

North East Autism Society

Ashton Way

Inspection report

2 Ashton Way
East Herrington
Sunderland
Tyne and Wear
SR3 3RX

Tel: 01915282084

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Ratings

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

Summary of findings

Overall summary

About the service

Ashton Way is a care home for up to three people who have autism spectrum conditions. It is a detached house in a quiet residential area. At the time of this visit there were three 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 small and personalised, with no obvious signage indicating it was a care home. The feel of the service was homely and determined by people's needs.

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

People were enabled to safely pursue their own interests by staff who understood how to minimise risks and maximise the opportunities open to people. Positive risk taking was part of the culture and ensured people were able to gain increased levels of independence.

Relatives and external health and social care professionals had confidence in the ability of staff to meet people's needs safely and consistently.

The provider used clear systems for monitoring and analysing any incidents, accidents or safeguarding concerns.

Staff worked well with external health and social care professionals. They also had access to an internal team of occupational health and other specialists.

Staff received good support from the registered manager and the provider. Mandatory training was well managed and bespoke training put in place where needed.

People's needs were regularly assessed and staffing reviewed. Staff had a comprehensive understanding of people's communication needs and used a range of methods to help them play a part in the running of the service.

Activities were varied and geared towards people's interests. People's individualities were valued and reflected in the way staff planned activities.

Relatives and external healthcare professionals felt the service was well-managed. The registered manager continually sought ways to improve the service with a view to helping people live full lives. Staff played a full part in this and were confident in their roles.

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 live as full lives as possible.

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 20 September 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?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Ashton Way

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

Ashton Way 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. We used all of this information to plan our inspection.

During the inspection

People receiving personal care were unable to speak with us at length so we spoke with three relatives about their experience of the care provided. We observed interactions between people and staff. We spoke with four members of staff: the registered manager, deputy manager, and two support workers.

We reviewed a range of records. This included two 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

- Risks were managed well and regularly reviewed. They were informed by specialist advice where needed and always had regard to people's preferences and goals. There was a focus on positive risk taking.
- Staff were experienced in Positive Behaviour Support. This meant positively encouraging people in areas they were interested in to ensure they did not become anxious or agitated.
- Care files contained detailed and accessible emergency information in case people needed to move quickly to hospital. Information about the risks people faced was detailed and person-centred so any new staff would be able to gain a strong understanding.

Learning lessons when things go wrong

- Processes were in place to ensure any incidents, accidents or safeguarding alerts were documented and analysed appropriately. This meant lessons could be learned and staff at all levels remained accountable and vigilant.
- The provider had good oversight systems in place. This included monthly analysis of incidents, regular visits to the service, internal audits and meetings where registered managers from different services could meet to share good practice and lessons learned.

Systems and processes to safeguard people from the risk of abuse

- The registered manager ensured people's safety was paramount. Safeguarding was a standing item at staff meetings, which updated staff with new areas of good practice in safeguarding. All relatives we spoke with had confidence in staff keeping people safe. One said, "They have kept [person] safe and give them the required support in times of anxiety and the difficulties they face."
- Comprehensive safeguarding and whistleblowing policies were in place and staff were knowledgeable and confident about their responsibilities.

Staffing and recruitment

- There were enough staff to safely meet people's needs. The rota was regularly reviewed in line with people's needs and preferences.
- The provider recruited new staff safely by undertaking a range of checks.

Using medicines safely

- Staff demonstrated comprehensive knowledge of people's medicines needs and the systems in place. Staff worked consistently and in line with best practice to document medicines administration. Medicines were reviewed by external clinicians at least every 6 months.

- Where there had been an isolated error, there was a fact finding investigation and prompt action taken to keep people safe and staff supported.

Preventing and controlling infection

- The premises were clean throughout. Relatives confirmed this was always the case when they visited.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed regularly and from a holistic perspective. Where people joined the service there was a comprehensive pre-assessment in place. The needs of people already living at the service were clearly considered in terms of potential impacts.
- The registered manager was aware of a range of best practice, including recent updates in oral care. Each person had a range of up to date care plans, including an oral health care plan. Health passports and action plans were in place and up to date.

Staff support: induction, training, skills and experience

- The majority of staff had worked at the service for a number of years; they were confident and experienced in their roles. They received ongoing refresher training and professional development opportunities. For instance, they had recently attended half-day 'Active Support' sessions regarding how to further support people to lead more independent lives through making positive day-to-day choices.
- The provider managed training needs through a training matrix and monthly reporting. The provider had internal specialists who could deliver bespoke updated training in some areas. The registered manager also delivered some training, for instance around health and nutrition.
- Feedback from external professionals about staff competence and experience was consistently strong. One told us, "The team, led by the senior, have been proactive in their approach and have made some real progress in terms of supporting [person] in order to improve their quality of life."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- There was a focus on people having a choice and being encouraged to try healthy eating and activities.
- Staff took proactive steps to ensure people could be more involved in planning, buying and preparing meals. For instance, one person went shopping with pictorial menu and ingredients cards to help them understand which ingredients they needed to make their favourite meals.
- Care plans recognised people's dietary needs and preferences. Staff sought help from specialists, such as dietitians and the speech and language therapy team, when needed. They implemented this advice and improved people's ability to enjoy meals healthily.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked proactively with external healthcare professionals to ensure people accessed the clinical help they needed. For instance, agreeing the best way for one person to visit the dentist without becoming anxious whilst waiting in the busy waiting area.

- Staff had access to the provider's team of health specialists, for instance regarding occupational therapy.
- Staff maintained mutually respectful and effective working relationships with external health and social care professionals.

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

- The premises were appropriate to people's needs, with personalised and adapted bedrooms and ample communal space.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had a good knowledge of DoLS. They helped people to make smaller day-to-day decisions and ensures appropriate documentation was in place where people were unable to make other decisions. The registered manager demonstrated a good knowledge of the forthcoming changes to the DoLS process (Liberty Protection Safeguards).

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 outstanding. At this inspection this key question is now rated good. 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

- Respecting and promoting dignity and independence was a core strength of the service. Relatives said, "They show compassion and care and we cannot speak highly enough of all the staff," and, "Everyone is polite and respectful." We observed a range of patient and dignified interactions by staff.
- Care plans contained detailed information about people's communication needs. We observed staff communicating in line with these plans to ensure people were best able to understand them, and best able to make informed choices.
- Relatives told us staff treated their family members with dignity and respect. They valued the consistency of the staff team and the lack of reliance on agency staff. One said, "They are a superior set and they make the difference."

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

- Staff had a good understanding of people's differences. They respected people as individuals and ensured they were treated as such, and not just as a group.
- Staff demonstrated respectful and supportive behaviours during our inspection. Relatives confirmed there were times when staff chose to help with an activity or event on their day off as they enjoyed spending time with people.
- External health and social care professionals agreed. One said, "The atmosphere in the home has always been relaxed on my visits and the staff treat people with respect and dignity."
- People's rooms were highly personalised. One staff member had designed some large wall art for a person, based on one of their favourite activities.

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

- People were encouraged and empowered to feel a part of the service and make decisions that impacted on them. One person enjoyed taking their own minutes of meetings and reviews of their care plan. Staff ensured this was incorporated into documentation to represent their views.
- Residents meetings were used to help give people opportunities to have a say in what they wanted.
- Staff encouraged relatives to advocate for people. One relative said, "They do stop to discuss progress and issues and take on board what is said by myself from my own experience. The dialogue is very much appreciated." Another said, "They always work together to come up with solutions on a daily basis. They include us in this and keep us informed of outcomes. We always feel our input is listened to and valued."
- People were encouraged to maintain family bonds. Staff worked flexibly to ensure people could have quiet time with their relatives when they visited, or go to see their relatives when they wanted.

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 person-centred and contained a lot of detail about each person's background, likes, dislikes, and other key information. They were reviewed and updated regularly so the care files were meaningful up to date documents based on people's changing interests.
- Care was planned from the starting point of enabling people to do as much as they could, and to encourage people to live full lives.

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 take part in a range of activities so they could develop their interests, skills and relationships. Regular activities included a disco, friendship group, swimming, bowling and a range of days out.
- Staff understood people's life histories and the things that meant the most to them. Plans had regard to this. For example, sometimes people would go out for a walk on their own whilst supported by staff, but meet the others for a picnic together; staff helped people find a balanced of socialisation and time alone that they were happy with.
- The provider was looking into developing an online portal for families whereby they could see updated information about people.

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. The provider used social stories to help ensure people were aware of plans for the day or prepared for particular outings/events that may bring about a level of anxiety. Social stories are visual storyboards that help people with autism understand and plan activities.

Improving care quality in response to complaints or concerns' end of life care and support

- There had been no recent complaints about care provision. The provider had a clear complaints procedure in place. Relatives told us they were comfortable raising any issues but had none currently.
- The registered manager was aware of training and best practice guidance should there be a need to consider end of life care in the future; it was not relevant at this time.

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.

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

- There was a focus on continually trying to improve outcomes for people. The registered manager had started keeping a file called 'Our Shared Best Practices' where they and other staff documented what had worked well and shared it with other staff. Where we suggest an improvement to one area of auditing, the registered manager was receptive and took this on board.
- The provider had a consistent and structured approach to quality assurance. There was comprehensive oversight of all key areas of the service.
- The registered manager delegated well. Staff had 'champion' roles covering particular areas, such as medicines and activities.
- Staff were well supported and encouraged to contribute. They understood their roles well and felt empowered to make suggestions where they saw opportunities to improve the care people received. For instance, sourcing new equipment or trying a different approach to activities.

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

- Staff acted in line with the provider's stated approach, which was to help people fulfil their potential and interests. This led to demonstrable positive outcomes for people, such as greater independence and new social activities.
- Relative's feedback about the service and how it was run was consistently extremely positive. They said, "We're very happy with the service – we have peace of mind," and, "All [person's] needs are met and we couldn't wish for a better home." External health and social care professionals also confirmed they felt the service was well-led.
- The registered manager was complimentary and supportive of their staff. The culture was mutually supportive. The team had been nominated for an internal 'Commitment to Excellence' award the previous year and took pride in their work.

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

- The registered manager engaged well with people and their relatives to ensure they had a voice. A range of communication aids and visual prompts were used to ensure people were best able to understand the options.

Working in partnership with others

- The registered manager had formed close working relationships with external health and social care professionals. This enabled them and staff to work proactively and flexibly with them to best meet people's needs. Community links were in place and staff regularly took part in fundraising events.