

Education and Services for People with Autism Limited

Education and Services for People with Autism Limited - 7 The Cedars

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Education and Services for People with Autism Limited - 7 The Cedars is a residential service for up to seven people with autism spectrum condition. The accommodation for six people is within a large detached house and the seventh place is within a separate converted coach house in the grounds. At the time of this visit there were seven people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The home was well personalised, with no obvious signage indicating it was a care home. The feel of the service was homely, relaxed and determined by people's needs.

People's experience of using this service and what we found

The service had a pioneering and holistic approach to assessing and acting on people's needs. Staff worked exceptionally well with external health and social care professionals to ensure people could access healthcare. People enjoyed a range of significantly improved health and wellbeing outcomes thanks to the service's approach to health screening, reasonable adjustments and incorporating of best practice into processes and training.

Adaptations to the service were innovative, person-centred and had a demonstrable impact on people's wellbeing and ability to act independently.

People were safe. Staff supported people positively to reduce anxieties, agitation and to empower people to take part in positive activities. Risk assessments were comprehensive and person-centred.

Staff were knowledgeable regarding medicines and worked closely with external specialists.

Staffing levels were safe. Premises were well maintained and clean.

Relatives and external healthcare professionals were confident in staff and their ability to keep people safe.

Incidents, accidents and safeguarding matters were documented and analysed. Staff understood their safeguarding responsibilities and were well supported and trained by the provider.

Staff received excellent training and support, including bespoke additional training from the registered manager.

People's needs were comprehensively assessed and regularly reviewed. Staff had a sound understanding of people's communication needs.

Activities were geared towards people's interests and had regard to people's aspirations. The provider's day centre was nearby and there were strong community links in place.

People's rooms were well personalised. Communal areas and outdoor spaces offered people a range of options.

Staff interacted with people affectionately and with appropriate humour; people were comfortable with staff who they had got to know over several years in some cases.

Relatives, external health and social care professionals and staff thought the service was well-managed. There were clear quality assurance and auditing processes in place. The registered manager continually sought ways to improve the service with a view to improving health and wellbeing outcomes for people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Education and Services for People with Autism Limited - 7 The Cedars 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people and staff at home to speak with us.

What we did before the inspection

We reviewed all the information we held about the service, including notifications of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. The registered manager told us about what the service does well and planned improvements during the inspection.

During the inspection

We spoke with one person. People receiving personal care were unable to speak with us at length so we spoke with four relatives about their experience of the care provided. We spoke with five members of staff: the registered manager, assistant manager, two support workers and the cook. We observed interactions between staff and people who used the service.

We reviewed a range of records. This included three people's care records and medication records. We looked at staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including training, accidents, incidents, safeguarding, auditing, policies and procedures.

After the inspection

We contacted a further four health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff understood and managed risks well. Care files clearly set out what risks people faced and how best to support them. Approaches to managing risk were person-centred and positive to enable people to do as much as they were able.
- Staff were confident and experienced in reducing people's anxieties in a positive way, without the use of restraint or medicines. They used Positive Behaviour Support (PBS) to ensure people were positively engaged and to reduce potential distress.
- Relatives and external health and social care professionals had confidence in the ability of staff to keep people safe.
- The premises and equipment were well maintained with a range of safety measures and checks in place. Contingency and evacuation plans were in place.

Learning lessons when things go wrong

- The provider had good oversight systems in place. Accidents, incidents and safeguarding alerts were all documented and analysed to establish any patterns and ensure accountability.
- The registered manager held daily debrief sessions so staff could reflect on what went well and what could have gone better. This enabled them to ensure lessons could be learned.

Systems and processes to safeguard people from the risk of abuse

- Staff were clear about their safeguarding responsibilities. Policies and procedures were well communicated to them and well understood. Relatives told us they had confidence in staff keeping people protected from harm. One said, "There have never been any concerns whatsoever."
- The culture was supportive and open. Staff felt they could raise concerns if they had any.

Staffing and recruitment

- There were sufficient staff to safely meet people's needs. The service did not use agency staff. Staff confirmed they worked well as a team to ensure people received care from staff they felt safe with.
- The provider recruited new staff safely by undertaking a range of pre-employment checks.

Using medicines safely

- Medicines were managed safely. There was a designated lead member of staff who demonstrated a comprehensive understanding of people's needs and the systems in place.
- The service worked closely with external specialists. They ensured people's use of medicines was reduced or stopped where it was not necessary.

- Staff training and competence assessments took place regularly, as did appropriate checks and audits.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People consistently experienced exceptional quality of life outcomes thanks to the service's focus on accessing healthcare services and healthier living initiatives. For instance, the registered manager shared guidance with local clinicians about how to make their services more autism-friendly. They also liaised closely with a local hospital to ensure reasonable adjustments were in place for when people needed to attend hospital. Staff ensured people's symptoms were fully explored and needs comprehensively understood and acted on. This made people's health and lives better.
- People were empowered and encouraged to understand their health needs, choices and rights. The registered manager had attended a health awareness event recently with one person, who told us they "Loved" the day. They had enjoyed health awareness demonstrations and taking part in discussions and training. The outcome from the day was that people could access a new health screening process in their own home.
- Staff were skilled and diligent in recording of information and understood its relevance to people's care. One healthcare professional told us, "They always lead the way on data collection and are in the best position to make decisions on some complex issues, because everything is well recorded. It's about what is absolutely the best thing for the person, not what is most manageable for staff. It's a beautiful example of collaboration between health and social care and the results are there to see."
- Staff worked exceptionally well with other agencies, which contributed to people accessing the healthcare they needed. People who had previously been anxious to visit dentists or doctors were now comfortable with this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were aware of a range of complementary best practice and implemented it to extremely positive effect. For instance, they were trained in Positive Behaviour Support (PBS) and the principles of Stopping Over Medication Of People with a learning disability, autism or both (STOMP). PBS involves reducing potential anxieties or negative behaviours through positive goals and activities. STOMP aims to ensure people's reliance on medicines are reduced wherever possible. One professional told us, "They mirror the STOMP pledge absolutely. The service has been a breath of fresh air and the outcomes are there – more drive, more activities. People have benefitted greatly." One relative said, "They are leading a full life and that wasn't the case before – that is down to staff."
- People's needs were assessed holistically when they moved to the service and regularly thereafter. Care records were up to date, accurate and detailed. One relative said, "On the health side, they are on top of

everything. Since moving there [person] is looking much better and feeling much better."

Staff support: induction, training, skills and experience

- Staff received a range of bespoke training that helped them identify health and wellbeing issues at the earliest stage. They were exceptionally well equipped to help people achieve the best quality of life outcomes they could.
- The registered manager developed a number of these training modules, incorporating current best practice. They delivered them to the staff team, people (where it was relevant and they wanted to take part) and the provider's other services, making a wider impact on the health and wellbeing of people with learning disabilities and/or autism. For instance, they delivered menopause awareness training, resilience training for staff and health monitoring training. Staff also benefitted from relevant external bespoke training, such as on self-injurious behaviours.
- Relatives were extremely confident in the ability of staff. One said, "They are absolutely excellent – so attentive and on the ball. They pick things up early." One staff member said, "The training is second to none, it covers everything and we're always learning." External professionals expressed similar high levels of confidence.

Adapting service, design, decoration to meet people's needs

- Person-centred adaptations to the premises helped people achieve exceptional outcomes. For instance, one person had specific anxieties linked to the communal bathroom facilities they used. The registered manager installed an en suite bathroom with walk-in bath. This provided private, quiet space and was integral to the person's much improved physical and mental wellbeing.
- Adaptations were made in consultation with people's family and external professionals, who helped ensure changes benefitted from best practice and innovation. This had the most beneficial impact on people's health needs. For instance, one person's risk of self-neglect was reduced by installing a bed that could be folded away to discourage staying in bed all day as an activity. Another person's quality of life had improved significantly since moving to the self-contained flat in the service, where staff had set up a sensory room.

Supporting people to eat and drink enough to maintain a balanced diet;

- People received a range of healthy meal choices and were encouraged to try new things. The cook was experienced and demonstrated an excellent knowledge of people's dietary needs and preferences. One relative told us, "They have lost two stone since moving there – it's a combination of staying active and the meals being healthy."
- The cook used creative ways to encourage people to try new things and to be more involved in food preparation. This included making foods linked to cultural and religious celebrations.

Ensuring consent to care and treatment in line with law and guidance

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 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. We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had an up to date working knowledge of DoLS. They were aware of

forthcoming changes to this legislation and best practice. Where people were not able to choose, appropriate best interest decision making was in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were respected and valued as individuals. They were treated in a dignified way in terms of day-to-day interactions and the way staff helped them plan longer-term aspirations or goals. The service felt homely; people were relaxed and at ease.
- People's communication needs were comprehensively assessed and well understood. Support plans clearly set out how staff should best communicate with people, including how to interpret and act on non-verbal cues. We observed staff following these plans.
- Relatives told us staff treated their family members with dignity and respect, and that there were strong bonds between people and their keyworkers. One relative said, "A lot of the staff have been there as long as them – they know them really well."
- Rooms were well personalised. For instance, one person loved nature and staff had put up large themed picture boards that the person's family had provided.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager worked proactively to ensure people's changing needs could be reflected, and also that the service was ready to support people from any background. They had delivered diversity training and started a cultural calendar. This meant people and staff could find out more about other faiths and celebrations. People were free to explore their own passions and beliefs.
- People were supported to maintain relationships and build new ones. The registered manager had recognised a gap in training and awareness regarding how to support people to safely explore sexual relationships. They had sourced relevant training and had reviewed CQC's Promoting Sexual Safety Through Empowerment document.
- Staff demonstrated respectful, patient and supportive behaviours. One relative said, "It's like a family there – the staff really look out for people."

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured people were involved in decisions about their care and about how the service was run. Where a new person moved to the service staff produced an easy read poster with some personalised information, so people would be aware of who was coming to live in the home. One relative said, "Everything is about them – staff can't do enough. I've been involved in every decision."
- Staff strongly advocated for people, with external health and social care professionals, for example.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were extremely detailed and person-centred. Records contained a range of personalised information about each person's background, interests, loves, dislike and potential triggers of anxiety. Staff demonstrated a clear understanding of this.
- Care plans were reviewed and updated regularly. Staff recognised where people's needs and the reasons behind them changed and ensured records were comprehensive and up to date. Any new staff would have a clear and current picture of a person's needs

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff helped people access the community and take part in a range of activities. The provider's day centre was on the same street and a hub of activity for some people who used the service. This included exercise, crafts and courses such as IT and art.
- Staff embraced technologies that could help people enjoy their independence, for instance iPads and internet enabled devices. One person used these to follow the weather and aeroplane activity. One relative said, "They're doing things they've never done – discos, getting dressed up, it's great."
- Staff ensured people got out and about and accessed the things they wanted, for instance cafes, pubs, shops, discos and day trips. Where people had specific interests they were supported to pursue these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a range of information available in easy read formats. Staff took into account how people could best communicate and understand messages, and tailored their approaches accordingly. Staff were skilled in helping people express their opinions and acting on them.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. There was a clear complaints procedure in place. Relatives were comfortable raising any issues but had none currently. One said, "They were second to none with the move and with keeping touch. There was some anxiety early on but they were great in helping reduce that."

End of life care and support

- This was not relevant to people's needs at the time of inspection but the registered manager ensured people had advance care plans where needed. Where people had suffered their own bereavement staff had taken an inclusive approach to ensure people could understand what had happened and celebrate the memory of relatives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager led the service well and shaped the culture. They were proactive in their external engagement work and ensured all these projects had improved outcomes for people at the heart of them.
- The atmosphere was welcoming and the approach to providing care and support for people inclusive, open and person-centred. External professionals we spoke with confirmed this was always the case when they visited. Staff worked well together and there was a strong team ethic, with staff celebrating the contributions of others.
- Relative's provided positive feedback about the management of the service, with a key theme being the way they championed people's quality of life.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff involved people on a day to day basis. They made changes to ensure the service responded to people's needs and preferences, or the preferences people may have in the future. Relatives confirmed they were regularly asked for feedback and encouraged to contribute ideas to the service.
- The provider held regular forums so registered managers from different services could share ideas and experiences. The provider's held their first service user committee recently, with a representative from the service attending.
- Staff ensured disability was no barrier to people's involvement in the service and the wider community.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated a strong understanding of a range of new areas of best practice. They had reviewed these and shared learning with staff and colleagues from the provider's other services. One external healthcare professional said, "[Registered manager] is always open to trying new things – they never panic and they are a strong advocate for best practice."
- The provider had a structured approach to quality assurance. The service was subject to scrutiny by the provider's quality compliance team. They conducted regular visits to the service. They interviewed staff and reviewed records. Senior staff and the registered manager demonstrated a sound awareness of the service and particular areas of responsibility.
- Staff were confident in their roles and encouraged to take on additional responsibilities. For instance,

medicines champion. This meant there was an effective delegation of roles and sharing of skills.

Working in partnership with others

- The registered manager worked extremely well with external health and social care agencies. They attended best practice and networking events and built on these to embed long-term positive working relationships which benefitted people who used the service.
- Local links were strong. In addition to the provider's nearby day centre, staff ensured people who used the service felt welcome and comfortable visiting a range of local businesses and venues.