

Education and Services for People with Autism Limited

Education and Services for People with Autism Limited - 8-8a The Cedars

Inspection report

8 The Cedars
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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

The inspection took place on 24 August 2018. The inspection was announced. This was because the service is a small care home for people with learning disabilities and/or autism who are often out during the day. We needed to be sure that they would be in. Telephone calls were made to relatives on 6 September 2018 in order to capture their views and experiences of the care provided to their loved ones.

8-8a The Cedars is a residential care home for 10 people with learning disabilities and / or autism. There were seven people receiving care at the time of this inspection aged from early 20's to 60 years of age. There are two buildings making up the premises, people with a range of needs live in the main building and people with more complex needs live in 'The Coach House'. Bedrooms in the main building are decorated and furnished as flats, with two self-contained flats within The Coach House.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The care service had adopted the principles and values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. Some people with learning disabilities and autism using the service can live as ordinary a life as any citizen. For others there were some limitations to this due to their complex care and support needs.

Staff had received relevant training and the provider employed robust recruitment procedures to keep people using the service safe. Staffing levels were appropriate and reflected people's needs with risks appropriately assessed, monitored and mitigated. Medication was safely managed in line with relevant guidelines and were being consistently reviewed to improve administration practices. Premises were safe, clean and tidy and infection control procedures were in place to minimise risk.

Care and support needs were appropriately assessed to ensure that people's ongoing needs and required outcomes were captured. Staff had received appropriate training to deliver effective care and support and this was monitored and managed by the registered manager and the provider central function. People had access to various healthcare professionals and this was well managed with information routinely shared across organisations. The service supported people to maintain healthy lifestyles and this included specific exercise plans and good nutrition and hydration. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Premises were adequately adapted and designed to meet the specific needs of people who lived at the home.

There was a strong staff group who understood people's needs. Staff had developed positive relationships with people and there was a relaxed and happy environment throughout the home. Staff used a variety of resources to ensure that people were involved in decisions about their care and support which included signing and visual aids. Staff protected people's privacy, dignity and respect by affording people their own space, holding confidential discussions in private areas of the home and being unobtrusive in their presence.

The staff team adopted a person centred care approach when setting goals and outcomes with people who lived at the home. Goals were focused on what the individual wanted to achieve as opposed to what others wanted the individual to achieve. This included proactive planning in respect of end of life care which focused on ensuring this type of care would be positive and based on the wishes of the person and where appropriate their relatives. The provider had an appropriate complaints, compliments and concerns policy in place which was accessible to people.

There were robust and effective quality monitoring processes in place. The registered manager promoted a strong culture of openness within the service based on the values of the organisation. Staff told us they felt the registered manager was very supportive. There were a number of ongoing initiatives within the service which the registered manager was involved in setting up, and developing across the provider following input from various other organisations.

Further information is in the detailed findings below.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service had improved to good.

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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 was a comprehensive inspection that took place on 24th August 2018 and was announced. We gave the service 72 hours' notice of the inspection visit because the service is a small care home for people with learning disabilities and/or autism who are often out during the day. We needed to be sure that they would be in. We arranged and made follow up calls to relatives to seek their views on 6th September 2018.

The inspection was carried out by one adult social care inspector.

When planning this inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed statutory notifications received from the service. Statutory notifications provide details of incidents or events that the registered person is legally obliged to inform us of.

We requested information from four local authority commissioners, the local safeguarding adults team and Healthwatch England. Healthwatch England is the independent consumer champion for health and social care. We received neutral feedback from one local authority commissioning team and Healthwatch England. We did not receive any feedback from any of the other stakeholders contacted.

During the inspection we carried out pathway tracking, observations and reviews of records. We spoke with the registered manager, the acting manager, four care staff, the domestic and four people who used the service. We then spoke with two relatives on the telephone following the site visit.

We looked at two care files, four sets of medication administration records (MAR's), two personnel files, record logs in relation to health and safety of the premises and training records. We also looked at quality governance audits and checks carried out by both the registered manager and a representative of the provider.

Is the service safe?

Our findings

Relatives we spoke with told us that they felt the service was safe and that their loved ones were well looked after. One person said, "[name] is very safe, I can say 100% I have never had any worries about their personal safety." Another person said, "Staff are great, I am confident that they keep him safe and well."

Staff spoke confidently about safeguarding processes and we saw that relevant training was up to date. A recent service user survey carried out in 2018 highlighted that everyone using the service had communicated that they felt safe at the home. We saw that there was a robust process in place for recruiting staff. This process included checks with the Disclosure Barring Service (this is a check that people are not barred from working with vulnerable people).

We found that risk assessments were carried out based on the needs of people who lived at the home. Outcomes of risk assessments were carried forward to care planning with appropriate measures in place to mitigate those risks identified. Personal emergency evacuation plans (PEEPs) were in place (PEEPs describe how to safely evacuate individuals from the premises in the case of an emergency). These PEEPs were person centred and the staff team had considered the known behaviours of individuals who become distressed by non-routine actions or noise. This had led to person centred incentives being included within the PEEPs to get people to leave the building quickly and safely.

We saw robust systems around checking and maintaining premises safety. Certification and testing relating to safety of premises and equipment were up to date. Risks around the premises had also been considered and control measures put in place. For example, one person had been identified as at risk of throwing furniture around the room when they became distressed. To control this risk the furniture in that person's flat had been replaced with collapsible furniture items.

There were sufficient numbers of staff on duty. One relative told us that they had experienced the odd occasion where staff numbers had been lower than usual as a result of sickness and holidays. We spoke with the registered manager who advised us that they currently had three staff vacancies and that there was a proactive recruitment advert in place. Our observations demonstrated that people were comfortable with the staff that were on duty and had a good rapport. Staff demonstrated an excellent understanding of people's needs and were able to respond to care and support needs in a safe and effective way.

Medicines were safely managed in line with the National Institute of Clinical Excellence guidelines. We found that medication was securely stored and safe administration practices were followed with staff appropriately trained and competency assessed. Medication Administration Records (MARs) demonstrated appropriate recording. PRN protocols were in place for those medications that are administered when required.

Infection control measures were in place. Domestic staff were on duty throughout the week and the premises were found to be clean and tidy. Appropriate personal protective equipment (PPE) was available throughout the home.

There were systems in place which demonstrated that the service reflected upon past experiences and learnt lessons from incidents. Medication was one of these examples. The home operated a good, safe medication system. Provider consultation and pilots had been undertaken with a view to promoting further independence of individuals in managing their medication which would see the introduction of a new and improved system.

Is the service effective?

Our findings

Relatives we spoke with told us that they felt there was a very dedicated staff team who had a lot of experience and knowledge to support and care for their loved ones. One person said, "They are very good, the staff are very informed and do a good job." Another person said, "They are a very dedicated staff team."

There was a comprehensive training programme in place to maintain and develop staff skills and knowledge. Specific training was available in relation to autism and was further supported by specialist professional training. Staff were also supported through regular supervisions and appraisals with their manager and peers. One staff member told us, "I have had three supervisions already in my short time here, they have been done as part of my development and have been really useful."

We saw that people's needs were assessed and that the outcomes of these assessments were based on relevant research and evidence based guidance. For example, the service had invested in developing a care approach that encompassed positive behavioural support (PBS). PBS is a recognised approach to understanding people's behaviours with a view to planning care and support that enhances a person's quality of life, thus reducing the likelihood of those behaviours occurring. The service also had an understanding of building the right support for people, and the ethos of person centred care (care based on the needs and wishes of an individual) was clear throughout this inspection.

People were supported to access healthcare services and received ongoing support. Appointments were made to GP's, dentists and opticians as required. Relatives said their loved ones were appropriately supported to these appointments. We were given examples of healthcare professionals working together. For example, one dentist visited the service over a period of time to build up a relationship with the person, so that when pre-planned treatment was due they felt more relaxed and comfortable. This relationship also meant that the dentist was also best placed to carry out a diagnostic treatment with minimal impact on the person.

Relatives also spoke about their confidence in the relationship between the service and other professionals. One person spoke with us about the link between psychiatry services and the home. They told us how involved they were in medication reviews and how they felt able to contact them through the service or independently to request additional reviews or information.

People had access to spacious living space. We saw that living spaces were decorated in line with personal preferences. Some of these spaces were decorated with murals and pictures on the walls reflecting people's interests. Staff they told us how the murals were a way of decorating and bringing personal spaces to life whilst also mitigating some of the risks associated with people's individual behaviours. People's choices were respected, for example one person became distressed by noise. The staff showed us that a quiet space had been created on the top floor of the building so that this person could come and go freely when they felt anxious in the main rooms of the house.

People told us that the food was good at the home and that they had choice. We saw that some people were

involved in growing vegetables which they then used in the meals that were prepared.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that everyone who lived at the home had a DoLS in place and that these were appropriate. We saw that consent and choice was promoted throughout the service and that where it was appropriate, people, relatives and other professionals were involved in making decisions based on the best interests of the person concerned.

Is the service caring?

Our findings

Relatives we spoke with spoke very highly of the staff team and the provision of care that they delivered. People said, "They are a very dedicated team, they have a really good understanding of people and that is clear" and, "We have visits home and [name] is always keen to get back to the service and the staff."

We asked people if they felt they were well cared for living at the home. One person said, "Yes, they look after me good here."

Staff spoke of their motivation at work and one person said, "It is not the most well-paid job in the world but I love it. The people we are here to support make the job worthwhile."

From our observations we saw that staff treat people with kindness, respect and compassion. It was clear from discussions with staff that they had an excellent understanding of people's needs and this underpinned their approach to delivering support to people. For example, when we arrived we were told that individuals would be anxious due to a stranger being in their home. Staff walked us around the premises and introduced us to those people, explaining who we were and why we were visiting, with a view to making the inspection more comfortable for people and putting them at ease.

People appeared to be comfortable with the staff that were supporting them. There were various activities underway throughout our visit but when people were in the home, they spent time relaxing with staff and chatting about their day and what they had been doing.

We saw that one person became very distressed upon their return from an activity out in the community. Staff spoke with the person calmly and reassuringly which decreased their anxiety and distress and created a calmer environment.

Staff spoke highly of the people that they cared for and supported. In these discussions they recognised the need for involving people in decisions about their care and support and ensuring that support was offered in a way which individuals wanted to be supported. One staff member said, "The culture here is great. It is open and transparent and it really involves the people who live here, that is what matters."

People and their families had been supported to access advocacy services when they wanted independent support with decision making.

People were supported to be as independent as possible. Staff promoted people to carry out household tasks throughout the day such as stripping their beds, keeping their personal areas clean and tidy and preparing tables for dining. People also had individual goals linked to their aspirations which staff supported them to achieve.

There was a complaints, compliments and comments policy in place and this was accessible to people, their relatives and other representatives. The registered manager advised no formal complaints had been

received but spoke of the importance of staff recognising that changes in people's behaviours can be a sign that they are unhappy about something and encouraged the staff team to follow up on these signs.

Is the service responsive?

Our findings

Staff spoke confidently and with ease about people's needs as well as about the care that was delivered. "[Name] has had a lot of focus on their routine and structure. [Name] likes to walk and enjoys going swimming. We realised that when going on trips we need to stick to the same route as this can cause a lot of anxiety. Now we use the same routes for our trips out and [name] anxiety appears to have decreased". Staff also spoke about how communication was developed to help decrease people's anxiety. They gave the example of visual booklets that had been developed and which they used to inform people of what activities were planned on particular days and what that activity would look like.

The two care files we reviewed contained information relating to life histories, specific care and support plans which informed staff of people's needs, choices, preferences, communication methods and decision making. We saw that these support plans were reviewed regularly to ensure they remained current and up to date.

The service had links to local colleges and the provider had developed workshops that people attended regularly. Some of these workshops were practical such as wood work and gardening and others were technology based sessions.

People were supported to maintain and develop personal relationships with family and friends. We were told that some people had regular visits home for three and four days at a time. The provider owned caravan was also made available for people and their families to book in advance to take holidays and spend time together outside of the service.

The service had received no formal complaints in the past 12 months. We spoke with the registered manager about their complaints processes and they advised that they had a 'complaint, compliments and concerns' procedure that was accessible to all. The registered manager advised that this was an area that they had identified as an issue for discussion at a future house meeting with staff. They told us that they wanted to revisit concerns and ensure that when people raised concerns that these were recorded. They also wanted to reiterate to staff the importance of recognising that people's behaviours or changes to their usual behaviours, could be indicators that people were unhappy or dissatisfied with something.

At the time of the inspection no one was receiving end of life care. Both the registered manager and the acting manager told us that they had completed a diploma in planning and delivering responsive end of life care. We discussed with them what they had taken from this. The registered manager told us that it had focused them to think about how end of life care could be planned and delivered to ensure people received a positive care experience. As a result of this, the service and staff had initiated conversations with people and their loved ones about end of life choice and wishes. The management team had developed an end of life care pack which outlined the questions that could be covered as part of these discussions, and which included forward planning such as exploring prepaid funeral plans etc.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered location was made up of two buildings. To ensure effective oversight the provider also had an acting manager overseeing the care and support delivered within the Coach House. The registered manager remained responsible for the overarching oversight of the location.

From observations it was clear that people had a good relationship with the management team in the home and knew who they were. People had been supported to complete a recent satisfaction survey about the home and the care and support that they received. Only one person was unable to complete the questionnaire themselves and had a representative complete it on their behalf. The results of this survey were resoundingly positive about the service. A parent's survey complimented the provider with all people asked responding positively to the statement that ESPA places a high priority on their child's health and well-being.

All the staff we spoke with were complimentary of the management team and the provider. One person told us, "They are really good. As a team we all support each other really well. It can be quite stressful at times and it is good to know that we help each other out." Another person said, "They are brilliant, they take time to ask about me, they ask how I am, how things are at home as well as at work. It makes all the difference."

The results from a recent staff survey corroborated this view with 77% of staff expressing the opinion that they were satisfied or extremely satisfied working for ESPA. One comment made was, "Good management practice. Number 8 Cedars has managed a lot of crisis over last couple of years with great support from all departments."

The registered manager gave us some insight and examples of the work that they and the acting manager had been involved in when developing an internal programme around positive behavioural support (PBS) following input from a specialist external agency, Positive Behaviour Support North East and Cumbria. The service was part of the PBS academy which is a collective network of organisations and individuals who are working together to promote PBS.

The registered manager and a senior support worker also spoke with us about planned changes to their current medication system. Despite having a robust system in place, they had recognised that the system was not user-friendly to people who use the service and that improvements could be made to further mitigate against the risks of unsafe medication handling and administration. This discussion demonstrated that the management team and staff group were continuously striving to learn and improve the service.

There was a robust quality monitoring system and governance structure in place, which included both

management level and provider level oversight, that ensured that the service continued to perform to a high standard and met all regulatory requirements.