Education and Services for People with Autism Limited

# Education and Services for People with Autism Limited - 35-37 Portland Avenue

## Inspection report

Deneside
Seaham
County Durham
SR7 8AL

Tel: 01915165080
Website: www.espa.org.uk

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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 inspection took place on 14 and 21 November 2017 and was announced. This was to ensure someone would be available to speak with us and show us records.

Education and Services for People with Autism Limited - 35-37 Portland Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Education and Services for People with Autism Limited - 35-37 Portland Avenue accommodates up to four people in one building. On the day of our inspection there were three people using the service.

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.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in October 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Family members said their relatives were safe at Education and Services for People with Autism Limited - 35-37 Portland Avenue. There were sufficient numbers of staff on duty to keep people safe and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and analysed monthly to identify any trends. Risk assessments were in place for people who used the service and staff.

The registered manager understood safeguarding procedures. Staff had a good knowledge of safeguarding and had been trained in how to protect vulnerable people.

Appropriate arrangements were in place for the safe administration and storage of medicines.

Staff were supported in their role and received regular supervisions and an annual appraisal. Staff mandatory training was up to date.

People's needs were assessed before they started using the service and were continually assessed in order to develop support plans.

People were supported with their dietary needs and meals were planned weekly based on people's likes and dislikes.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible.

People who used the service and family members were complimentary about the standard of care at the service. People were involved in making decisions about their care and the home they lived in, and were supported to be independent where possible.

Care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were protected from social isolation and had personalised activities timetables in place.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the registered manager. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Education and Services for People with Autism Limited - 35-37 Portland Avenue

**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 inspection took place on 14 and 21 November 2017 and was announced. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

Before the inspection, the provider completed a 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 improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with one person who used the service. Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service so we carried out observations and spoke with two family members. We also spoke with the registered manager, a senior staff member and two members of staff.

We looked at the care records of the three people who used the service and observed how people were being cared for. We also looked at the personnel file for a new member of staff, staff training and supervision records, and records relating to the management of the service, such as quality audits, policies and procedures.

Good

# Is the service safe?

## Our findings

Family members we spoke with told us their relatives were safe at Education and Services for People with Autism Limited - 35-37 Portland Avenue. They told us, "Safe? Yes, he doesn't go out on his own" and "I'm sure he is [safe]." A person who used the service told us they thought they were safe at the home.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us staff were flexible and covered any absences themselves, so continuity of care was provided. Staff and family members we spoke with did not raise any concerns regarding staffing levels at the home. This meant there were sufficient numbers of staff on duty to keep people safe.

There had been one new member of staff employed by the service since our last inspection visit. We found the provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and analysed monthly to identify any trends. Very few incidents had occurred but when they had, post incident analysis was carried out. This identified what had happened and why, and whether the situation could have been dealt with in another way. Any identified areas of learning were shared via team meetings or staff supervisions.

Risk assessments were in place for people who used the service and staff. Each risk assessment described the activity, details of the hazards and nature of the risk, who might be at risk, steps taken to reduce the risk, and whether any further action was required.

The home was two connected bungalows. We saw communal areas were clean and suitable for the people who used the service. Staff were trained in infection prevention and control, and regular checks of cleanliness and the risk of infection took place.

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Hot water temperature checks had been carried out for all bathrooms and were within recommended levels. A monthly health and safety checklist was completed that included fire, electrical and gas safety, infection control, control of substances hazardous to health (COSHH), medication, kitchen, and accident and incident reporting.

The service had a fire safety policy and risk assessment. Fire drills were carried out every six months and regular checks took place of the fire alarm, emergency lighting and firefighting equipment. People who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant appropriate information

was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

The provider's safeguarding policy and procedure described the definitions and categories of abuse, and procedures for staff to follow. An out of hours procedure, including who was on call, was available to staff on the home's notice board. We found the registered manager understood safeguarding procedures and staff we spoke with had a good knowledge of safeguarding, and had been trained in how to protect vulnerable people.

We found appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were stored securely in a locked cupboard. Medication administration records (MAR) included a photograph of the person, details of any allergies and GP contact details. Records we saw were accurate and up to date.

Care records described the level of support people required with their medicines. For example, one person required full support from staff with all aspects of their medicines and instructions were provided for staff to follow. Weekly medicines stock checks took place and regular audits were carried out.

Good

# Is the service effective?

## Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "He's settled in really well", "He's quite happy with the staff", "He enjoys being with the staff" and "He's pretty well looked after."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. Additional training was provided for staff when required or if staff had asked for specific training via their supervision. Staff told us they always received refresher training before their current training expired and said the provider, "values the importance of training".

New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and were continually assessed in order to develop support plans.

The registered manager told us how they planned the transition of people between services. They described how a person who had previously lived at the service had moved to another of the provider's homes and showed us a diary record over a period of several months. This showed how following an initial short visit to the new home, the number and duration of visits had increased and any interactions or observations were recorded until the transition was completed.

People were supported with their dietary needs and meals were planned weekly based on people's likes and dislikes. People's individual food and drink preferences were documented in their care records.

Care records described people's communication abilities and preferences. For example, one person's record described how the person had "limited verbal skills" and "symbols and timetables are good for me". We saw copies of these timetables. It was also recorded that the person preferred a quiet environment and wanted staff to include them in conversation.

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). One of the people who used the service independently accessed the community. Where necessary, best interest decisions had been made on behalf of people and DoLS applications had been appropriately submitted to the local authority.

People who used the service had 'Hospital passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital.

Good

# Is the service caring?

## Our findings

Family members we spoke with told us their relatives were supported by caring staff. They told us, "The care is very good", "Yes they do care" and "It's very caring."

There was a pleasant atmosphere in the home and staff interacted with people at every opportunity. During our visit, people who used the service were being visited by a complimentary therapist, and we saw and heard how much the people enjoyed this visit.

People were involved in making decisions about their care and the home they lived in. Regular consultation meetings took place between staff and people, and decisions and choices were clearly recorded. For example, one person had stated they no longer wanted any hands on support from staff with regard to their personal care other than shaving and washing their hair. Another person had wanted a routine put in place for cleaning their bedroom and this was written with support from staff.

People were supported to be independent where possible. Care records described what tasks people could carry out independently and what tasks they needed support with. For example, "I like to be independent but I need a quick verbal prompt to make sure I wash myself all over" and "I wash up and can use a mop and bucket. I will not volunteer but if you ask, I will help." People had domestic routines in place that provided prompts for them to follow. For example, when cleaning the bathroom, kitchen or their bedroom.

We spoke with one person who used the service who told us they enjoyed their independence but were aware that staff had to help them with some things. For example, the person liked to do their own cooking but needed some assistance from staff. This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

Care records described how staff were to respect people's privacy and dignity. For example, "I like my own privacy when I carry out my own daily personal care." Staff told us how they respected people's privacy and dignity, particularly when carrying out personal care. For example, by knocking on the bathroom door and asking if it was okay to come in. Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had independent advocates.

Good

# Is the service responsive?

## Our findings

People had 'Person centred plans' in place. Person centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. These included information on people's life history, likes and dislikes, health, well-being and self-esteem, choice and capacity, independence and living skills, and activities.

Care records described how staff supported people with their health care needs and included detailed instructions for staff to follow. We saw staff had been appropriately trained in how to support people with their specific needs and guidance had been sought from appropriate healthcare professionals. Appropriate risk assessments were in place where necessary.

For example, one of the people required support with their skin care due occasional irritation. They had been prescribed different creams and medicines which had been ineffective. Following staff intervention, the person was referred to a specialist where they were correctly diagnosed and prescribed the cream and medicine they needed. Staff typed up a step by step routine for the administration of the cream and medicine so family members would be able to follow the guidance when the person was visiting home.

We discussed end of life care with the registered manager. They told us that as it was a sensitive subject and may distress the people who used the service, this had not been discussed with them. However, it would be discussed and families would be involved at the appropriate time.

Daily records were maintained for each person who used the service. Records we saw were up to date and included information on activities the person had carried out, appointments and any health issues.

People's 'Achievements so far' records documented what goals people had achieved, such as attending health appointments or using public buses. 'Actions being worked on' recorded what goals were still in progress. For example, being involved more in meal preparation or going on a short holiday.

We found the provider protected people from social isolation. People had personalised activities timetables in place. The registered manager told us they had changed the timetables to make them easier to read, with pictures used as prompts. The registered manager told us people now used their timetables more to see what was planned that day.

We saw people enjoyed a variety of activities that included pottery, arts and crafts, trampolining, horse riding, dance and drama, shopping, and meals or a social night out. People also attended activities at the provider's local education and activities centre. One person was on a short break holiday during the first day of our visit. The manager told us the person had recently withdrawn from the opportunity of holidays despite them being successful in the past. A best interest decision had been made with family members and the person's social worker that a holiday would be good for them. A short stay holiday was booked, with risk assessments in place. On our second visit, the assistant manager told us the holiday had been a success and the person had thoroughly enjoyed it.

Family members told us, "They keep thinking of extra things for him to do" and "They have a curriculum but they think of new things for him." A person who used the service told us they enjoyed travelling on the local buses to go shopping, enjoyed caravan holidays and ten pin bowling. They also told us they were looking forward to the Christmas party and had made their own independent travel arrangements.

We looked at the provider's complaints, concerns and compliments procedure, which included an easy to read version. This provided information on how to make a complaint and how long it would take for the complaint to be investigated and resolved. There had been one complaint recorded at the service in the previous 12 months and we saw this had been appropriately dealt with. Family members we spoke with did not have any complaints to make but knew who to contact if they did.

Good

# Is the service well-led?

## Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had a positive culture that was person centred and inclusive. Family members told us they had a good relationship with the registered manager and staff. They told us, "[Registered manager] keeps us in the loop" and "They [staff] keep in touch."

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place regularly, a newsletter was sent out by the provider quarterly and an annual survey was carried out. Staff we spoke us told us they felt supported by the provider and management team. They told us, "[Provider] as a whole is very good", "[Registered manager] has put everything in place", "[Registered manager] is very good at getting everything organised", "[Management] are very approachable" and "[Management] are great to work for. They are easy to go to if you have any problems." The registered manager had bought an anniversary card to thank a member of staff who had been working at the home for 17 years. The registered manager told us this would be repeated for other members of staff.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider carried out themed visits to the service throughout the year. There had been three recorded visits so far in 2017. We saw these visits included reviews of support planning, risk assessments, nutrition, health, medicines, safeguarding, the environment, leadership, staffing and communication. Actions were in place for any identified issues. For example, pictorial menus were to be put in place and people were to be involved in writing the shopping list. We saw these had been actioned.

Annual surveys were carried out for people who used the service and family members. These included questions on the home, staff and quality of the service. The results were analysed and any issues were addressed and fed back. Family members told us they had received surveys to complete and comments from the most recent survey included, "This aspect [healthcare] has improved since new manager in place" and "Since appointment of new manager, the atmosphere at Portland has improved considerably."

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.