were supported to maintain contact with their friends and relatives. They were supported to access an advocate where required.

Is the service responsive?

Good

The service was responsive.

People were supported to live a fulfilled life, to contribute and be part of the local community. They were encouraged to take part in new activities and widen their hobbies and interests.

People received support in the way they wanted and needed because staff had detailed guidance about how to deliver people's care.

People had information in a format they may understand to help them complain if they needed to.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst people who used the service and staff.

Communication was effective and staff and people who used the service were listened to.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The provider monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

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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 was 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.

The inspection took place on 15 January 2019 and 20 January 2019 and was announced. The provider was given notice because the location provides care to people in their own homes; we needed to be sure that someone was available in the office and that time could be given for arrangements to be made so we could talk with people

We visited an office location on 15 January 2019 to see the registered manager and reviewed the service's systems and records. We made announced visits to two supported living schemes run by the agency to speak with people and the staff who supported them. On day two of the inspection we made telephone calls to some relatives and staff.

The inspection was carried out by one inspector.

Before the inspection we reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

During the inspection we carried out general observations.

As part of the inspection we spoke with two people who were supported by Ansar, two community support leaders, four support workers and the registered manager. We reviewed a range of records about people's care and checked to see how the schemes were managed. We looked at care plans for three people, the recruitment records for three staff, staffing rosters, one medicines record, staff meeting minutes, meeting

minutes for people who used the service and the quality assurance audits that were completed. After the site visit we made telephone calls to six support staff and four relatives.

Good

Is the service safe?

Our findings

Due to some people's complex communication needs they did not communicate verbally with us. They looked calm and relaxed as they were supported by staff. Relatives told us people were safe. Their comments included, "I do think [Name] is safe" and "I have no concerns about [Name]'s safety, staff understand [Name] and recognise when they start to get upset."

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the needs of the person. Staff worked on a one-to-one or two-to-one basis with some people they supported during the day. Overnight staffing levels at the houses varied between one and two members of staff who slept or were awake on the premises. As the service supported people to relax within their environment, learn new skills and to become more independent in activities of daily living a person might over time require less staff support.

People and staff had access to emergency contact numbers if they needed advice or help from management.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person such as moving and assisting, epilepsy and distressed behaviour. They gave guidance for staff to support people to take risks to help increase their independence. Our discussions with staff confirmed that guidance had been followed.

Measures were in place to reduce the spread of infection. Staff received training about infection control and regular infection control audits were carried out in each household. Staff checks included good hand hygiene and use of protective equipment such as aprons and disposable gloves.

Medicines were given as prescribed. Staff had completed medicines training and competency checks were carried out annually. Staff had access to policies and procedures to guide their practice.

Positive behaviour support plans were in place for people who displayed distressed behaviour and they were updated to ensure they provided accurate information. The care 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.

Accident and incident reports were analysed, enabling any safety concerns to be acted on. Debriefings took place with staff and reflective practice to analyse any incidents. Safety issues were discussed at meetings to raise staff awareness of complying with standards and safe working practices.

The provider had strong recruitment processes to ensure only suitable staff were recruited.

Good

Is the service effective?

Our findings

Staff had opportunities for training to understand people's care and support needs. Staff members' comments included, "We get loads of training", "We do well with training", "There are internal and external training courses" and "Training is ongoing." One relative said, "Staff are all very professional."

Staff told us when they began work at the service they completed an induction programme and they had the opportunity to shadow a more experienced member of staff for several days. This ensured they had the basic knowledge needed to begin work. They said initial training consisted of a mixture of face-to-face and practical training." New staff studied for the Care Certificate in health and social care as part of their induction training. The Care Certificate is a standardised training approach in health and social care. One new staff member told us, "I've done the Care Certificate."

Staff training records showed that staff were kept up-to-date with safe working practices. Staff completed training that helped them to understand people's needs and this included a range of courses such as person-centred approaches, communication, epilepsy awareness, supporting people with relationships, autism and positive behaviour support.

All staff received supervision and appraisal throughout the year to support their personal development. Managers received training to help develop their skills managing staff and other aspects of management. Staff told us they received regular supervision from the management team, to discuss their work performance and training needs. They said they were well supported to carry out their caring role. One staff member said, "I definitely feel supported, the management are all approachable."

Staff said they could approach the registered manager and senior staff in the service at any time to discuss any issues. One staff member said, "The team leader is very approachable." Staff also said they received an annual appraisal to review their work performance.

Staff told us there was good communication and that they worked well together in providing people's care. Staff members' comments included, "We have a verbal handover when we come on duty" and "Communication is good."

People's needs were assessed before they started to use the agency. This ensured that staff could meet their needs. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

A staff member at one of the households described a long process that took place to check that people wanted to live at the houses and that they were compatible with people who already lived there. The induction included visits and was carried out at the pace of the person.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

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 records confirming how the person had demonstrated their understanding.

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 freedom and rights were being significantly restricted. Within the Independent Supported Living (ISL) houses some people required constant support to keep them safe.

People lived in their own homes which were adapted to meet their needs. Staff worked with people to ensure their homes were maintained according to their personal preferences.

People had food and drink to meet their needs. People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or healthy diet. People required different levels of support. Some people received support from staff to help them plan their weekly menu. They would then be supported by staff to shop for ingredients and help prepare or make a meal and drinks.

People were supported by staff to have their healthcare needs met. Written guidance was available for staff with regard to people's support requirements. Records showed people had access to a range of healthcare professionals.

Good

Is the service caring?

Our findings

Not all people we visited could comment verbally about the support they received from staff. We saw they appeared comfortable and relaxed with staff. Relatives comments included, "The support staff are fantastic", "[Name] has a great staff team, there's consistency in care, with the same staff", "Staff are very patient", "The care is absolutely brilliant" and "Staff do care." During the inspection there was a relaxed and pleasant atmosphere in the houses. People moved around freely and got on with their daily lives and interests, with staff support where required. Staff interacted well with people.

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.

Staff and relatives described how staff supported people and also helped them achieve their dreams and aspirations. For example, one person, who had asked to carry out a skydive was being supported so they could carry out the skydive. Staff described how the person was preparing, they attended lessons and were to have some flight simulator sessions as they were frightened of flying. The person was relaxing and enjoying the preparation and could look at photographs to increase their sense of achievement. Another person who liked car journeys, had mapped out a journey of nine hours, this had taken place, but had been too long for the person. Rather than this not happening again, the person mapped out and routed future travel plans electronically on their iPad. For another person who became agitated when the vehicle stopped at traffic lights, staff checked travel and road works electronically before car trips so they could plan a different route. This reduced the person's anxieties so they could enjoy their car journey.

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. Staff were not rushed in their interactions with people. They spent time chatting with them and supporting them to engage.

People were actively encouraged and supported to maintain and build relationships with their friends and family. People were able to visit their relatives and friends regularly and were also supported to use the telephone to keep in touch. Staff at the agency responded well to people's wishes and helped them to fulfil their aspirations.

Information was accessible and was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication.

People who may need support with decision making were encouraged to make choices about their day-to-day lives and staff used pictures and signs for some people to help them make choices and express their views. Guidance was available in people's support plans which documented how people communicated. Communication methods such as Picture Exchange Communication System (PECS) and other bespoke methods of communication were also used. For example, one person had pictures of their favourite activities and they would place the picture on a white board to make staff aware of what they wanted to do.

Information was available in this format to help the person make choices with regard to activities, outings, day plans and food. Care plans included details about peoples' choices.

Systems were in place to ensure people were involved and listened to. They were involved in regular individual meetings to discuss their care and support needs which also included discussion about their plans for the future and their aspirations.

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.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns where an advocate may be needed. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Good

Is the service responsive?

Our findings

People were supported to access the community and try out new activities as well as continue with previous interests. People all went out and spent time in the community. Records showed people were supported with a range of activities and these included walking, swimming, hydrotherapy, cycling, go-karting, shopping, horse riding and trips to the country and coast and meals out. One person attended college. People also followed their own interests indoors such as computing, listening to music and relaxing in their bedroom with sensory equipment. One person said, "We have a social evening on Saturday and people have a take-away meal." People had gardens and outdoor space and we observed some people enjoyed being outside in the fresh air relaxing on their garden furniture.

People were supported as they wished to have strong links with their local community including access to local shops, colleges, activities, outings and holidays.

Some people who used the service attended college. Staff from the college transition team were responsible for co-ordinating reviews with all relevant people, to help students when they were preparing to leave college. Regular reviews took place during people's placements at college so that plans could be put in place for each student's transition from the college. This ensured that there was a holistic approach to supporting students to transition from the college environment.

Support plans were developed from people's assessments that detailed how their needs were to be met. For example, plans were in place with regard to nutrition, personal care, mobility and communication needs. Support plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need.

People were supported to learn new skills and become more independent. They were encouraged to be involved in household tasks such as cleaning and laundry. Some people were involved in preparing meals with the support and supervision of staff. Support plans provided instructions to staff to help people learn the skills and become more independent in aspects of daily living whatever their need. They provided a description of the steps staff should take to meet the person's needs.

Staff recorded each person's daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated regularly. This was necessary to make sure staff had information that was accurate so people could be supported in the way they wanted and needed.

People had a copy of the complaints procedure which was written in a way to help them understand if they did not read. People were asked individually if they had any complaints. A record of complaints was maintained and one complaint had been received and was ongoing.

Good

Is the service well-led?

Our findings

A registered manager was in place. They had registered with the Care Quality Commission in November 2017. 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.

The registered manager and two community support leaders assisted us with the inspection. The management team were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

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 a company handbook when they started to work at the service to make them aware of the conditions of service. They were also made aware of the rights of people with learning disabilities and their right to live an "ordinary life."

The culture promoted person-centred care. Each individual received their care according to their own personal preferences. Information was available in alternative forms other than the written word if people who used the service did not read. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The management team were motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with the rest of the staff team we spoke with. 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.

Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives of the organisation were discussed with people when they started to receive a service and with staff when they were employed.

Staff and relatives said they were supported. They were positive about the registered manager and management team. Staff told us the registered manager was approachable and accessible. They said they could speak to them, or would speak to a member of senior staff if they had any issues or concerns. Their comments included, "The management are very, very approachable" and "The registered manager will always get back to you if they are not available."

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes and allowed them to discuss any issues. Staff told us meeting minutes were made available for staff who were unable to attend meetings. Reflective practice took place with staff to look at 'lessons learned' to reduce the likelihood of the same incident being repeated.

Feedback was sought from people and relatives through meetings and surveys. Feedback from staff was sought in the same way, through regular staff meetings and surveys.

Auditing and governance processes took place within the service to check the quality of care provided and to keep people safe. A quality assurance programme included daily, weekly, monthly and quarterly audits. They included finances, health and safety, infection control, training, care provision, personnel documentation, training and accidents and incidents. Visits were carried out by a representative from head office who spoke to people and the staff and checked a sample of records regarding the standards in the service. They also audited and monitored the results of the audits carried out by the registered manager.