

Aspens Charities

# Autism Sussex Domiciliary Care West Sussex

## Inspection report

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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: Autism Sussex Domiciliary Care West Sussex provides care and support to people with a learning disability and/or autism, living in their own homes. At the time of this inspection, three people were being supported with personal care.

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

People's experience of using this service:

People received a high standard of personalised care that was responsive to their needs. Staff were passionate about supporting people in the way they wanted and were enthusiastic about their work. Christmas could be a confusing and stressful time for people with autism. To combat this stress and relieve people's anxiety, staff had introduced the concept of Christmas to people gradually. From 1 December through to Christmas Day, people were encouraged to engage in activities relating to Christmas. This enabled them to really enjoy the festive season in a slow and measured way. People were encouraged to lead full and meaningful lives and to be part of the community. Local shopkeepers had been taught basic Makaton and had learned signing so they could engage with people when they went shopping.

Staff were keen to arrange activities with people according to their wishes and preferences. Two people went abroad on holiday and were accompanied and supported by staff throughout. Staff supported them through the formalities of foreign travel and the potential anxieties of going through busy airports.

People were supported to stay safe and their freedom was respected. Staff had completed safeguarding training and knew what actions to take if they had any concerns relating to people's safety. Risks to people had been identified and assessed and were managed to mitigate risks. Staffing levels were sufficient to support people and meet their needs. New staff were recruited safely. The registered manager had implemented a new system for managing homely remedies in relation to how medicines were administered on an 'as required' basis.

Staff had completed a range of training to meet people's needs and were encouraged to request additional training if they wished. Regular supervision meetings enabled staff to share their views with the registered manager and staff said they felt supported in their roles. People's dietary needs were assessed and catered for and people helped to prepare their meals and choose what they wanted to eat. People had access to a range of healthcare professionals and services. Consent to care and treatment was gained lawfully and in line with the requirements of the Mental Capacity Act 2005.

People received support from a service that was well led and well managed. The registered manager had a good understanding of her role and responsibilities and how to meet regulatory requirements. Staff felt involved in developing the service and that their suggestions would be listened to. People were asked for their feedback about the service, as were their relatives. Every aspect of the service was monitored to

identify any areas for improvement.

Rating at last inspection: This was the first inspection since a change of legal entity in December 2018.

Why we inspected: This was a planned, comprehensive inspection. The inspection took place in line with CQC scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

## 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Autism Sussex Domiciliary Care West Sussex

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

Autism Sussex Domiciliary Care West Sussex is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service for adults with a learning disability, including autism.

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 visit because it is small and the registered manager might have been out of the office supporting staff. We needed to be sure that they would be in.

The inspection took place over two days. It started on 27 February 2019 when we visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. On 5

March we spoke with a member of staff who was not available on the day we inspected.

What we did:

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. On this occasion, the provider was not asked to complete a Provider Information Return. Providers are required to send us key information once annually about their service, what they do well and improvements they plan to make. We took this into account when making our judgements in this report.

During the inspection:

- We spoke with two people in their own home and spent time observing the care and support they received from two support staff.
- We were given a copy of a letter received from a relative. They have given their permission for their comments to be included in this report.
- We spoke with the registered manager and three support workers.
- We reviewed a range of records. These included three care records, staff files and records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and protect people from the risk of abuse.
- The registered manager had a good understanding of safeguarding and how to keep people safe. They gave an example of an issue that had occurred and explained the steps they had taken in response.
- Staff confirmed they had completed training on safeguarding. One support worker explained what they would do if they had any concerns in relation to people's safety. They told us, "In the first instance, I would report it to [named registered manager] and discuss it with them". They added they were aware of the provider's whistleblowing policy and of the action they would take if they wanted to raise a concern anonymously.
- Care plans described how to keep people safe. In one care plan it stated the person needed support from staff to keep them safe when they went out, eating and drinking and with personal care.

Assessing risk, safety monitoring and management

- People's risks were assessed and managed in a way that supported them to stay safe whilst respecting their freedom. Staff and people were involved in the development of positive risk management. Risks were identified and promoted a person-centred approach.
- Care plans showed that people's risks had been identified and provided clear guidance to staff on how to mitigate risks. For example, one person was frightened of dogs, so staff were advised of actions to be taken when supporting the person outside.
- Risk assessments included cooking, challenging behaviour, crossing the road, crowded environments, the use of cleaning products and money management. Each risk was described, together with any related hazards, the likelihood of the risk occurring and safety measures.
- There were systems for reporting any accidents and incidents. The registered manager told us there had been no accidents or incidents recently. However, they gave an example of one incident that had occurred and how this was appropriately managed.

Staffing and recruitment

- Staffing levels were sufficient and were assessed based on people's care and support needs. Staffing levels were flexible. For example, when two people went on holiday abroad, two members of staff went too. The registered manager said that if a person became unwell, then additional staff could be provided as needed.
- Two people required support from staff 24/7. We looked at the staffing rota which showed the

arrangements for staff to provide support to two people in their home and to another person for outings.

- No agency staff were used. Referring to staffing levels, one support worker said, "It works. We've got a good group of staff and most of them arrive early when they come on shift, so we have time to do a handover".
- Recruitment systems were established to ensure that new staff were safe to work in a social care setting. The registered manager told us that no new staff had been recruited since the service registered a year ago. However, records confirmed that potential staff completed an application form and attended an interview. Two references were obtained and checks made with the Disclosure and Barring Service, which considered the person's character to provide care.

#### Using medicines safely

- No-one who received a regulated activity had prescribed medicines, so staff were not routinely required to administer or support people with medicines.
- The registered manager explained that occasionally homely remedies might be used. For example, paracetamol could be administered if people were in pain. One person had hay fever and 'over the counter' anti-histamines could be used when needed. The GP had been consulted and given permission for particular homely remedies to be used when required.
- Staff had completed medicines training and their competency to administer medicines was checked. If staff needed to administer any homely remedies on an 'as required' (PRN) basis, then they would complete a Medication Administration Record (MAR) to show which medicine had been administered and the outcome.
- The registered manager told us that no medicines had needed to be administered recently, but they had set up systems to ensure that medicines were managed safely.

#### Preventing and controlling infection

- Systems had been set up to protect people from the risk of infection. Staff used personal protective equipment, such as disposable aprons and gloves, when supporting people with personal care.
- A support worker told us they had completed Food Hygiene training and knew how to prepare and store food safely. They explained this was particularly important when they encouraged people to prepare their own food and when helping out at mealtimes. The support worker told us, "I always encourage [named people] to help out at mealtimes. This encourages their independence and they load the dishwasher too".

#### Learning lessons when things go wrong

- Lessons were learned and improvements were made if things went wrong.
- The registered manager demonstrated a good understanding of their responsibilities under Duty of Candour. They explained, "That's about being honest and open about things. We have a policy in place. If there is an error or a mistake, we can learn from things and discuss things, such as complaints. We can sit and follow them through with people and their relatives".
- The registered manager told us about the implementation of a system they had recently introduced to ensure homely remedies were managed safely.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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. We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was gained lawfully.
- People's capacity to make specific decisions had been assessed as required.
- Measures were taken to ensure people's safety and restraints were put into operation. For example, in the people's home we visited, raw food was stored in a freezer in the garage which was locked. This meant that people were prevented from freely accessing the garage as they were likely to try and eat the raw food. However, the registered manager explained that people could go into the garage if accompanied by a staff member. The decision to lock the garage had been taken to protect people from the risk of harm. The decision was taken in people's best interests and in line with the requirements of the MCA.
- Staff had completed training on mental capacity and understood about obtaining consent. One support worker told us, "It can be tricky to get people's consent when [named person] is not verbal. If people don't want to do something, they will tell you".
- The support worker had been trained in Makaton, a form of communication that uses signs and symbols. This supported staff to communicate with people in a way they could understand, so they were empowered to be give their consent to the care and support they received.

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

- People's needs and choices were assessed so they received care and support in line with good practice.
- The registered manager received referrals from the local authority and information about people that had been assessed as requiring a service. The registered manager reviewed all the information about people's care and support needs, before making a decision as to whether they could provide the support required.
- Information in the form of a pre-assessment formed the basis for people's care plans. Assessments of people's care and support needs was ongoing and continuous to ensure the care delivered was appropriate and current.
- Care records showed that people's care was regularly reviewed and plans were updated.
- Annual reviews took place and representatives from the local authority, including social workers, relatives and support staff were invited. People were also invited to these annual review meetings if they chose to

attend.

#### Staff support: induction, training, skills and experience

- Staff had the necessary training, skills and experience to deliver effective care and support.
- Some training was delivered on line and some was face to face. The registered manager provided us with details about training that was considered to be essential for staff to carry out their roles and responsibilities. This included first aid, moving and handling, health and safety, equality and diversity and autism awareness.
- Staff also completed positive behaviour support training which is a system used to understand what might cause people to behave in a challenging way and how to support them.
- In addition to training arranged by the provider, staff could access additional training, for example, from the local authority.
- New staff, who did not have a care background, studied for the Care Certificate a vocational, work-based award.
- The registered manager said that if staff wanted training on something specific that related to their work, then any request would be considered and suitable training arranged.
- A support worker told us of the training they had completed and how this supported them in their job. They added that they received regular supervisions and told us, "If I have any problems, they are dealt with".
- Staff received supervision every eight weeks. The registered manager had set up a rolling system to ensure staff received supervision on alternate months. In between these, team meetings were held.
- Supervision records included a general work update, a review of the last supervision action points, role competencies, performance and development. Staff also had an annual appraisal.
- Spot checks were carried out so that the registered manager could observe how staff supported people; this encouraged good practice and provided another form of 'on the job' supervision for staff.

#### Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and helped by staff to maintain a healthy diet.
- People's nutritional needs had been assessed and guidance provided to staff within people's care records.
- People were weighed monthly, with their permission.
- Fluid recording charts were completed by staff for one person as sometimes they did not drink enough. This meant that staff could monitor the person to ensure their fluid intake was at a satisfactory level.
- People chose what they would like to eat on a day-to-day basis. They helped with food shopping and were encouraged to assist, with support from staff, in the preparation of their meals.
- On the day we inspected, people had been involved in cooking some rice krispie cakes. Staff told us people enjoyed baking cakes for visitors.

#### Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked and liaised with other agencies to deliver effective care and support.
- The local authority referred people who needed support to live in their own homes. The service worked closely with the local Learning Disability Community Team to ensure people received a good standard of care.
- Records showed that guidance and advice was sought from speech and language therapists and psychologists, to ensure people's diverse needs were met.

- People received support from a range of healthcare professionals and had access to healthcare services.
- Care records showed that people had regular appointments with their dentists and chiropodists. They had regular healthcare checks with their GPs.
- Each person had a care passport which included detailed information about their medical needs, likes, dislikes and preferences. Care passports are useful documents for healthcare professionals, should a person need to be admitted into hospital for example.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We observed staff were kind and friendly with people.
- People were well treated and supported well by staff. Staff understood how people's disabilities affected their lives and worked with them to understand how they wished to be supported. People were treated equally and not discriminated against because of their disabilities. Care was person-centred.
- We observed that people were relaxed in the company of staff. Staff were patient and kind. People were encouraged to express their feelings and communication methods were used in line with people's preferences and needs. People were involved in decisions about their care.
- The atmosphere at the people's home we visited was calm and relaxed; there was a family feel. Genuine, warm and caring relationships had been developed between people and staff.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff treated people in this way and followed the guidelines recorded in people's care plans.
- A support worker told us, "We promote privacy if they're using the bathroom for example, because they can have the door wide open. We try and encourage people to shut the door".
- Staff encouraged people to be as independent as possible. For example, on the day we visited, one person was helping with the laundry.
- A relative had written to the registered manager, 'Over the past 12 months it has been rewarding and reassuring to observe [named family members] grow in confidence as they have further developed their independence and creative skills. I compliment you on the excellent care and support you are providing'.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was well-planned and personalised to meet people's needs in a responsive way. Staff displayed high levels of compassion and empathy and put people at the heart of the service.
- Staff went out of their way to support and care for people in a manner that meant they led full and meaningful lives. Staff provided 1:1 support during the day for two people who lived together. This meant that people could choose what they wanted to do independently of each other.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is the law for adult social care services to comply with AIS. Staff met the information and communication needs of people using the service.
- Staff had learned Makaton so they could communicate with people effectively. In addition to this, staff had taught local shopkeepers some simple signing methods, so shopkeepers could communicate with people when they went shopping. This enhanced people's experiences when they went out and was a good example of inclusion. Pictures of reference were also used to aid communication.
- A relative stated, 'I take my hat off to everyone for the learning strategies and techniques you have all developed to ensure that [named family members] are able to achieve success within the scope of their abilities'.
- A further comment from the same relative complimented staff and stated, 'Many thanks to all the team who are taking them out and about each week and ensuring that they are meaningfully involved in life in the community, tailored to their different needs and interests. I also commend the efforts everyone is making to help them improve their communication skills and in encouraging them to keep in contact with family'. People were supported by staff to maintain contact with their relatives through social media such as 'Facetime'.
- Care records were detailed and described people's wants and needs in a variety of areas. Clear information included the triggers that might lead to people becoming anxious or stressed. For example, this could occur if people did not understand what was happening or where they were going. There was an outline of support worker's roles on a day-by-day basis. This described people's routines and provided structure, which is particularly important for people with autism. For example, one person's care record showed their routines, such as the time they had their breakfast and did their laundry.
- Staff had introduced new ways of supporting people. The registered manager explained that Christmas could be a difficult time for people, who could become stressed with busy shops, noise and lights. As a way of 'de-sensitising' people to the clamour and bustle of Christmas, staff had gradually introduced the concept of the festive season through daily activities. For example, as Advent began on 1 December, every day people were encouraged to participate in an activity relating to Christmas. This might mean making a

decoration for the home or making snowflakes. This meant that people were supported to understand and enjoy Christmas gradually.

- The registered manager told us that last Christmas people had not become overly stressed or been disinterested, which had been the case in previous years. Instead, people had been able to be fully involved in Christmas activities and events and had thoroughly enjoyed themselves.

- People chose how they wanted to spend their days, whether they wanted to stay in or go out. Activities included swimming, horse-riding, shopping and meals out, which were what people chose to do. Two people enjoyed being involved in a pottery class and their creations were on display in their home. A relative stated, 'The living room has come alive with visual displays of their creative work – their paintings and the imaginative and vibrant pottery collection'.

- Holidays abroad were planned and staff went along too, to provide around the clock support. Whatever people wanted to do was catered for and nothing was impossible. The registered manager explained how staff would go the extra mile, to think of ways around problems, rather than deciding some activities were too difficult to arrange. A relative was appreciative of the efforts made to ensure the success of these holidays. They stated, 'Thank you for the support to enable the chaps to enjoy the holidays. I know it requires very careful planning to prepare them in advance and then ensure they successfully negotiate busy airports with all the queueing and security formalities. They had a great holiday last June and it was good to see them so happy and relaxed and around the village and beach areas'.

#### Improving care quality in response to complaints or concerns

- We asked the registered manager how complaints or concerns were responded to and managed.
- They told us that no complaints had been received, but formal complaints would be acknowledged within two days and responded to within 28 days.
- There was an easy-read version of how to make a complaint and people had access to an advocate, to support them if they wanted to raise a complaint.

#### End of life care and support

- At the time of the inspection, no-one was receiving end of life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a clear vision and strategy to deliver good quality, personalised care to people.
- The registered manager led by example. She explained her passion for supporting people with autism and explained she was, 'fascinated by people'. She added, "I just love trying to pick apart how to make something better for somebody".
- The registered manager was fully involved in all aspects of the service and also supported people occasionally because she liked to stay in touch with them. She went on to say, "I think it's important to have that personalised connection with people".
- The registered manager said there were plans in future to grow the service and that she felt supported by senior managers of the provider. The registered manager had a mentor who came to visit the service and provided ongoing and continuous support, which the registered manager said she valued.
- The registered manager understood the need for openness and transparency and was in regular contact with relatives, health and social care professionals; this promoted good outcomes for people.

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

- The registered manager demonstrated a good understanding of her role and how to comply with regulatory requirements.
- The manager registered with CQC in December 2018, so was relatively new in post. However, she had a thorough understanding of the service and how to deliver a high-quality service, respecting people and relatives' wishes and valuing staff.
- This service changed providers and this is the first inspection since the change of legal entity in December 2018.

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

- People were involved in developing the service. People were asked for their views through 1:1 conversations with support staff. In terms of making decisions about the future, the registered manager explained that it was difficult for people who used the service to plan ahead as they had a poor concept of time. Decisions were consequently made on a day-to-day basis.

- Staff felt supported by the registered manager and staff meetings were held every couple of months. Records confirmed this and that staff suggestions were listened to and acted on.
- One support worker said, "We try and do staff meetings regularly, but it can be tricky to organise with staff because we all do different days and hours. We do come up with different ideas to support people and we are listened to".
- Staff enjoyed supporting people and working at the service. One support worker said, "This job is brilliant and it's different every day".

#### Continuous learning and improving care

- A range of audits had been developed to measure and monitor the service overall. These were effective in identifying areas for improvement. Any incidents or accidents were reviewed and reflected upon by staff to see whether changes could be effected and improvements made.
- Relatives were asked for their comments about the service at regular review meetings which the registered manager organised. Communication systems were effective and relatives were in regular contact with the registered manager and with staff.

#### Working in partnership with others

- The registered manager was involved in local forums to share practice and network with others in the field of learning disability. She was a member of the Learning Disability Providers' Forum and attended provider liaison meetings with representatives from the local authority's learning disability team.