

# Education and Services for People with Autism Limited

## ESPA Domiciliary Agency

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

ESPA Domiciliary Agency is a care agency providing personal care to younger adults living in their own homes. People accessing the service are living with learning disabilities, autism, and/or complex needs. At the time of the inspection the service was providing support to 19 people, four of who were receiving support with personal care in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives told us they were happy with the care and support they received. Comments included, "I am happy" and "I am delighted with the support [people] receive."

Staff were clear on their responsibilities for safeguarding people and showed a good knowledge of the actions they needed to take to keep people safe. There was an open and transparent culture in relation to any accidents and incidents. These were used by the management team as learning opportunities to lessen risks.

Medicines were managed safely. Enough staff were working for the service to ensure people received safe and effective levels of care. Recruitment and selection procedures ensured suitable staff were employed.

There was a proactive approach to assessing, anticipating and managing risk which allowed people to be safe whilst also enhancing and developing their independence and essential life skills. Care plans were person centred.

Staff were supported by a committed management team and told us they were proud to work for the service. There was an open and transparent culture where people were supported to be involved in their care and voice their opinions. Relatives told us the service was well-managed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The model of care and support provided to people living in their own homes maximised their choice, control and independence. People were involved in all aspects of their care and

future planning. Care provided was centred around the person and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of the management team and support staff ensured people lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 16 January 2018).

#### Why we inspected

We undertook this focused inspection to check whether the provider continued to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report only covers our findings in relation to the Key Questions safe and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ESPA Domiciliary Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below

# ESPA Domiciliary Agency

## 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

The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

ESPA Domiciliary Agency is a domiciliary care agency. It provides care and support to people living in three 'supported living' settings, so that people can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 24 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 at home to speak with us.

Inspection activity started on 8 June 2021 and ended on 10 June 2021. We visited the office location on 8 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

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.

During the inspection

We visited the home of two people who were supported by the service and spoke on the telephone with three relatives. This was to seek their views and experience of the care provided. We spoke with seven members of staff including the registered manager, two team leaders, a senior support worker, two support workers and the service's administrative support. We also received written feedback from a number of support workers.

We reviewed a range of records. This included four people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and training were in place to ensure people were protected against discrimination, harm, and abuse. One relative said, "[Person] has one to one care 24 hours a day, I feel [person] is safe, [person] is happy so I am happy."
- Staff were able to clearly explain their responsibilities and understood how to identify and report any areas of concern or abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. Relatives said, "All safety issues are covered, staff manage risks very well with [people] being involved to ensure they know what is happening" and "Staff do risk assessments and include [people]. [People] live their lives as they choose so things are done by looking at how everyone can make it safe for them."
- Individualised positive behaviour support plans guided staff on actions they could take to prevent situations arising where a person could become distressed, therefore removing the need for any unnecessary restrictive interventions.

Staffing and recruitment

- Enough staff were employed to consistently meet people's care and support needs. Relatives told us people had a regular staff team who communicated well and worked flexibly.
- Appropriate recruitment checks were conducted prior to staff starting work at the service. This ensured suitable people were employed to work with vulnerable adults.

Using medicines safely

- Medicines were managed safely in accordance to national guidance.
- People who required support with medicines received this from staff who had received specific training and had their competency assessed regularly.
- The service worked in partnership with health professionals to ensure emergency health care plans were in place to guide staff. For example, where a person was living with epilepsy.
- The service followed a national initiative for stopping the over medication of people with a learning disability, autism, or both (STOMP), with certain medicines which affect the mind, emotions, and behaviour. Staff told us how they continuously looked for positive behaviour supporting strategies for people to avoid the need for 'as required' medicines.

Preventing and controlling infection

- Robust infection control procedures were in place. Staff had received training in infection prevention and control which they applied in practice in their roles.
- Staff had access to personal protective equipment including face masks, gloves, and aprons to help prevent the spread of infection. People living at the services were supported to understand the risks from the COVID-19 pandemic and were encouraged to wear PPE where appropriate.



# Is the service well-led?

## Our findings

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

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

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

- Relatives told us they trusted the management and staff team. Relatives said, "The service is excellent and that's no exaggeration" and "All staff have the best interest of [people] at heart with no intention of wrong doing, it is self-directed support and [people] are happy."
- Staff were happy in their work. They said, "I absolutely love my job" and "Working with [people] is a privilege, every day I love coming here."
- The management team all shared a vision of providing a quality and inclusive service to all people. The values of the service were promoted in all aspects of the support people received. Each person was placed at the centre of their care planning and the support they received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Policies, procedures, and best practice guidance were in place to support staff to continually raise standards. One relative said, "Nothing is hidden, the service is open and honest, and we can negotiate for the best interests of [people]."
- Monitoring and review systems were in place for each person accessing the service, this helped identify where improvements were required to people's care and support plans with quick actions taken quickly to implement change.
- The principles of the duty of candour were embedded into all of the provider's practices. The registered manager was open and honest in response to any complaints and worked in partnership with others to reflect and learn from any incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team consistently reviewed the service to ensure it was providing a high-quality service to meet each person's life ambitions and outcomes. Good governance was fully embedded into every aspect of the service.
- The management and staff team had a clear understanding of their individual roles and responsibilities. All spoke positively of how they worked together to achieve the best outcomes for people.
- The service had developed in line with the principles and values that underpin Right Support, Right Care and Right Culture and other best practice guidance. Records showed staff listened to people and acted on their views to ensure they achieved their life aspirations.

- Timely statutory notifications to CQC had been received following any significant events at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback on the quality of the service was actively sought from people, relatives, staff and professionals. This was undertaken using various accessible communication methods.
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to look at outcomes for people and set new goals for the year ahead.
- Staff support meetings were held regularly and were used to share any good practice or learn lessons from incidents to continually improve outcomes for people.
- The service worked closely with a range of external health and social care professionals who had continued to consult with the management team throughout the COVID-19 pandemic.