

Derbyshire Autism Services Group

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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

Derbyshire Autism Services Group provides care and support to children, young people and adults with Autism and associated conditions and other disabilities. Its office is based in Ripley, Derbyshire.

We carried out this inspection on 19 July 2016. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to talk with us.

At our last inspection on 29 January 2014, we found that the service was meeting all standards assessed. It was compliant with the regulations and no concerns were identified.

A registered manager was in post. 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.

Staff were appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

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.

Risks relating to people's care and support were assessed and appropriately managed. People were protected by safe recruitment procedures which helped ensure they received care and support from suitable and appropriate staff. Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice.

Is the service effective?

Good ●

The service was effective.

Staff knew individuals well and understood how they wanted their personal care to be given. People who use the service and their relatives were happy with the care and support provided. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and, where appropriate, decisions were made in people's best interests.

Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised care plans detailed how people wished to be supported and their care reflected their individual needs, preferences and choices. A complaints procedure was in place and people were able to raise

any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

There was an open and inclusive culture. Staff felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles. Accidents, incidents and risks were closely monitored to identify trends and help ensure lessons were learned and necessary improvements made. The management regularly checked and audited the quality of care and support provided, to help drive service improvement and ensure people's needs were met.

Derbyshire Autism Services Group

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.

The inspection took place on 19 July 2016 and was announced. The inspection team consisted of one inspector and an 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 service.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used services, eight relatives, three family support workers, one team leader, a care services coordinator and the registered manager. We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as three staff training files and records relating to the management of the service.

Is the service safe?

Our findings

People who used the service and their relatives who we spoke with had no concerns about the care and support provided by Derbyshire Autism Services Group. People said they felt safe and confident with the staff who provided their personal care and support. Relatives spoke very positively about the support their family member received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and so well cared for. They told us, "I have no concerns whatsoever, I can walk away and know I can relax – which is a rarity in itself." Another relative described how the support staff helped ensure their family member's safety while at the same time promoting their independence. They told us, "The staff are very good at getting the balance right between supporting and encouraging [family member's] independence."

We spoke with people about the consistency and punctuality of the carers and whether they were informed if staff were running late. One relative told us, "We are very fortunate with our carers, we know them all and they know us. My [family member] loves them. They usually arrive on time, unless something has held them up either at their previous client or the traffic. On the very rare occasions they are running late, the support worker, or a member of the office staff will usually call to let me know what has happened and see that we're okay." This demonstrated the service was run with sufficient staff and people's care and support needs were met in a timely manner.

Safeguarding policies and procedures were in place. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and were confident any such concerns would be taken seriously and acted upon.

Potential risks to people were appropriately assessed and reviewed. Care records contained up to date risk assessments and staff told us individual care plans helped to ensure consistency and continuity of care. One member of staff told us, "We all work very closely as a team, the communication is excellent and so we all know how to support people safely." Another member of staff told us, "Good communication is so important and the young people and their families need to feel safe and comfortable with us and hopefully they do."

People were protected because support staff were aware of and followed policies and procedures relating to the safe handling of medicines. Staff told us they had received training in managing medicines, which was updated regularly. This was supported by training records we were shown.

People were also protected by staff following safe infection control procedures. People spoke about carers using protective clothing, such as gloves and aprons, when they were being supported with their personal care. Staff told us they were aware of the relevant procedures and understood the importance of effective infection control.

The registered manager told us any accidents and incidents were reviewed and monitored, to identify

potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this.

People were protected by a safe and robust recruitment process. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service and how reassured they felt. One relative told us, "[Family member] has a really good rapport with their support worker, who is such a good role model." Another relative described the support staff as, "Very knowledgeable and experienced." And went on to say, "My child loves the staff and loves the trips they go on together."

Relatives described how any new support staff were introduced by more experienced care staff. One relative told us, "The staff seem to have an innate understanding and personal experience of autism and they are all so kind and helpful." Another relative told us, "Staff are really good and have the balance just right between supporting and encouraging independence. Such as encouraging or prompting with eating or drinking, where necessary, without taking over." Such positive views were shared by many relatives we spoke with. One told us, "All the staff have experience of autism and they really listen to us parents."

Staff told us they received an induction and completed training when they started working at the service. They confirmed they received support and the necessary training to undertake their roles and responsibilities. One member of staff told us, "There's always plenty of training here." They also described how they 'shadowed' more experienced colleagues, when they first started work, until they felt confident and had been assessed as competent to work independently. We saw staff had received the appropriate training to carry out their roles and they demonstrated that they understood their responsibilities in relation to those roles. Records we looked at showed new staff received a comprehensive induction training programme which incorporated subjects such as fire safety, infection control and health and safety. Training was also provided in subjects such as autism specific support, positive behavioural approaches and epilepsy management.

Staff received regular supervision, spot checks and appraisals. Formal supervision provides each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs. Records showed staff also had access to development opportunities. Staff told us they found the supervision meetings useful and supportive. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community.

The service worked within the principles of the MCA. We found that the registered manager and staff had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). Staff had attended training in this area and understood how the principles of the legislation related to their work and how it applied to the people they supported. We saw staff consistently applied the principles of the Act and all best interest meetings and decisions were appropriately documented in individual care records. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis.

We saw people who used the service were included in planning and agreeing to the care they received. Relatives who we spoke with said that care staff routinely discussed with them the level of support required and always respected their decisions, regarding the care provided. People told us the care staff always respected their right to make their own choices. Care plans we looked at included a signed contract and service agreement that identified which services were to be provided and confirmed people's awareness and consent to their personalised support. This demonstrated that people understood and had consented to the care and support they received.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. Staff told us that if they had any concerns about a person's health they would liaise with the office for advice, or in an emergency situation they would contact the GP or the emergency services directly. This helped ensure people's individual health care needs were effectively met.

Is the service caring?

Our findings

People and their relatives said they were supported, with dignity and respect, by kind and caring staff. One relative told us, "I couldn't be more satisfied with how the support staff care for my child. They are 'hands on' and just know how to deal with [family member]. They went on to say, "Whenever they go out together, [family member] always comes back calm and chilled out." Another relative described support staff as, "Very nurturing." They told us, "The staff are wonderful, they are so patient and are still kind, caring and respectful even when my child is obviously challenging for them."

A common theme from our discussions with relatives was the acknowledged level of support the whole family received. For example, one relative described staff as providing, "A listening ear to parents," and said they were always willing and able to offer advice and support, whenever necessary. Another relative really appreciated the fact that, "Someone from the office will ring us every week to check if all is ok." This was echoed by another relative who said support workers had maintained contact through their family member's recent health issues, when they were unable to go out. Without exception, all the relatives we asked said they would be more than happy to recommend the service to other families – and some already had done so. One relative summed up the views of many we spoke with; they told us, "The service is amazing. 110 % recommended – and it gives me respite and time to spend with my other children."

Staff we spoke with were knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported. They told us, "We all like spending time with families, really getting to know them and what they want. Because we all work so closely as a team, communication is very good." They also spoke of the importance of routine and consistency, which helped ensure people received care and support in a way that reflected their needs and preferences.

The registered manager emphasised the importance of effective communication. They said regular formal and informal meetings took place to enable staff to discuss issues, relating to people's ongoing support packages. People were involved in making decisions about their individual care, treatment and support. Staff spoke of the importance of developing close working relationships with individuals and their families and being aware of any subtle changes in their mood or condition. One member of staff told us, "Because we know them [people who use the service] so well and how they are on a day to day basis, even if someone can't speak, you can tell how they are by their facial expressions or their behaviour." This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

Staff recognised the importance of treating people as individuals, with dignity and respect. People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. We saw that the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

People and their relatives felt 'in control' of their care and support and confirmed they had been consulted

and actively involved in the writing and reviewing of their care plan. This was supported by plans that we saw, which clearly demonstrated that people's preferences, likes and dislikes had been taken into consideration. People's relatives said they were also consulted regarding any changes to the care plan and had taken part in reviews. People and their relatives told us they felt confident their views were listened to, valued and acted upon where appropriate. This helped ensure people were actively involved in their individual care planning and the support they received met their identified needs.

Is the service responsive?

Our findings

People and relatives we spoke with told us they felt listened to and said care staff responded to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. They also described the thorough assessment process which they had been involved with, to identify and discuss what care was needed. People and their relatives said they had comprehensive support plans in place and spoke regularly with support staff about them. Relatives told us the agency had carried out detailed assessments of people's needs before they began to work with them. We saw a range of assessment and planning tools were used to help ensure staff provided the appropriate support for people, to meet their identified needs.

People and their relatives felt the organisation was flexible and they could change timings to fit around appointments or other commitments. One relative told us, "They bend over backwards for us and nothing seems too much trouble." Another relative also spoke very positively about how responsive the service was. They told us, "I couldn't fault it, it's wonderful and the support staff are always happy to go that extra mile – which is so appreciated."

We saw that staff responded to people in an individualised manner and it was clear when we spoke with staff they were very knowledgeable about people's needs and fully aware of their individual wishes and preferences. A care co-ordinator explained that before anyone received a service, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From this initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. We saw that, where appropriate, some support plans had been developed in picture format, so people could be more actively involved with them. Support plans were reviewed regularly to ensure they reflected people's current and changing needs. People and relatives we spoke with said they were fully involved in drawing up their personal care plan and confirmed that the plan accurately reflected their individual support needs.

Everyone we spoke with was aware and able to confirm that care plans were regularly reviewed. One relative described how a review had been held after their family member's condition had changed. They said following the review, the care plan was changed to provide additional support. This demonstrated that the service was responsive and the care support provided was personalised and met people's individual needs.

There was a complaints procedure in place to be followed should a concern be raised. This was also made available in a pictorial format. The registered manager confirmed that any concerns or complaints were

always taken seriously and acted upon. People and their relatives we spoke with were confident they could make a complaint or raise an issue if they needed and said they had contact numbers for the service. They were happy with the service provided and were aware of how to make a complaint, if necessary. One relative told us, "I certainly know how to make a complaint, although I've never really had anything to complain about." This demonstrated that people knew how to make a complaint and were confident that any concern would be listened to and acted upon.

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well managed. They said communication was very good and they felt well-informed. One relative described Derbyshire Autism Services as, "Just brilliant, and very, very good." Another relative told us, "This organisation understands autism best. It's a godsend to have workers who enable my child to be in the community – there is more than just home and school."

Support staff spoke positively about Derbyshire Autism Services and described the culture as, "Open and inclusive." All of the staff we spoke with said how much they enjoyed working at the service and were full of praise for the registered manager, who they described as, "Always approachable" and, "Very supportive."

During our inspection all staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture, which was centred on the needs of people who used the service and their families. Staff spoke positively about the open and inclusive environment, the "Team spirit" and the effective communication throughout the service.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities.

There were effective and robust systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medication records and reviews of the individual support people received. We also saw that audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and telephoning people who used the service and their relatives. We saw examples where changes had been made and 'lessons learned' as a result of feedback received, including care staff being replaced if not considered suitable. This demonstrated the service was committed to improving standards and quality of service provision.