

Autism & Aspergers Care Services Ltd

Autism and Aspergers Care Services Ltd

Inspection report

53 Percival Road
Eastbourne
East Sussex
BN22 9JN

Date of inspection visit:
07 December 2016

Date of publication:
30 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 7 December 2016. Autism and Aspergers Care Services Ltd provides personal care and accommodation for up to three people with a learning disability. Three people were using the service at the time of the inspection.

There was a registered manager in post at the time of this 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.

The previous inspection of the service took place on 3 October 2013. The service met all the regulations we checked at that time.

People received safe care and support. Staff understood the types of abuse and neglect which could happen to people and their responsibility to report any concerns to protect them. Staff assessed risks to people's health and safety and had support plans in place to keep them as safe as possible. Accident and incident records were analysed to minimise recurrence of injury to people. There were enough staff deployed at the service to meet people's needs. The provider carried out robust recruitment checks to ensure staff were suitable to support people. People received their medicines safely when they needed them. Staff were trained in the safe management of medicines.

People were supported by staff suitable for their role. Staff received induction and relevant training to the needs of the people they supported. Staff had the skills and knowledge to meet people's needs. Staff were supported in their roles and received regular supervision to monitor their performance.

Staff followed the requirements of the Mental Capacity Act 2005 where people did not have the capacity to understand or consent to a decision about their care. Staff sought people's consent before they provided care. Staff supported people in line with their preferences and wishes. Staff complied with the requirements of the Deprivation of Liberty Safeguards to ensure each person's rights were protected.

People accessed the health and care services they needed. People had sufficient food and drink which met their preferences. People received specialist diets appropriate for their dietary requirements.

People said staff were kind and caring. Staff were respectful of people's dignity and privacy. People looked relaxed and happy around staff. People could have visitors from family and friends whenever they wanted and were supported to visit relatives when they wished to do so.

Staff understood what was important to people and worked closely with them and their relatives to ensure each person led a meaningful and enjoyable life. Staff supported people's participation in the community. People received the support they required to maintain contact with family and friends.

Staff assessed people's needs and had support plans which showed how people wanted their care provided. Care plans showed individual preferences of people including their health needs and goals. People contributed to the reviewing of the support they needed and received input from relatives where appropriate and healthcare professionals involved in their care. People received support and care which met their individual needs.

People, their relatives and staff described the registered manager as approachable and open to ideas and feedback. People and their relatives attended meetings and completed surveys about their views of the service. The registered manager reviewed their feedback to improve the service.

People had access to the complaints procedure. The policy was in an easy to read format to help people and relatives know how to make a complaint if they were not happy about the service.

The registered manager and provider undertook regular checks on the quality of the service and made improvements when necessary. The registered manager worked in partnership with healthcare professionals to ensure people received the support they needed.

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.

People felt safe at the service. Staff understood their responsibilities to protect people from the risk of abuse.

Staff identified risks to people's health and safety and put guidance in place to manage the risks. The provider carried out appropriate recruitment checks to ensure staff were suitable to support people. There were sufficient staff to meet people's needs.

People received their medicines safely as required. There were checks in place to ensure staff managed people medicines appropriately.

Is the service effective?

Good ●

The service was effective. People received support from competent staff with relevant skills and knowledge. Staff were supported in their role. Staff received supervision and had training to enable them to perform their role.

Staff upheld people's rights under the Mental Capacity Act 2005 and complied with the requirements of the Deprivation of Liberty Safeguards requirements were met where

People gave consent to support and care. People had access to health care services for appointments or if they felt unwell.

People had enough to eat and drink and had specialist diets provided in line with their nutritional needs.

Is the service caring?

Good ●

The service was caring. Staff were polite and caring. Staff treated people with compassion and kindness.

Staff respected people's dignity and privacy.

People were involved in planning for their support and care and were provided with the information they needed in a format they

could understand.

People were encouraged to be as independent as possible. Staff knew people's likes and dislikes and their life history. People received support to maintain relationships with their friends and family.

Staff encouraged people to be as independent as possible and helped them to learn new independent living skills.

Is the service responsive?

Good ●

The service was responsive. People had their health needs assessed. Support plans were person centred and had details for staff about how to deliver people's care.

People and their relatives were involved in the planning and review of their care.

People had access to activities that matched their interests and goals. People led active social lives and received support to access the wider community.

People had information about how to make a complaint. The service had a complaints procedure in place.

Is the service well-led?

Good ●

The service was well-led. There was an open and positive culture at the service. People, their relatives and staff described the registered manager as friendly and approachable.

Staff were supported and felt able to discuss any issues with the registered manager.

People and staff were involved in developing the service. Their feedback was used to drive improvements.

The registered manager carried out checks on the quality of the service and made improvements if necessary. Quality assurance checks were up to date and robust.

The service worked positively with healthcare professionals.

Autism and Aspergers Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection of Autism and Aspergers Ltd 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.

We undertook this unannounced inspection of Autism and Aspergers Ltd on 7 December 2016. This inspection was carried out by an inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform the planning of the inspection.

During our inspection we spoke with two people who used the service. We spoke with three care staff and general manager. The registered manager was not present during the inspection.

We looked at three people's care plans and their medicine management records. We looked at other records held at the service including staff files, recruitment files, records of quality assurance and other records which related to the management of the service such as training records and policies and procedures.

We undertook general observations of how people were supported and received their care in the service.

After the inspection we spoke with two relatives and received feedback from three healthcare professionals.

Is the service safe?

Our findings

People and their relatives told us people were safe at the service. When we asked people if they felt safe when they were with members of staff they replied, "Yes I feel safe" and "I have no concerns with them." One relative told us, "[Person] has lived there a long time and staff have looked after [person] very well."

People were protected from the risk of abuse. Staff knew the types of abuse that could happen at the service and what actions they would take to protect people. Staff understood their responsibility should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. One member of staff told us, "I would report to the manager if I had concerns." Another said, "We have a safeguarding procedure we follow to raise any issues about potential abuse to people."

Staff knew how to report abuse to keep people safe. There was clear information displayed at the service for people and visitors about who to contact should they have any concerns about abuse. Staff understood 'whistle blowing' and knew how to raise concerns they may have about their colleague's practice or an unresolved abuse case at the service. Staff told us they had not needed to do this but felt confident to do so. One member of staff said, "I can 'whistle blow' to the local authority safeguarding team, police or CQC if needed."

People's finances were secure and managed appropriately. People received the support they required to manage their money and could access it when needed. The registered manager ensured staff maintained accurate records of people's finances. Financial audits showed staff followed the provider's money handling procedures to reduce the risk of misuse.

People were safe because staff assessed and managed risks to their health and safety. Risk assessments were in place of identified hazards such as cooking, eating and drinking, bathing, fire safety and going out into the community. Support plans were in place and regularly updated to ensure they continued to reflect people's needs and guide staff on how to provide care to people whilst keeping them as safe as possible. One member of staff told us, "We manage the risk of choking to [person]. We cut up their food into small pieces and follow guidance from the dietician." Records showed staff had information on what to do in the event of a person choking.

Staff knew what to do in an emergency to keep people safe. Staff had information on how to deal with emergencies like a fire, power cuts and sickness absence to protect people. There were clear procedures in place to evacuate the building safely. The registered manager ensured each person had a plan which had information about the support they required to evacuate the building in an emergency. Records showed staff regularly practiced fire drills to ensure they knew how to support people to evacuate the building safely.

People lived in a safe environment. Assessments were carried out to identify any risks of harm to people around the home. This included infection control, fire safety and falling out of a window. Staff had guidance

on how to support people around these risks. Fire safety equipment was regularly checked to ensure it would work properly in the event of a fire.

People were protected from the risk of avoidable injury. One member of staff told us, "We use the first aid box to treat a minor injury and report and record the event in the accident and or incident book." The registered manager reviewed accidents and incidents to look for trends that may suggest a person's health and support needs had changed and to minimise the risk of a recurrence. One person had a risk assessment carried out on their mobility after an incident whilst out. Staff had reviewed the person's support plan to ensure they received safe care and support.

There were enough staff deployed to meet the needs and preferences of people living at the service. One person told us, "There is always staff around. They check and ask if I need help." A relative said, "There are enough staff to keep [relative] safe in the home and when out." There were enough staff on duty to provide one to one support to a person who required that level of assistance. People told us additional staff were brought in to support them to attend appointments and go out. For example one person was accompanied to go out and do their shopping. Rotas were adequately covered and sickness absences were managed appropriately.

People received support from staff suitable for their role. The provider carried out robust recruitment checks to protect people from the risk of receiving support from unsuitable staff. This included obtaining references, full employment history, identity and criminal records checks and their right to work in the country. One member of staff told us, "I only started to work in the service when all the checks had been returned." Records confirmed this was the case for all new staff.

People received the support they required with their medicines. The registered manager carried out risk assessments on people's ability to manage their medicines. One person was supported to self-administer their medicine and told us, "I do my own [procedure]. The nurses showed me how to do that." The service worked with healthcare professionals to support the person to develop the knowledge, skill and confidence they needed to understand and make informed decisions about managing their medicines and their health.

The registered manager made regular checks to ensure people received their medicines safely. People's medicines were managed and administered in line with the provider's procedures and 'as required' medicines protocol. Staff had accurately completed medication administration records and showed people had received their medicines at the correct time and right dose. Medicines were labelled and contained both the expiry date and the date of opening so that staff would know they were safe to use. Staff carried out daily checks on medicine stocks to reduce the risk of misuse and rectify any errors. Only staff trained and assessed as competent supported people with their medicines.

Is the service effective?

Our findings

People received appropriate support from well trained staff. Staff had sufficient knowledge and skills to enable them to care for people. One person told us, "Staff are lovely and helpful." One relative said, "I do think staff are good at what they do. They are committed and supportive." One health professional told us, "Staff contact us when they have any concerns about [people]."

New staff underwent an induction process which ensured they had the skills to support people effectively. One member of staff told us, "I had regular meetings with the manager to go through the service's procedures to make sure I understood what was expected of me." Staff completed an induction which included finding out about the people they cared for, safe working practices and undergoing a medicines management training and competency assessment. A new member of staff was paired with an experienced colleague who supported them to understand their role. The registered manager regularly reviewed the staff's performance during the probationary period to ensure they had learnt how to support people the way they wished. Staff were confirmed in post after they had completed all the mandatory training and the registered manager had assessed them as competent to support people independently.

Staff attended regular training which ensured they gained the skills and knowledge to undertake their role. One member of staff told us, "The training gives us the knowledge on how to support people with their individual needs." Another member of staff said, "We can request additional training on areas we need to develop our practice." Staff received specific training based on the support needs of people such as challenging behaviour, positive behaviour support, managing diabetes and understanding people with learning disabilities and autism. Records confirmed staff had completed specific training and mandatory learning that included safeguarding adults, managing medicines, first aid and infection control. We observed staff using positive behaviour support effectively towards people.

Staff received effective support to carry out their role. One member of staff told us, "We have one to one meetings with the manager to discuss what's working well and what we need to do differently." Another said, "We discuss our training needs and get feedback about how well we are doing in supporting people." Supervision records were up to date and confirmed the meetings. They showed the registered manager monitored staff performance and established what they needed to do to improve their practice. The registered manager undertook appraisals on staff performance and put a learning plan to develop their skills and knowledge when necessary. Staff were able to approach management with concerns. Staff team meetings were held regularly to ensure staff worked consistently with people.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood and supported people in line with the principles of Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). One member of staff told us, "MCA is for people who are unable to make a decision for example having a wash or taking their medicines but they may be able to make a decision about their food or what to wear." Where necessary people had mental capacity assessments carried out by health professionals to establish whether they could make decisions about their care and treatment. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own were completed. The registered manager had arranged for 'best interest' meetings where a person lacked mental capacity and were unable to make certain decisions. Records showed all staff had attended training on MCA. The registered manager ensured staff respected people's freedom. One person told us, "I go out as often as I wish. No one stops me from going leaving." At the time of our inspection no-one was subject to a DoLS at the service.

People were involved in making decisions about their day to day care. Staff asked people for their consent before they provided them with care. One person told us, "Staff ask if I need help. They only help when I say yes." Care records showed how staff supported to understand a decision they needed to make about their personal care.

People had enough to eat and drink to keep them healthy. People enjoyed the choice of meals and drinks offered at the service. One person told us, "The meals are great. I choose what I like to eat and when to have my food." Staff supported people with menu planning and doing their grocery shopping to enable them to meet their goal of eating healthy and managing their diet. People's preferences for food were identified in their care plans. Staff encouraged people to have healthy eating habits and promoted fruit and vegetables in their diet. Staff supported people to prepare fresh food at the service. Another person said, "I enjoy preparing lasagnes." The registered manager ensured people had access to fruit and snacks and could prepare or request drinks when they wished.

People received support to maintain their health and to access healthcare services when needed. Each person had a health action plan. Staff maintained records about people's appointments and check-ups with healthcare professionals. People and records confirmed staff made appropriate referrals when people's health needs changed to ensure they received care and treatment. One person told us, "I have a follow up appointment confirmed. I will be seeing a specialist next month." Another person said, "I ring the GP and make my own appointments. Staff do remind me of any appointments or visits from a nurse." Records showed people had received support from health professionals such as dentists, community nurses and opticians. Staff supported people to attend annual health review meetings to discuss any further support they might need. The registered manager ensured staff recorded any treatment given and followed advice given about people's care.

Is the service caring?

Our findings

People and their relatives were positive about the caring nature of staff. One person told us, "Staff care for us really well. They are kind and considerate." One relative said, "They're all very caring. We are always welcome, it's an open house." During the inspection we observed staff address people by name and spoke pleasantly to them.

People told us they knew the staff who supported them and had developed positive and caring relationships with them. One person told us, "Staff know when I am ill or just worried about my health." One relative told us, "[Person's name] gets the right support. We can't wish for anything better." Care records detailed information about people's background and their support needs. Staff told us they used the information to get to know each person well which enabled them to provide them with appropriate care. Staff took sat and talked with people and showed positive and friendly interactions with them.

People were offered choices and encouraged to make decisions with their day to day activities. One person told us, "Staff know my routine and what I like. They ask if I need help with my care before I go out." Staff were able to tell us about people's hobbies and interests and how they wished to spend their day. We confirmed this information when we spoke with people and when they showed us their bedrooms, furniture and personal collections that matched what staff had said. Support plans had details about people's preferences, likes and dislikes. Care records showed staff respected people's choices and supported them as they wished.

People were treated with dignity and respect. One person told us, "Staff will talk to me and explain why they need to check things in my room in advance and ask if this is ok." People told us they chose the member of staff who accompanied them for hospital appointments and outings. One member of staff told us, "I respect people's privacy. We knock on their doors and go in when told to do so." Staff said they closed doors and curtains when supporting people with care to protect their dignity and privacy. Another member of staff said, "We let people choose what they want to eat or what clothes to wear." Staff ensured people had their own toiletries in the bathroom so that they did not have to use the same as everyone else."

Staff supported people to maintain relationships with their relatives and friends. People told us their relatives were made to feel welcome at the service and were free to visit as they wished. One person said, "My parents can visit whenever they want." Another said, "I am going on an overnight visit to a relative's wedding." We saw a member of staff discuss with the person if they had packed everything they needed for their outing. Staff told us they supported people to arrange visits to their relatives and ensured each person took their medicines which they required for their health.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. One person told us, "I know where I want my things to be. I keep my room tidy." Another person told us, "I do not need support with my bath. I like to do it myself. I manage my medicines and staff remind me if I have had my injection. It's something I would like to continue doing myself." Staff told us they encouraged a person to make their sandwiches for lunch before they went out to work. Care records showed the support

people had received and the tasks people had done to retain and or develop their skills.

Staff understood people's communication needs and used this knowledge to support people to make decisions about their day to day life. People received information about their care and support in a manner they could understand. The service had a newsletter, individualised menus and interactive noticeboards in people's rooms and the kitchen where people could check events at the service. Staff provided information using pictures and easy to understand text, for example the menu and pictures of members of staff on duty. Information such as staff on duty, menus and activity planners were up to date and provided people with accurate information. One person told us what they had for lunch and the places they had visited and this corresponded to what was recorded in their activity planner. Care records showed people's communication needs and how staff were to support them. For example, one person used staff photographs to choose the staff they wanted to support them with their care. Staff respected the person's choice and provided their support as they wished.

People's rooms were individualised. For example, one person's room was being redesigned and a new layout done as they had requested. Another person had received support from their family to set up their room and was involved in choosing the furniture and wall colours of their room.

Is the service responsive?

Our findings

People received support which met their individual needs. People and relatives were involved in assessing people's needs and planning for their support and care. One person said, "We talk about my care and the support I need." Staff worked with healthcare professionals to identify the support people required with their health and daily living skills. Assessment records contained information about people's health, background and preferences. Support plans detailed guidance for staff on how to support people with their individual needs and in line with their preference. People received support that matched with preferences recorded in their care plans. For example, one person received the support they required to go out to do their weekly shopping.

Staff were responsive to people's individual needs because they had up to date information of their health and the support they required. People and their relatives confirmed they attended review meetings of people's care. One relative said, "We have regular meetings and we look at where things are. Staff are quick to tell us any changes in [relative's] care or support." Each person had an assigned member of staff whom they met with every month and discussed their needs and progress in attaining their goals. Staff worked with other healthcare professionals who contributed to review meetings for example records showed staff had discussed with community nurses about the skills a person required to manage their diet and medicines. The person's support plan showed the actions they needed to take to attain their goals to manage their health. Care plans reflected people's current health needs and the support they required.

People received the support they required to take part in activities they wished. One person told us, "I enjoy going out to a local cinema." Another person told us, "I like going out for meals and like the bus rides." Staff supported people to visit places that interested them and to attend festivals in the community. People were supported to maintain a healthy lifestyle by going out for regular walks and doing exercises as recommended by healthcare professionals. Records showed how people spent their time in and out of the service and their level of interaction with other people and staff.

People had access to a wide range of social and developmental activities which enabled them to lead fulfilling lives. Staff supported people to engage in activities which gave them the opportunity to become more independent and gain life skills. For example, one person was in paid work and used public transport independently to commute to work. Another person was supported to be creative and have stimulating experience as they assembled miniature train stations and railway tracks. Staff and people's relatives encouraged people's participation, independence and outcomes with art, gardening and cooking.

The registered manager acted on feedback about the service to improve people's experiences at the service. The service sent out family satisfaction surveys, resident's and staff questionnaires get ideas to drive improvements at the service. We read questionnaires completed by relatives and compliments received by the service. The quality assurance surveys results of 2016 were positive and showed people, their relatives and staff were happy with the service. Visitor's had positive compliments about the service. One relative had commented, "I feel all elements of [relative's] day to day living have been met to a good standard. I couldn't think there is anywhere better for [relative]." Another relative had written, "Thank you for all the kindness

and care [staff] give to [relative]. Great work."

People and their relatives knew how to raise a concern using the service's complaint procedure if they were not happy about their care. One person told us, "I feel I can talk to the staff or manager at any time if things are not ok." Another said, "The staff are very nice. I can talk to them or my [relatives] if I have any worries although I have never had to complain about anything." People and relatives were confident the registered manager and staff would listen to and respond to any complaints they raised. The general manager told us and records confirmed no complaints had been made about the service in the past 12 months.

Is the service well-led?

Our findings

People and their relatives told us the service was well managed. One person told us, "It's good here. A well run place." One relative told us, "They do everything so well. I couldn't be happier and [person] is very happy to return to the service after visits home." Another relative said, "We are happy [person] lives here. The staff and managers are very good."

People, their relatives and staff told us there was a positive and open culture at the service. One person told us, "The managers are here most of the times and come around for a chat and check if everything is fine." One member of staff said, "[People] are at the centre of everything we do. They come first." People and their relatives spoke highly of the staff and described the registered manager as approachable. Records showed senior management from the provider's organisation regularly visited the home to give people and staff an opportunity to talk to them and to ensure people received good quality care. Staff understood the service's culture and values and supported people to live "a life as a fully participative member of the local community, where they are shown dignity, respect and are valued as individuals in their own right." The registered manager discussed the vision and values at induction, team meetings and supervisions.

Staff felt supported in their role and were able to raise any concerns with the registered manager or senior management. One member of staff told us, "There is always someone available for advice. The registered manager does listen if there is anything of concern." Staff were involved in how the service was run and discussed how to improve their practice. The registered manager held regular meetings to ensure staff worked consistently with people. Staff told us they used team meetings to share learning experiences from training courses attended. Records showed the registered manager discussed incidents and accidents and how to prevent such events from recurring. The registered manager ensured staff understood their roles in relation to the way they supported people.

Staff said the registered manager encouraged good team working and felt supported by their colleagues. One member of staff said, "We support each other. Everyone plays their part. We make sure we pick up from where others have left." Information about people's needs and the support they required was shared appropriately between staff and management through team meetings, supervisions and daily handovers at the start and end of each shift. Staff recorded significant events about people which ensured they had up to date information about their needs and the support they required before they started working with them.

People received coordinated care for their needs because the registered manager worked in partnership with healthcare professionals. People received appropriate and timely care and support for their health needs. One healthcare professional told us, "Staff contact us when needed and help people to follow our guidance to manage their conditions."

Staff held regular meetings to obtain people's views about the service. One person told us, "We talk about how things are in the home." Another person said, "Staff listen to what we have to say." Minutes of the meetings showed people discussed changes they wished to see at the service. For example, people had made suggestions about their menu and care records showed this had been done. People had also made

suggestions how they wanted information signs to be displayed at the service. The registered manager had ensured this was completed. People contributed to the agenda and were supported to speak at every meeting. For example, one person was supported to attend part of the meeting as they wished. People were able to contribute to their care and daily records confirmed that suggestions made by people were listened to and implemented.

The service adhered to the requirements of their registration with Care Quality Commission (CQC). The registered manager was aware of their responsibilities with regards to reporting significant events to the CQC and other outside agencies. They had submitted statutory notifications to CQC as required.

The registered manager used robust audit systems in place to monitor effectively the quality of service and made improvements where necessary. Regular monthly checks included audits to ensure people had received their medicines in line with the provider's procedures. The registered manager ensured medicine records were up to date and completed accurately. Regular audits of people's finances showed there were no discrepancies and staff had followed appropriate procedures to minimise errors. The registered manager reviewed care and support plans and daily observation records to ensure staff maintained accurate information about people's health and the support they required.

The service worked in partnership with organisations and healthcare professionals to support people's care provision and service development.