

Education and Services for People with Autism







Beechwood

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires Improvement 		
Is the service effective?	Good 		
Is the service caring?	Good 		
Is the service responsive?	Good 		
Is the service well-led?	Good 		

Overall summary

This was the first inspection of this new service which was registered with the Care Quality Commission on 23 February 2014.

Beechwood is a large detached house that has been converted into four spacious, fully self-contained apartments over three floors. The apartments accommodated between one and three people. The service is registered to provide up to eight places, and there were eight people living there at the time of this inspection.

Beechwood had a registered manager 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.

People were positive about the service they received. They felt safe and comfortable with staff. One person described the home as "a really lovely place to live". There

Summary of findings

were enough staff to support people to go out to their chosen occupations and activities, and to promote people's independence in all aspects of daily living. But risk assessments about people's independent living skills were out of date and did not reflect their current abilities.

The provider made sure only suitable staff were employed who had been checked and vetted. People were invited to be involved in the interviews of new staff so they felt included in decisions about the home.

Staff were clear about how to recognise and report any suspicions of abuse. They told us they were confident that any concerns would be listened to and investigated to make sure people were protected. Potential risks to people's health and safety were being managed, but some people's risk assessment records were out of date because they were more independent now. People who could manage their own medicines were supported to do so; otherwise staff managed these in a safe way for people.

People told us they had learnt to do much more for themselves since moving to this service. Social care professionals felt the service was effective at supporting people in the right way towards their individual goals. Staff also felt the service was successful in supporting people to increase their independent living skills. People described how they were fully involved in deciding what and when to eat, doing their own food shopping and preparing meals, with staff support where this was necessary.

Staff had relevant training and supervision to care for people in the right way. New staff received in-depth induction training when they started work which included the vision and values of the service. All staff received

autism-specific training to help them understand the challenges faced by people with autism. Staff said they felt "supported" and "valued" by the registered manager and by the provider.

People told us they felt their privacy and dignity was respected. People had their own keys to their apartments and to their bedrooms and staff asked for permission to enter these. Staff were respectful of people's abilities and described people as "the decision-makers". All the people we spoke with said staff were "lovely", "helpful" and "very nice". Each person had a key worker and they were involved in choosing which staff member they wanted to support them.

People enjoyed a range of vocational activities outside of the home. Some people had been supported to find paid or voluntary work and staff also helped people to find activities in the local community that they might be interested in.

People had information about how to make a complaint or comment. They said they would be comfortable about telling the registered manager if they had any concerns and felt confident these would be acted upon. There had been no complaints about the service since it opened.

The registered manager had an open door policy and made herself available to people and staff. People spent time chatting with the registered manager and staff about their plans. There was an open, friendly and calm atmosphere in the home where people were encouraged to say what they felt about the service. The provider had a quality assurance system that included unannounced visits to the home by other managers, as well as audits of the health and safety of the service. This meant the provider checked to make sure the care people received was safe and effective.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. But some people's risk assessments were out of date and did not show what people could safely manage themselves.

People said there were enough staff and they felt safe and comfortable with them. The provider made sure only suitable staff were recruited and some people had been included in the interviews for appointing new staff.

People were supported with their medicines in the right way. People who could manage their own medicines were supported to do this in a safe way.

Requires Improvement



Is the service effective?

The service was effective. People felt the service was good for them and helped them to become more independent.

Staff had specific training in autism spectrum condition and were clear about how to support people to increase their independence. Staff had regular supervision and appraisals to help them with their professional development.

People were supported to lead a healthy lifestyle. People were fully involved in shopping and preparing their own meals.

Good



Is the service caring?

The service was caring. People felt staff were supportive and helped them to lead an independent lifestyle.

People said staff were caring and helpful. Staff were respectful about people's abilities, and valued each person's individuality.

People were encouraged to make their own choices. They made all their own decisions about their daily lives and also chose which staff member they would like to support them with an activity, if this was needed and practicable.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their individual needs. Staff were familiar with each person and their abilities. People's care records included details of their preferences and how they were involved in their own care.

People were involved in a range of occupational and vocational activities including paid and voluntary work, community-based classes and leisure activities.

People knew how to make a complaint or raise a concern and they had information about this in easy read format. They said they felt comfortable about raising any comments with the registered manager.

Good



Summary of findings

Is the service well-led?

The service was well-led. People were encouraged to have a say in the individual service they each received, as well as in the running of their shared apartments.

The provider had developed an innovative new service that aimed to help people achieve greater independence. There was a registered manager in place who was experienced in providing care services for people with autism.

People and staff felt the manager was open and approachable, and listened to their views. Staff felt the provider valued and appreciated them.

Good



Beechwood

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 8 and 9 January 2015 and was carried out by an adult social care inspector. The provider was given 48 hours' notice because the service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before our inspection, we reviewed all the notifications we received from the provider about any changes, events or incidents. We contacted the commissioners of the relevant local authorities and social care professionals to gain their views of the service provided at this home. We received a response from one local authority which had no concerns about the service, and from one senior social worker who had positive comments about the service.

During the inspection we spoke with five people living at the home. We also spoke with the registered manager, deputy manager and four support workers. We spent time with people in their apartments and looked around the communal areas of the premises. We viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of three staff members, training records and quality monitoring reports.

Is the service safe?

Our findings

People told us they felt safe at the home and comfortable with the staff who supported them. One person commented, “Beechwood is a really lovely place to live – I liked my last home but this is even better. And all the staff are very nice.” Another person told us, “I get on really well with staff.” All of the people we spoke with said they “liked” the staff. There were positive signs that people felt safe and comfortable at the service. For example, some people actively sought out staff to request items, and spent time chatting with staff in the communal lounge.

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and had access to whistle blowing procedures. Staff were able to describe the procedures for reporting any concerns and told us they would have no hesitation in doing so. The registered manager and deputy manager had completed in-depth safeguarding training for managers and were very aware of their responsibilities in this area. A senior support worker was the home’s designated safeguarding lead. There had been one safeguarding notification from the service since it opened, which related to a minor medication error during a person’s transition from another service to Beechwood. This had been appropriately dealt with and lessons learnt to reduce the risk of it happening again. The local authority safeguarding team said they had no concerns about the service.

The premises had been extensively renovated before the service opened last year to create apartments on each floor. The accommodation for people was modern and comfortable. The provider had a health and safety team who regularly checked that the premises were well maintained and all required certificates were up to date. There were no hazards within the home’s premises that would present a risk to the people who lived, visited or worked in the home. Staff told us that any premises issues were reported for attention straight away and repairs were carried out promptly. We saw that there were no gates to the driveway which was on a busy main road. The registered manager stated that gates had been included in the budget for the renovation of the property but had not been provided. Members of the public frequently used the driveway as a turning space. The lack of gates could impact on the privacy and security of the accommodation.

The service promoted independent living and acceptable risk taking. However, we found some people’s risk assessment records had not been updated when they moved to Beechwood. This meant some risk assessments were out of date because they no longer reflected people’s abilities or needs. For example, one person had a risk assessment about access to the kitchen which was from their previous home and was last reviewed in April 2012. This was not valid as the person had independent access to their kitchen in their apartment. One person’s risk assessment about going out into the community independently was dated May 2011 and had not been signed by the person. This did not present a risk to people’s health and safety welfare, as they were more independent now, but it meant these records were inaccurate. The registered manager acknowledged that risk assessments needed to be reviewed and brought up to date as people had moved into Beechwood from different placements and their independent living skills had increased since then.

Staffing levels were based on the individual funding arrangements with each person’s relevant authority. During week days there were five or six staff on duty depending on people’s timetables. People could go out on their own locally but some people preferred staff support with activities that involved a journey. At weekends there was always a minimum of four support workers, that is one staff member to support each of the four flats. There was one sleep-in staff member during the night.

People and staff told us these staffing levels were sufficient to make sure everyone had the chance to go out when they wanted. One staff member said, “There’s enough staff to support people and accompany them if they want to go out in the minibus or to do a big shop.” Another staff member commented, “Even if staff ring in sick, there’s enough staff to help out. We always try to make sure people get to their activities.” There were two vacant posts and these hours were covered by existing staff whilst awaiting the appointment of new staff. The home had contingency arrangements in case of staff emergencies or accidents and there were on-call management arrangements. The home only used staff from other homes or services operated by the provider because they would be trained in supporting people with autism.

The provider had robust recruitment and selection processes to make sure that only suitable staff were employed. The provider had its own human resources

Is the service safe?

department that supported the registered manager with arranging for checks and clearances of new staff. The recruitment practices included applications, interviews and references from previous employers. It was good practice that people who lived at Beechwood were invited to be part of the interviewing process. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the provider always vetted staff before they worked at the service.

There were suitable arrangements for helping people to manage their medicines. Staff ordered people's medicines from their respective GP and then faxed the prescriptions to a local pharmacist. The pharmacist delivered the medicines in clear plastic packets that included the name and a description of each tablet, and the dosage time, day and date it should be taken.

Some people could manage their own medicines within the home so they kept the plastic packets to take themselves. One person told us, "I have my own

medication. I keep it in my cabinet in my bedroom. I tick off when I've taken them and give the tick sheet to staff." There were plans for other people to work towards this independent living skill. All the bedrooms had suitable lockable cupboards for people who could manage their own medicines. All other medicines were kept in a suitable medicines cabinet in an office.

Staff understood what people's medicines were for and when they should be taken. Staff were trained in safe handling of medicines and annual competency checks were carried out. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). Two staff members signed when medicines had been given to show they had been checked and witnessed by another staff member. Staff kept a stock tally of any medicines that had to be managed in a special way. There were clear guidelines for staff about how and when to support individual people with any 'as and when required' medicines. In this way the service aimed to make sure that people were supported with their medicines in a safe way.

Is the service effective?

Our findings

Staff said they were well trained and supported in their roles. One staff member commented, “The training is brilliant at ESPA. I did three weeks of induction training before I even started. I’ve also learnt loads from working alongside the experienced staff.” Another staff member commented, “It’s great, there’s always plenty of training on the go.” Staff told us, and records confirmed, they received training in mandatory health and safety subjects including first aid, fire safety, food hygiene and infection control. Several staff had achieved national care qualifications and others were working towards these. All staff also received specialist training that was specifically designed for care professionals working with people with autism. Staff confirmed they had regular one-to-one supervision sessions with a supervisor. Each staff member also had an annual appraisal of their performance and development with the registered manager. Staff told us they felt supported and valued by the provider.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

All of the staff had received training in MCA and DoLS. Staff understood the principles of MCA and people’s rights to make their own decisions unless they lacked the capacity to do so. Staff understood the recent court decision about DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. None of the people who lived at Beechwood were the subject of a DoLS authorisation because all of them could go out on their own if they wished. One staff member commented, “If we go out with people it’s because they have requested us to do so, not because we’re supervising them.”

There were protocols for staff to withdraw if people became upset or angry but no one required any physical interventions for behavioural needs. A behaviour specialist nurse, who worked for the provider, had been involved in assessing each person’s needs in this area to make sure that staff were supporting people in right way.

People were fully aware of their rights and responsibilities and these were routinely discussed at house meetings to gather people’s views. People who shared an apartment had also designed their own ‘house rules’. In discussions

staff were also very clear about people’s rights to make their own decisions. One staff member said, “There are no restrictions here. We have a duty of care but all decisions are people’s own.” The provider had given people written information about their rights and responsibilities in ‘licence agreements’. However, these were now out of date because they referred to people’s previous placements. They also did not reflect people’s involvement in their own budgeting and decision-making. The registered manager agreed and described plans to develop a Beechwood-specific agreement for the people who lived there.

People were supported with their nutrition. People had their own food budgets and menus. They managed their own shopping and cooking with some support from staff if needed. People chose their own foods and were able to make these and dine when they wanted. For example, one person preferred to “graze” through the day so made their own snacks throughout the day. Other people preferred a late breakfast and we saw people getting their own meals when they wanted.

Staff helped people to understand healthy living so they could make their own informed choices about whether to follow a healthy diet and lifestyle. For example, some people had joined a local slimming club and had been successful in losing weight. Some people also enjoyed going out for occasional meals.

Everyone had an information file in their kitchen which included their menus, shopping lists for that week’s menus, recipes and clear instructions about how to work their cooker. One person told us, “It’s great. I go shopping and I have recipes about how to make meals.” Another person told us, “I’ve got my own food in my cupboard and I make my own meals and drinks.”

It was clear from health care records that people were supported to access community health services whenever this was required. Each person had access to community health care services such as GPs, dentists and opticians. The provider also employed a range of health care professionals including psychologists, occupational therapists and a behaviour nurse specialist. These professionals were involved in reviewing people’s support needs at this home. A social worker told us, “They always keep us in the loop and inform us of any changes or anything we need to know.”

Is the service caring?

Our findings

All the people we spoke with had many positive comments to make about staff. One person told us, “The staff are lovely. I get on well with all of them.” Another person commented, “The staff are very nice and I like it here.”

Staff also felt people received a caring service. One newer staff member commented, “All the staff are lovely with people. They are all very friendly and relaxed so it makes people feel comfortable.” Staff were calm and courteous when supporting people. Staff tried to make sure the home was a relaxing place for people to feel settled. People were reassured by staff when this was required.

People told us they had been involved in choosing the keyworkers who supported them with specific areas of their lives. They also told us they could choose other staff to help them with going out or shopping. Staff spent time with people discussing their preferences and gave people the time they needed to express their choices and wishes. There were good interactions between people and staff, and people were able to request or decline any support.

Staff described how people went out whenever they wanted and asked for support if they felt they wanted or needed it. People told us they could choose who would support them and that this was arranged if the staff member was available. For example, one person had decided to go for a bar meal in the evening and asked a specific member of staff if they would accompany them. Staff confirmed that people were always given a choice of who they wanted to assist them with the next activity or for the next day.

It was clear that people made their own decisions and these were respected by staff. One support worker told us, “Everyone makes their own choices. It’s how equal opportunities should be - people doing what they want to do.”

In discussions staff were respectful about people’s abilities, and valued each person’s individuality.

Staff said there was a good mix of male and female staff on the team so they could always support people in a gender-appropriate way.

A social worker made positive comments about staff attitude and their care of people who lived at the home. They told us, “Staff are very professional and very supportive.”

Staff understood and respected people’s rights to privacy. People showed us they had their own key fobs for the front door, their apartments and their bedroom. This meant no-one could enter their apartments or their bedrooms without their permission. We saw staff always asked people if they could go into their apartments. Staff also made sure the office door was closed if they were having private discussions with people or supporting them with medicines.

Staff understood people’s rights to confidentiality. At the time of this inspection there was only one lockable cabinet in the registered manager’s office to keep records in a confidential way. People’s care files were kept on open shelves in the staff office. People frequently entered the office to talk with staff but only when staff were present. At all other times staff aimed to keep the office door closed so that care records were not accessible by others.

Is the service responsive?

Our findings

Beechwood aimed to support people towards greater independent living skills with a view to moving to more independent living in the future. Before people had moved to Beechwood there had been many months of planning their transition from their previous care services. This was important because people with autism find it very difficult to cope with change.

People told us they had felt fully involved in planning their move and described how they had visited the service several times before they made the decision to move here. Staff had supported people to come and see the house as it was being renovated. People had been fully involved in choosing their colour schemes and furnishings for their accommodation before they moved in and had meetings with the people who would share their apartments. Relatives were also fully included in the transition process, as well as relevant health and social care professionals.

The five people we spoke with said their move to this service had been a good one and they were pleased with the support they received because it was helping them towards greater independence. One person told us, "I love it here. I get on really well with all the staff. I do so much for myself now." Another person said, "I'm really glad I moved here. I have my own keyworker and a co-keyworker, and they are really helpful. I can come and go when I want."

Staff were also very positive about the effectiveness of the service. Their comments included, "It's all about promoting independence", "it's definitely helping people to be more independent" and "it's great to see people achieving more and more for themselves".

A care professional told us, "The service has done some really good work with [my client] and staff have been very supportive of their anxieties. It's really put their families' minds at rest because it is such a good service."

Staff on duty were knowledgeable about how to support each of the eight people who lived there. We saw staff adapted their support to meet people's individual requirements. For example, one person needed lots of discussion and reassurance about what they were going to do that evening. Staff members spent time discussing this in a calm, positive way that helped to alleviate the person's

anxieties without taking away the person's need to talk about it. Another person preferred to spend a lot of their time alone in their apartment and this was respected by staff.

People had care records that set out their individual abilities and goals, as well as any care needs. The two people's care records that we looked at were personalised and very detailed. The care records included a two-page profile about people's autism spectrum condition, communication, usual behaviour and appearance. It also included a photograph of the person. The profile would be useful in case they became missing whilst out of the home. The care records also included information about people's abilities, likes and dislikes, attributes and any difficulties that they experienced.

The records included a section called 'service user participation and consultation'. Although this had not been completed for one person, it was clear from the rest of their care records that people were fully consulted on and involved in their own care planning and in making decisions about their lives.

People led active lives that included voluntary work and vocational interests. For example, two people worked at a woodwork-based workshop operated by the provider. One person did voluntary work at a shop, one person volunteered at a luncheon club for older people and one person had a voluntary placement at a museum. One person had a part-time job at the provider's activity centre in the café and beauty salon. Some people had paid occupation at Beechwood, for example gardening and clearing bins.

People told us they took part in a range of vocational and leisure activities. These included horse riding, trampolining, swimming, gym sessions, and arts and crafts at the activity centre. In addition, people were fully involved in the household tasks involved in running their apartments such as cooking, shopping and cleaning. One person said, "I go swimming and to the gym to keep fit. I like it because I'm always busy."

Each person had a copy of their weekly 'activities programme' in picture format in their kitchen so they could check what they were doing each day of that week. This was important information because some people with autism can become anxious if they do not know the sequence of their day.

Is the service responsive?

People had a copy of the complaint procedure in an easy read format as part of their licence agreements. The complaints procedure had also been recently discussed with people at one of the regular house meetings to make sure everyone understood their right to make a complaint.

People told us they could talk to staff and would feel able to raise any concerns they had. One person commented, "If I wasn't happy about anything I would tell Gayle [registered manager]. And we have meetings so we can say things there." There had been no complaints made about the service since it began operating.

Is the service well-led?

Our findings

People felt fully involved and included in the running of the home. They had been involved in setting up their own apartments and felt they had control over how they managed these, for example who they allowed in. People also described the house rules they had agreed with their flatmates about how they would manage their own apartments.

Since moving to the home people had had reviews with their social workers, relatives and other health care professionals. This had given people a formal opportunity to comment on the service. People also had regular house meetings where they were encouraged to comment on the running of the home. The provider used annual surveys to gain the views of relatives of the people who used its services. The surveys for this new service were going to be sent out shortly after this inspection so the results were not available at this time.

The home had a registered manager who was experienced in managing services for people with autism. People told us they had confidence in the registered manager and staff. We saw people came to see the registered manager and deputy manager in the office if they felt they needed to discuss something that was worrying them. The office door was always open and the registered manager and all the staff made themselves available whenever people wanted to discuss something.

All the staff we spoke with felt they could approach the registered manager or assistant manager at any time. One staff member commented, "The manager's door is always open." Staff described staff meetings where they felt they could comment on the service. One staff member told us, "We have monthly staff meetings and can discuss any ideas or anything that could be improved." Another staff member commented, "The shift leaders also have meetings weekly or fortnightly. We feel comfortable about raising any comments or suggestions and these are listened to. For example, we found staff were not prompting one person in the same way, so we devised a programme for staff to follow so the person gets a consistent approach from all staff."

Staff felt there was good teamwork within the home and that there was good communication between staff at all

levels of the organisation. Staff said they felt supported and appreciated by the provider. One staff member told us, "ESPA is really good to work for. I feel valued by them." Another staff member commented, "ESPA is the best organisation I've worked for. They've been really supportive about my health." The provider's organisational culture and values were included in the induction training for new staff. One staff member commented, "ESPA has really good values – it's trying to make people with autism as independent as possible."

The provider was a registered charity that has been providing services to people with autism for 24 years. The provider's vision and values about supporting people with autism to lead fulfilling lives were set out on its website. A social worker commented, "ESPA has good services and Beechwood is a good service. People move from all over the country to use them."

The registered manager stated that the service was still evolving so as people became more independent the service was adapting. For example when the home first opened there were only waking night staff on duty. Since then people who lived at the home had shown they were able to evacuate in the event of a fire so now there were sleep-in staff.

The provider's quality assurance system included 'peer review' visits by the managers of other services operated by ESPA. These unannounced visits monitored areas such as involvement and information for people, care and welfare, safeguarding and safety, equipment, staff and quality of life. We saw the detailed reports of the three peer review visits that had taken place since the home opened. Any areas for improvement or suggestions were recorded and discussed with the registered manager.

The provider had a range of senior managers who supported the organisation and were responsible for checking the quality and safety of the service. Any incidents or accidents were reported to senior managers and monitored for any trends. Monthly health and safety audits carried out at the home were forwarded to the provider's health and safety manager. This meant the provider monitored incidents and risks to make sure the care provided was safe and effective.