







# National Autistic Society (The) Echo Square House

## 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

The inspection was announced and took place on 04 December 2015. This was a focussed inspection to follow up on actions we had asked the provider to take to improve the service people received.

Echo Square House is a service that accommodates three people with autism. The service is located in a town and supported three people at the time of inspection.

The service had a registered manager, who was present during the inspection. 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.

At our previous inspection on 12 and 13 November 2014, we found breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which came into force on 1 April 2015. We asked the provider to take action in relation to quality assurance and keeping

# Summary of findings

confidential records. We also recommended that the provider should follow The Royal Pharmaceutical Societies' guidance on the handling of medicines in social care.

The provider gave us an action plan on 31 March 2015 which detailed they had met the regulations.

At this inspection, we found that improvements had been made to records, confidentiality and quality assurance.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

One person gave us positive feedback about the service. Some people were unable to verbally tell us about their experiences. People were relaxed around the staff and in their own home. We received positive feedback from relatives about all aspects of the service.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there were effective procedures in place to keep people safe from abuse and mistreatment.

Risks to people had been identified. Systems had been put in place to enable people to carry out activities safely with support.

The premises and gardens were well maintained and suitable for people's needs. The home was clean, tidy and free from offensive odours.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. Records were clear and the administration and management of medicines was properly documented.

There were suitable numbers of staff on shift to meet people's needs.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. The Care Quality Commission (CQC)

monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had not needed to submit any DoLS applications.

People had access to drinks and nutritious food that met their needs and they were given choice.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner and took appropriate action.

Relatives told us that staff were kind, caring and communicated well with them. Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect. People's information was treated confidentially and personal records were stored securely.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere within the home.

People's view and experiences were sought during meetings. Relatives were also encouraged to feedback during meetings and by completing questionnaires.

People were encouraged to take part in activities that they enjoyed, this included activities in the home and in the local community. People were supported to be as independent as possible.

The complaints procedure was available, each person had a copy in their room. No complaints had been received.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour.

# Summary of findings

Audit systems were in place to ensure that care and support met people's needs and that the home was suitable for people. Actions arising from audits had been dealt with quickly.

You can see what action we told the provider to take at the back of the full version of this report.

# 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 not consistently safe.

Effective recruitment procedures were not always in place. There were enough staff deployed in the home to meet people's needs.

People's medicines were well managed and recorded. Risks to people's safety and welfare were managed to make sure they were protected from harm.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Requires improvement



### Is the service effective?

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received medical assistance from healthcare professionals when they needed it.

Good



### Is the service caring?

The service was caring.

People were treated with dignity and respect.

People's confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. People's care and treatment was person centred.

Relatives were able to visit their family members at any reasonable time.

Good



### Is the service responsive?

The service was responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People were encouraged to give their views and feedback about the service.

Good



# Summary of findings

The service had a complaints policy. The service had not received any complaints since our last inspection.

## Is the service well-led?

The service was well led.

The registered manager and provider carried out regular checks on the quality of the service.

Staff told us they were well supported by the registered manager and they had confidence in how the home was run.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

**Good**



# Echo Square House

## 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 04 December 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection, we reviewed previous inspection reports and the action plan.

During the inspection we spoke with one person, two relatives, and two staff including the registered manager.

Some people were unable to tell us about their experiences, so we observed care and support in communal areas. We looked at two people's care records which included medicines records. We looked through management records including four staff files.

We asked the registered manager to send additional information after the inspection visit, including some the provider's quality audit. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

At our last inspection on 12 and 13 November 2014, we made a recommendation to the provider about following good practice guidelines with regards to managing medicines in care homes.

At this inspection we found that improvements had been made, staff had been checked by the registered manager to ensure they were competent to administer medicines.

Medicines were securely stored in locked cabinets. We checked each person's medication administration record (MAR). The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The records showed that people had received their medicines as prescribed.

Staff were clear about their responsibilities and understood the home's medicines policy. Only staff who were trained to administer medicines carried out this task. Staff competence to administer medicines had been assessed and reviewed within the last 12 months and this was documented. An audit had been carried out on the 19 October 2015, which reported that medicines were all in date. A copy of the National Institute for Health and Care Excellence (NICE) guidelines 'Managing medicines in care homes' was in place for staff to refer to along with the provider's medicines policy. This meant that medicines were well managed.

One person said they liked living at the home. Some people were unable to verbally tell us about their experiences. We observed people were relaxed around the staff and in their own home.

Relatives told us their family members were well looked after and had no concerns about safety.

Recruitment practices were not always safe. The provider had not followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files held at the providers Human Resources department. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references

were also checked. Two out of four application forms did not show a full employment history. One staff member had a gap of 12 years and the other had a gap of two years. Interview records were not available and the registered manager was not aware of the reasons for the gaps in employment. Staff photos were not available within the staff files and management records held. This meant that necessary records were not available to evidence that appropriate checks had been carried out.

The examples above evidence a breach of Regulation 19 (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were suitable numbers of staff on shift to meet people's needs. One person's needs had started to change. The registered manager showed us information which confirmed they had made a request to the person's local authority care manager to increase their staffing. The person's needs were being met. There were enough staff to meet people's needs because people were largely independent and did not require a high level of support from staff. This arrangement had been risk assessed under the provider's lone working policy. The staff knew the arrangements in place to support them with lone working, such as who to call if they required support.

The premises and gardens were well maintained and suitable for people's needs. Bedrooms had been decorated and furnished to people's own tastes. Any repairs required were completed quickly, maintenance requests were made to the housing association who owned the property. Maintenance records and the signing in book showed that contractors carried out regular work on the building. The fire extinguishers were maintained regularly and fire alarm tests were carried out regularly. Contractors carried out servicing of fire equipment. A service carried out in June 2015 identified that all smoke detectors needed to be replaced. The contractor had been back and carried out this work in a timely manner.

There was a clear plan in place outlining steps that should be taken in case of an emergency, including detailed steps that should be taken if an emergency happened at night. Each person had a detailed personal emergency evacuation plan (PEEP) that described how to safely support each person to evacuate in the event of a fire. Steps had also been taken to ensure that people were safe in case of bad weather.

## Is the service safe?

Risk assessments had been completed covering important areas such as mobility, medication, eating, choking, vision, personal hygiene. Staff explained how they would ensure risks were assessed when people's health needs had changed. They explained how they supported one person to run a bath and checked the water temperature. This meant that staff had the necessary information to enable them to safely support people in the home and out in the community. The registered manager had reviewed accidents and incidents. Alterations had been made to ensure that lessons had been learnt from accidents. A stair gate had been fitted to the top of the stairs to act as a physical barrier and an additional hand rail had been fitted in the stair well to support one person's changing needs.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. Staff had access to the whistleblowing policy and had confidence that if they had concerns these would be dealt with appropriately.



# Is the service effective?

## Our findings

One person told us that staff were good at their jobs and they were good at cooking. They shared what their favourite meal was. One relative told us that the staff had worked at the service for a long time, they explained, “Staff are stable I’ve known them for years”. They added, “It’s a lovely place for the three men”.

Staff demonstrated their knowledge of people’s needs. Staff described how one person’s needs had changed and how they now supported this person to maintain independence whilst increasing the level of care and support.

All staff had received training and guidance relevant to their roles. Training records evidenced that staff had attended the provider’s mandatory training such as health and safety training, epilepsy and medicines training. The provider had also listed required training that staff should attend which included Autism training, sight awareness and data protection. Staff had good knowledge and understanding of their role and how to support people effectively.

Staff received regular supervision from the registered manager. Supervision records evidenced that staff had opportunities to discuss concerns, practice and request additional support and guidance. Regular team meetings were held to ensure that staff were kept up to date concerning any information they needed to know. This also provided opportunities for staff to raise concerns or share anything they felt that other staff members needed to know.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people’s mental capacity should

be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The registered manager had not needed to submit any DoLS applications because people had the capacity to consent to the care they received, and the support provided for them was the least restrictive option. People could access all areas freely and leave the service when they chose to.

People told us that they went out of the service when they chose to. One person told us they sometimes went out by themselves, they explained how they used public transport to go to other areas in Kent such as Gillingham and Chatham. Staff evidenced that they had a good understanding of the MCA and DoLS by detailing how they enabled and encouraged people to make choices.

People had access to nutritious food that met their needs. A weekly menu plan was in place which was put together with input from people and staff. People were supported to make cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had an annual health check up with their GP. Records evidenced that staff had contacted the GP, consultant, social services, Kent Association for the Blind (KAB) and relatives when necessary. People received effective, timely and responsive medical treatment when their health needs changed.

# Is the service caring?

## Our findings

At our last inspection on 12 and 13 November 2014, we identified a breach of Regulation 17 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 10 (1)(2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's privacy was not always assured and their confidentiality was not always respected. We asked the provider to take action to make improvements. The provider sent us an action plan on 31 March 2015 which detailed they had met the regulation.

At this inspection we found that improvements had been made, people's privacy was respected, staff meeting minutes evidenced that following the last inspection and publication of the report, privacy and dignity was discussed in detail. Staff were clear about their duties in relation to this.

One person told us that they liked living at the home, "Staff are nice" and that they were "Happy". We observed that staff were kind, considerate and aware of people's individual communication needs. There was a calm and friendly atmosphere. People's bedrooms were decorated to their own tastes.

Relatives told us that staff treated their family members with dignity and respect. One relative said, "They couldn't treat him any better than I would". Another relative told us the home was "Absolutely lovely, couldn't be better".

People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past. The registered manager was in the process

of developing a revised care plan format, two of the three care files had been updated and the third file was in the process of being amended. The changes were being made so that all the relevant information about people was contained in one place.

Interactions between people and staff was positive and caring. People responded well to staff and engaged with them in activities such as making beds, washing clothes, helping to find towels and having a conversation about what they had done that day and at the weekend.

People and their relatives had been involved with planning their own care. There was evidence of this within care plans, through signatures. Photographs around the home showed that people had been supported to achieve their goals, such as going on holiday abroad.

Staff treated people with dignity and respect. Privacy was observed. For example, staff knocked on people's door before entering. Staff detailed how one person required physical support at bath time, staff ensured the person had privacy by making sure they waited outside the bathroom door whilst the person was bathing. Staff told us they only went into the bathroom when assistance was required.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in a lockable filing cupboard to make sure they were accessible to staff.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere. One relative said, "I can go at any time to see him, I don't have to call".

# Is the service responsive?

## Our findings

One person told us that they carried out tasks independently, such as making their own bed and having baths. Some people were unable to verbally tell us about their experiences. We observed that people were supported to do activities of their choosing. They were not rushed to carry out tasks.

Relatives told us they knew who to contact if they have any concerns or complaints and there was good communication between them and the staff. One relative said, “They keep me in the picture very well”.

The service was responsive to people’s needs. One example of this was staff had put in place adjustments to enable on person to retain as much independence as possible. A talking clock had been purchased to enable the person to tell the time. The registered manager had researched and found talking books which had been offered to the person as it was recognised they loved reading.

People took part in a number of activities based on their individual preferences. During the day people attended a local day service. Two people walked to and from the day service independently. One person’s needs had changed which meant that it was no longer possible for them to walk independently to the day service. Staff supported this person to safely travel whilst in the community. People also participated in activities such as shopping, walking and bowling. People were supported to access leisure activities in the local community and to go on holidays. One relative said their family member “Likes going out, has enthusiasm for life”.

Staff communicated through a communication book/diary as the home was not staffed during the day when people were at their day services. The communication book ensured that there was consistency and continuity for people and staff were aware of important information and events. We observed staff coming on shift and reading this information.

Relatives were encouraged to provide feedback about the service provided to their family members. People were able to feedback about the service in reviews and in regular ‘Service User Meetings’. These meetings took place weekly and they gave people an opportunity to feedback about their home and the service they received. One relative explained they received a regular survey. Two completed surveys had been received by the provider. As a result of feedback, actions had been undertaken to improve some areas of the home, such as new flooring to the ground floor and new windows.

People’s care packages were reviewed regularly. Review records evidenced that relevant people had attended the reviews including relatives, staff and local authority care managers. Review records evidenced that changes in people’s needs had been discussed. Care records were updated when people’s needs changed to reflect the new assessment of needs. For example, one person’s sensory profile had been updated to evidence that their sensory needs had increased, this cross referenced to other areas of the person’s life such as how they made choices, risks and their independence. All of the records had been updated accordingly so that staff were able to be responsive the person’s needs.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was kept in each person’s bedroom. The complaints procedure also included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman, housing association and The Care Quality Commission (CQC). There had not been any formal complaints about the home since our last inspection.

# Is the service well-led?

## Our findings

At our last inspection on 12 and 13 November 2014, we identified a breach of Regulation 20 (1) (a)(b)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 17(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records had not been adequately maintained. We asked the provider to take action to make improvements. The provider sent us an action plan on 31 March 2015 which detailed they had met the regulation.

At this inspection we found that improvements had been made, records had been maintained and completed appropriately.

One person told us they knew who to tell if they were worried or upset. They said they “Could tell staff”. Some people were unable to verbally tell us about their experiences. People clearly knew the registered manager and the staff team.

Relatives told us the service was well led and provided their family members with the quality of care they would expect. One relative said, “I don’t think there is much they can do to improve it”. Another relative told us, “They look after him, I’m very, very relieved to know he’s happy and well looked after”.

Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to. One member of staff told us the registered manager often visited the home and was “Accessible by phone” when needed.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us they felt valued and they understood the vision and values of the organisation. They felt there was an open culture at the home and they could ask for support when they needed it. The home had a statement of purpose and staff handbook that set out clear values for the organisation. This included, ‘We want a world where autism

is understood and people with autism have the support they need to ensure that their rights are upheld and that they have the same opportunities as others in society’. We observed that the staff had embedded these values in to their work, people were supported to be active members of their community and had their rights and freedoms upheld.

Staff told us that communication between staff within the home was good and they were made aware of significant events. Essential information was passed on between staff through communication book.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries and safeguarding concerns. The rating for the inspection conducted in November 2014 was displayed on the wall of the home in a prominent place, so that it was visible to people and their relatives.

Policies and procedures were in place to support the staff to carry out their roles effectively. Records completed by staff were clear, concise. These had been completed thoroughly, without gaps. This meant that people’s care records contained up to date and relevant information about their care.

The registered manager and provider had audits systems in place. A number of audits were carried out at the home that monitored the quality of the service and identified any areas where improvements were required. The provider had carried out an audit on 24 September 2015. The audit included talking with people and a relative. The audit found that there were no concerns. The overall summary of the audit reported, ‘Overall, this was an excellent service. The stability offered by long standing staff was evident in every aspect of the service, and (registered manager) is clearly a well respected and capable leader. The house was warm and personalised, and the paperwork spot on’. The audit listed a few possible areas where fund raising could provide enhancements, these areas were being explored.

The registered manager also carried completed an annual quality assurance report. The report for 2014 to 2015 highlighted that improvements were required in 2015 to 2016, as detailed in the previous CQC report. These improvements had been made.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not established and operated effective recruitment procedures.

Regulation 19 (2)(a)(3)(a)