

# Education and Services for People with Autism Limited

## ESPA Domiciliary Agency

### Inspection report

Room 217a, Broadcasting House  
Newport Road  
Middlesbrough  
Cleveland  
TS1 5JA

Tel: 01642231121  
Website: [www.espa.org.uk](http://www.espa.org.uk)

Date of inspection visit:  
07 March 2016  
08 March 2016

Date of publication:  
26 May 2016

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 07 and 08 March 2016. The registered provider was given 48 hours' notice prior to inspection because the service provided domiciliary care services. This meant we could be sure that the registered manager and people's care records would be available for inspection. This also gave the registered provider time to gain consent from people who used the service and their relatives for us to speak to them by telephone.

ESPA provided domiciliary care services for people living in their own homes. The registered provider's office was located in Middlesbrough. At the time of our inspection there were 24 people using the service. The registered provider employed an operations manager, registered manager and eight staff.

ESPA had been running for many years. There was an experienced and stable staff team in place. The service recruited staff when vacancies arose or when new people started to use the service. There registered manager had been in place for many years. 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.

Supervision and appraisals were not up to date for all staff and we identified gaps in these records.

Risk assessments were in place, however had not always been regularly reviewed.

Staff understood and followed safeguarding procedures. Safeguarding alerts had been made when needed.

Emergency procedures were in place for staff to follow and personal emergency evacuation plans were in place for everyone.

People were recruited safely. People and their relatives were involved in the recruitment process when appropriate to do so.

There were sufficient staff on duty to provide care and support to people. Staffing levels changed to meet the needs of people.

There were sufficient quantities of prescribed medicines in place. Staff were trained to dispense prescribed medicines to people.

Health and safety checks of ESPA office environment were up to date.

Training was up to date and included specialist training to meet individual needs.

People were supported to make healthy choices and staff worked around people's limited food choices. Monitoring was in place for those who needed it.

People had regular contact with a range of health professionals.

Each person had a hospital passport in place which provided staff with important information about each person.

People were supported by staff to live at home with their relatives or independently in the community.

Relatives spoke highly of staff. From our observations we could see that staff and the people they cared for got on well with each other.

Staff gave people the time they needed to make decisions. People were encouraged to make decisions about all aspects of their day.

People's privacy and dignity was respected and maintained.

People and their relatives were involved in planning their care. Staff knew people well and this meant they could tweak care and support when needed.

People and their relatives were invited to be involved in reviewing care. People had choice about all aspects of their lives.

The people we visited and spoke with did not understand how to make a complaint. However staff and their relatives told us complaints would be made on their behalf when needed and the relevant professionals involved.

Staff and relatives spoke positively about the service. Staff told us they enjoyed working at the service.

Relatives told us they felt the service was approachable and responsive.

Meetings for people, their relatives and staff took place.

A survey had been carried out and an action plan developed.

Relatives and staff told us ESPA was open and transparent with them. Everyone told us they felt able to voice any concerns.

The service and staff knew what was expected of them and took action when appropriate.

We found one breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the premises and equipment and records. You can see what action we told the provider to take at the back of the full version of this report.

## 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

Staff followed safeguarding procedures appropriately.

There were sufficient staff on duty to provide care and support to people.

People were given their prescribed medicines on time by appropriately trained staff.

### Is the service effective?

Requires Improvement ●

The service was effective

Supervision and appraisals were not up to date. There were gaps in these records.

Training was up to date. Staff had the skills needed to provide care and support to people.

Staff displayed good knowledge of the Mental Capacity Act and Deprivation of Liberties Safeguards.

### Is the service caring?

Good ●

The service was caring.

Relatives spoke positively about staff.

We could see that people were at the centre of their care. Care was individual to people's needs

People and their relatives were involved in their care and all aspects of their day to day lives.

### Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and reflected people's individual needs and specific care requirements.

People were involved in activities at home an out in the community which reflected their individual choices.

Complaints had been made and dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led.

Staff spoke highly of one another and told us they enjoyed working at the service.

Regular meetings took place for people, staff and the management team.

Thorough quality assurances processed were in place.

# ESPA Domiciliary Agency

## 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.

One adult social care inspector carried out this announced inspection on 07 and 08 March 2016.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning office from the local authority commissioning team about the service.

The registered provider was asked to complete a provider information return (PIR). 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.

During this inspection we visited three people in their own homes and looked at each of their care records and checked their prescribed medicines. These people had limited communication skills and this affected the questions which we could ask them. We also spoke with four relatives and one adult social care professional over the telephone.

We visited the registered provider's office in Middlesbrough to speak with staff and to look at records. We also spoke with staff when we visited people in their own homes. During the inspection we spoke with the registered manager, development manager, three team leaders and four care staff. We looked at four staff recruitment records, ten supervision and appraisal records and all staff training records. We also looked at a range of records which related to the day to day running of the service. At the time of our inspection there were three team leaders, 36 care staff and 12 bank care staff employed at the service to provide care and support to 24 people.

# Is the service safe?

## Our findings

When we spoke with people's relatives we asked them if they thought people were safe. One relative told us, "Yes [service user] is definitely safe." Another relative told us, "Yes. Absolutely." Another relative told us, "Yes [person who used the service] is safe. He has Asperger's. He feels safe with them [staff], which decrease his stress levels. The staff explain things to him."

Safeguarding training was up to date for all staff. An up to date safeguarding procedure was in place with contacts for each local authority area which the service covered. There was also an internal on-call rota to deal with safeguarding concerns which listed who staff would contact in the event of concerns being raised. This meant that staff had the support they needed to deal with potential safeguarding alerts. One staff member told us, "I would report any concerns to safeguarding or to my manager. We have a safeguarding lead on duty every day and we could speak with them." Safeguarding records included the reason for the alert, discussions which took place before the alert was closed and the outcome of the alert. We spoke with staff about the potential signs of abuse which they could see in the people they cared for. One staff member told us, "People could shy away from us or they could be a change in people's behaviours. They may have no money and no receipts to show where the money has been spent. [person who used the service] could have seizures if they didn't get their medicines." Another staff member told us, "We put in safeguarding alerts for lots of things, even minor things because we need to be thorough. [Person who used the service] caught their skin in the shower and we put a safeguarding alert in just to be sure." From speaking with relatives, we could see that staff were involved in supporting people with money. One relative told us, "It's all recorded. I have no concerns." Another relative told us, "I have no concerns. Receipts are given."

Staff had all received up to date training to manage behaviours which could challenge and they told us they felt confident using de-escalation techniques which helped to minimise the risk of harm to people and staff. Detailed plans were in place for staff to follow. These plans detailed the actions staff needed to follow to reduce the risk of harm to people and staff, but also to maintain people's privacy and dignity. Completed records showed the steps which staff had taken and had identified any changes in presentation. The staff team also worked with a behaviour nurse specialist who was able to provide guidance and support.

Each person had a 'Critical incident response plan' in place which instructed staff about what they needed to do in specific timeframes following incidents such as being admitted to hospital, illness, fire or flooding. We could see that these had been followed when a recent incident of flooding had occurred at one person's property.

Risk assessments were in place for infection prevention and control, utilities, windows, lone working and food hygiene for example. Specific risk assessments were in place for people such as being left home alone, ironing, cooking, medicines and shopping. An activity risk assessment for one person had been carried out to look at the risks of them going on holiday. We could see that all aspects of this holiday had been appropriately risk assessed. We found that risk assessments were not reviewed each month as directed on the records. The registered manager told us the frequency of reviews of risk assessments was under review. Staff told us they supported people to take reasonable risks. One staff member told us, "[Person who used

the service] has a risk assessment to stay home alone. They have a set routine for going to bed. We ring him and [person who used the service] answers to say they are Okay." One person had a pictorial record in place named '[person who used the service] emergency list.' This record gave the person instructions which they needed to follow in an emergency; for example, there was a picture of a fire, a telephone with the digits 999 underneath and a fire engine.

Each person had a personalised emergency evacuation plan (PEEP) in place which included the person's understanding or risk, a risk rating and the action staff needed to carry out. Not all of these PEEP's had been updated in the last year; however staff acted upon this during our inspection.

There was an up to date accident and incident policy in place and we could see that this policy had been followed when dealing with accidents and incidents which had taken place at the service with people and with staff. Records detailed the nature of the accident and incident, any actions which needed to be addressed and the outcome of each. ESPA development manager told us that accidents and incidents were looked at each quarter and action plans were developed and checked to make sure they had been addressed.

Records were in place to show that staff had been recruited safely. We looked at records for the last four staff employed at the service. There was a completed application form and interview questions in place. We could see that two checked references and a Disclosure and Barring Service (DBS) check had been carried out prior to the offer of employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. In one person's records we saw, "Staff are interviewed for jobs with me by ESPA and my mum. They know the kind of people I like and can judge who will work well with me." The registered manager told us that the second stage of their interview process involved potential candidates for employment spending time with people and staff to determine if people had the right skills and experience to provide care and support to people. This meant that the service took the time to make sure that only appropriate skilled and experienced staff matched to people's individual needs were employed at the service.

Staffing levels varied, depending on people's individual needs. We visited three people and found that they were sufficient staff on duty to meet each person's needs. Staff told us that shift patterns varied to meet people's individual needs. One team leader told us, "We change our working hours to accommodate people's activities. [person who used the service] sometimes stays longer at his activity so we rearrange the times we collect [person who used the service]." Relatives confirmed that staff turned up on time to provide care and support to people. One relative told us, "[person who used the service] has the same group of staff. We are familiar with them." Another relative told us that staff always turned up. They told us, that a staff member turned up for work despite being unwell and stayed until cover could be arranged. This meant that night staff had been able to go home and the person could continue to be supported. Another relative told us, "One carer turns up exhausted. They take [person who used the service] out after a 24 hour shift on little or no sleep. This impacts upon what they can do with him." We spoke with the registered manager about this and we could see that action was being taken to address this.

Only staff trained to dispense prescribed medicines did so. Team leaders monitored medicines. One staff member told us, "I have training. All medicines are stored in a locked cupboard. We complete the MARs [medicine administration records] and fill this in from the prescription we get. It's audited weekly." We looked at the prescribed medicines of the three people we visited at their homes. The prescribed medicines of each person were stored in a locked cabinet. Risk assessments for prescribed medicines were in place. Staff told us that people's prescribed medicines were collected from the pharmacy every four weeks and



they dealt with any discrepancies when they occurred. We found that each person had appropriate stocks of prescribed medicines in place and totals matched those on the records. Medicine administration records had been fully completed. Team leaders told us that all medicines were countersigned by two members of staff.

Information sheets about each person's prescribed medicines were available within the records. In one person's record, there was a protocol in place for administering prescribed medicines which had been regularly reviewed. This protocol was person-centred; there was detail about when and how to take the medicine and the type of drink the person liked to have to take this prescribed medicine.

When we visited two people in their home, the team leader told us that ESPA and Autism Matters were both involved in the care of these two people. As a result, ESPA had introduced a communication book and a handover of prescribed medicines was carried out.

People were unable to tell us if they received their prescribed medicines, however from our checks of prescribed medicines and from speaking with staff we could see that people received their prescribed medicines at the correct times. When people who lived on their own went to stay with relatives or on holiday appropriate quantities of medicines had been made available. One relative told us, "I have no concerns about [person who used the service] medicines. They always get them on time." Another relative told us, "[Person who used the service] takes their own medicines." Another relative told us, "They [staff] measure the medicines out for [person who used the service]. They fill in the book."

Health and safety checks and certificates for the registered provider's office in Middlesbrough were up to date. We could see that health and safety checks of the three people we visited who lived in their own homes were dealt with by their landlords. Staff told us they carried out informal health and safety checks when working in people's homes and dealt with any maintenance tasks as needed.

## Is the service effective?

### Our findings

At the time of inspection there were three team leaders, 36 care staff and 12 bank care staff employed at the service. Supervision and appraisal are formal discussions to support staff to carry out their roles effectively. The supervision and appraisal policy stated that a minimum of four supervision sessions and one appraisal should be carried out each year. From the records we looked at, we could see that these were not up to date. Of the ten staff records looked at, eight staff had received an appraisal and two were outstanding. Two staff had received three supervision sessions, five staff had received two supervisions and three staff had received one supervision session during the last year. A supervision and appraisal record of planned dates were in place for the coming year, however we found that six care staff and five bank care staff had not been included in this record. This meant that we did not know if supervision and appraisal planned dates had been put in place for these people.

There were gaps in all ten of the supervision and appraisal records looked at during inspection. We found that some sections such as support needed, development and performance, training had not been completed. Where records had been completed, we found that these contained limited information, for example, in one record a question asked 'What additional skills would you find useful,' the record stated 'Clear guidelines.' There was no further explanation about this and it had not been included into the staff member's action plan. There were some signatures were missing from records.

This meant that there was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked relatives if they felt staff had the right knowledge and skills to provide care and support to people. One relative told us, "Yes, I can't complain. Staff go through a good induction. Some have more in-depth knowledge of Autism than others." Another relative told us, "The long term staff are very good. Training is very thorough." Another relative told us, "We are very pleased with their [staff] knowledge and abilities."

All new staff participated in an induction process and were subject to three probationary reviews which included an appraisal. A decision was made at the end of this probationary period to look at each person's competency to carry out the role they were employed to do. Staff spent time shadowing more experienced members of staff to get to know people and to understand how to carry out their role. Time was also spent undertaking training and familiarising themselves with ESPA policies and procedures.

Staff participated in a range of mandatory training which included first aid, equality and diversity, fire, medicines, safeguarding and the mental capacity act. Staff also participated in training specific to people they provided care and support to such as Autism and epilepsy. A relative told us, "[Staff] get good training. They spend time training people up and shadowing. [Person who used the service] gets used to them. They ask my opinion." Another staff member told us, "They [staff] know him well, because of training. They have an information book on him."

People were supported with their food and nutrition and some people were involved in cooking. One

relative told us, "They [staff] help [service user] to cook, but it's still individual."

People had choice about what they wanted to eat and drink, however they were supported by staff to make healthy choices. All staff spoken with told us that people needed support with this because people would frequently eat the same foods which could limit their nutritional intake. One staff member told us, "We keep a food diary to monitor [person who used the service] food intake. He has a limited diet. We try to balance his meals, but he chooses what he wants to eat." The staff member told us they amended foods to make them more nutritionally balanced. They told us, "We changed from mash to carrot mash." From speaking with this staff member we could see that they understood how to make food more nutritionally balanced. Another staff member told us, "We use the communication book to monitor food intake. We are particular about what people cook and eat. We get people checked by the GP and ask for a referral to a dietician."

We saw that people were involved in shopping for food and ate at home or out at restaurants. For one person, we could see that trips to eat out in their local community were incorporated into their activities schedule. Staff told us that this person usually ate at the same places which was their choice. When we visited one person, they told us about their plans for the day which included a trip out to eat some of their favourite foods. When we visited the home of two people we saw that staff kept a record of what they had cooked for people. The team leader told us, "We do this to make sure people have something different each day." The team leader confirmed that no formal record was in place to monitor each person's daily nutrition and hydration, however they did this informally and we could see that any concerns were placed in the communication book and acted upon if needed.

People were regularly involved with health professionals. Records showed that people had involvement with their GP, dentist, hospital consultants and physiotherapist. One relative told us, "[Staff member] helps [person who used the service] to make and attend appointments."

Each person had an up to date hospital passport in place. This is a record which is given to hospital staff in an emergency and provides staff with information about the person. This includes things that staff must know, such as medicines and allergies; things which are important to the person such as how to communicate with them and mobility and the person's likes and dislikes. This is a particularly important document to someone living with Autism because any changes to the person's routine can cause difficulty for them.

Staff displayed good knowledge and understanding of the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The three people's care records which we looked at showed there were best interest decisions in place for them to keep them safe. We could see that there was information about the type of decisions people could need support with. These types of decisions included 'low risks' such as decisions about how to spend leisure time, what to eat and what to wear. 'High risk' decisions included safeguarding, money and medical treatment. Staff told us that they always tried to involve people in all decisions which affected them. One

relative told us, "Staff always seek permission from [person who used the service].

# Is the service caring?

## Our findings

All staff spoken with during this inspection told us they enjoyed working at the service. One staff member told us, "Everything I get out of [person who used the service] is rewarding. It's good to wake up and look forward to going to work." Another staff member told us, "It's excellent here. It's all very good. We all are all close and good with [person who used the service] which is all we ask."

People we spoke with had limited communication ; some people were able to give limited verbal feedback and others were able to respond using hand gestures. When we visited one person at their home, we spoke with them with the assistance of a staff member. This person lived in their own accommodation; however there were always staff on duty. We asked this person if they liked living in their accommodation and they told us, "Yes." We asked if staff were nice and they told us, "Yeah."

Relatives told us staff were caring. One relative told us, "They [staff] all demonstrate a deep fondness for [person who used the service]. They take him out into the community. At Christmas they get him a present. It shows it about more than being a service user." Another relative told us, "The staff are caring. They are concerned about [person who used the service]. They are fond of [person who used the service], the way they are with them. They go the extra mile for them." From our observations when we visited people we could see that people appeared to be relaxed around staff. We saw smiling faces and laughter. One relative told us, "All of the staff are sympathetic and focus on [person who used the service]. If I had any problems with the staff I would have them removed." Another relative told us, "I am very happy with care [person who used the service] receives."

Staff worked with specific people and did not move around unless necessary. Staff told us this was important because people did not always cope well with change. Staff told us working with the same people helped to develop trusting relationships with people. One relative told us, "[Person who used the service] has struck up a good relationship with [staff member]. They can confide in him. Another relative told us they were happy with the care and support their relative received. They told us, "Very much so. They give [person who used the service] time to talk things through. They listen to him and talk things through. This helps to reduce their anxiety."

Relatives spoke positively about the staff team and about the care people received. One relative told us, "I am happy with the care [person who used the service] receives. It's one to one." When we spoke with two people, we asked them if they were happy with the care they received and they both told us "Yes." One relative told us about how staff went "Above and beyond" for [person who used the service]. They told us, "They [staff] contacted Sky to get a copy of a television show when the tape became worn. For us the service was a positive move. The best move [person who used the service] has made." Another relative told us, "[Person who used the service] is happy with staff. They match staff to people."

Relative's responses from the 2015 questionnaire stated, "ESPA have changed [person who used the service's] life and mine for the better." And "All staff have been well trained in dealing with Autism and Asperger's which is a huge relief to us."

We observed staff being respectful towards people. Staff told us it was important for them to respect people's beliefs, choices, likes and dislikes regardless of their own opinions. One relative told us, "Staff never criticise [person who used the service] views. They respect his opinions and his faith. When [person who used the service] is running late. [Person who used the service] knows staff will wait for him." Another relative told us, "The staff are respectful. They treat [person who used the service] with dignity. They are a Rolls Royce service. They actually provide a level of care every autistic person should have." Another relative told us, "Staff are very much respectful when caring for [person who used the service]."

We could see that people needed support to make decisions about their lives including the care and support they needed. We could see that staff involved people and their relatives to make decisions. A relative told us, "We all discuss things together and decide on the action needed."

Staff told us about how they made sure people's privacy and dignity was maintained, which included closing doors and curtains whenever people were assisted with personal care. Staff told us they prompted people to do what they could to allow them both privacy and independence. We looked in the bedroom of one person [with their permission]. We saw that this person had a routine for personal care displayed on their wall. This routine was written using words which the person could understand and prompted them to be independent with their personal care. One relative told us, "Staff are respectful of [person who used the service's] privacy and dignity. One member of staff assists with care and a male worker always goes swimming with them."

From our observations and discussion with staff and relatives, we could see that people were encouraged to be independent in all aspects of their lives. We visited one person who lived in their own accommodation and one staff member told us, "[This is the] best things that ever happened to [person who used the service]. He is really happy here." One relative spoke to us about how the staff team assisted their relative to be independent. They told us, "They teach him cooking skills and have arranged any adaptations needed for him." When we visited one person, staff told us this person regularly visited their family however staff stayed on the person's premises to give the family privacy.

## Is the service responsive?

### Our findings

The registered manager told us that their initial assessment was very autism specific and they often needed to press social workers for more information. They told us, "Often ESPA feels people need more support hours than social workers initially state. This communication means we can put the most appropriate support in place for people and best meet each person's needs."

Each person had a personal profile in place which provided information about individual attributes, hobbies, interests and skills. We could see that this information was used during the recruitment process. The registered manager told us it was important to match the most appropriate staff member to people. We found that personal profiles had not been updated in over a year; this meant that we did not know if this was the most up to date information. When we spoke with the registered manager, they told us they would update this information straight away.

People had individual care plans in place which reflected their specific needs. There were individual procedures for one person in place for staff to follow if they went missing and the information staff needed to give to police. This included information about how to communicate with the person, behaviours which they could display and important medicines.

An epilepsy care plan provided detailed information about one's person's type of epilepsy, a description of the seizure, timeframes and what staff needed to do. This included safe bathing procedures but promoted the person's independence. This meant staff had the information they needed to provide safe care to this person. A team leader told us that staff involved in this person's care would be undertaking refresher training in epilepsy to ensure staff remained up to date.

Each person who used the service had individual needs and people's care plans reflected these needs. Records gave detailed information about how to communicate with each person, such as how to talk to the person and how to determine whether people were happy or sad. In one person's care records looked at, we could see that this detailed information could assist in developing a relationship with the person. The records stated that conversations should be brief and information may need to be repeated. There was also information about what must happen in the person's life, such as contact with people and information about what the person did not like, such as a noisy environment. Importantly, there was information about how the person's autism affected them. This included information about how to give the person choice. The team leader for this person told us they used an App called 'Talk tablet' which is a communication solution for people who have difficulty speaking.

Staff told us that routines are particularly important to the people they provide care and support to and any changes to these routines can cause upset. Information about people's individual routines were contained in their care plans. When we visited three people at their homes, it was clear from speaking to all staff involved that they knew the routines of the people they cared for. Staff were able to tell us about how they managed any changes to people's routines to minimise any distress. Staff provided detailed knowledge about people's individual likes and dislikes and how they needed to provide support to people whilst

maintaining their independence. For example, staff needed to put hair gel onto one person's hand but they were able to style their own hair. Staff told us that choices for this person were based around their likes. They told us that this person had a limited attention span, but could make their own choices about what activities they wanted to do.

One person had an autism spectrum profile in place which included an assessment of space, groups, the environment, body language, touch, eye contact, interests and senses. This assisted staff to when planning care and support; however it had not been updated since 25 October 2013.

Staff completed handover records each day, we found the content of these records varied depending on the activities people were involved in each day. We looked at handover records for one person between 28 February 2016 and 05 March 2016. There were a number of key areas which needed to be completed by staff and then checked by team leaders. From the records we looked at, we found that five of these key areas had not completed on each of the days looked at.

Autism specific 'Support session' records were regularly completed by staff and included information about communication, interaction, thinking, sensory, independence, finance, health and behaviour. We found that good detail had been recorded.

During our inspection, we observed staff asking for people's views about plans for the day and we could see that staff tried to involve people in all aspects of decision making. Staff told us they tried to involve people in their reviews. Although they told us this could be difficult they did give some examples of how they did this. For example, for one person a staff member told us they asked key questions which they felt were most appropriate. They told us they didn't bombard the person asking one question after another but chose to ask questions in short bursts over a period of time. Staff told us they invited people's relatives to participate in reviews of care, although relatives can discuss changes at any time. Relative we spoke with confirmed this to be the case. One relative told us, "[person who used the service] has regular reviews. They [service] keep in regular contact with me." Another relative told us, "We've changed and tweaked care when we've needed to."

When we spoke with staff we found that they were all very knowledgeable about the activities people liked to participate in. When we visited one person we saw them spending time on their laptop. They told us they had a few laptops and several pairs of headphones. They also told us they were going shopping for a new CD. We could see they gained enjoyment from these things. Staff told us about the things which this person liked to do and how these formed part of their day to day schedule. Staff told us that this person liked to do the same things, though they could add in different activities but they would need to tell this person about this on the day.

People were involved in range of activities both at home and out in the community. We could see that people were supported to participate in activities based on their interests and personal preferences. One relative told us, "Not all of the staff drive and this impacts upon the activities which [person who used the service] can do. Some staff won't or can't do the activities [service user] wants to. We spoke the registered manager about this during our inspection and they told us they would address this. Other relatives told us, "[Person who used the service] goes out regularly. He likes to go swimming." And "[Person who used the service] goes to the gym. They volunteer at Larchfield [community service] and go shopping and to the cinema."

We looked at the activities records of three people and all were different. These included a mix of pleasurable activities such as going to the disco, drama club, cookery class or voluntary job and a mix of



domestic activities such as laundry, shopping and tidying. One relative told us, "[Person who used the service] goes out everyday. They go to the disco, club, pub for Sunday lunch and to an Autism day service." Another relative told us, "[Person who used the service] is out most of the day. I make sure he goes out a lot and plan things for him to do. He enjoys the theatre, cinema, shopping and going on trains." Staff told us that people enjoyed days out to Light Water Valley and the Coast and trips away to Centre Parcs and Primrose Valley. Staff had even accompanied one person on holiday to another country with their family.

One person had three activity schedules in place; we could not see which one was most up to date. Each of the activities schedules incorporated a range of different activities which facilitated work, education, domestic and social activities. The team leader we spoke with about this told us they would take action to make sure the most up to date activity schedule was put in place.

A small number of complaints had been made during the last year. Detailed records were in place which showed the action the service had taken to resolve the complaint. Staff were knowledgeable about the procedure they needed to follow when they received a complaint. One staff member told us, "If people want to make a complaint, we ask if they want to share it with us or if they want us to assist them to write it down." Each person had an easy to read complaint leaflet and staff told us they would support people to make a complaint if they needed to. All relatives told us they felt able to raise a complaint, one relative told us, "If I had a complaint, I would ring the office."

The service had also received a number of compliments, these included, "Don't know what I would do without you." And "Appreciate the time and effort that you and ESPA put in."

## Is the service well-led?

### Our findings

People and staff spoke positively about the management team. One relative told us that the manager was approachable and they felt listened to. They told us, "[Registered manager's] excellent. I was in contact with them yesterday and we discussed some extra support for [person who used the service]. When they [staff] see [service user], they make him smile." One staff member told us, "It's excellent here. Team leaders are easy to get hold of."

Some relatives told us they had more contact with team leaders and staff rather than the registered manager. One relative told us, "[Registered manager] is fine. I don't have a lot to do with them. They are always helpful and I can get in touch." Another relative told us, "I like the staff but I am not keen on the management. They haven't always reacted when they should have. Staff on the ground are important to me not the management." Another relative told us, "I don't have a lot of contact with them, [Registered manager]."

All staff spoken to during inspection told us they enjoyed working at the service and planned to stay in post. One staff member told us, "Things are continuously improving here all of the time. We make suggestions and changes are made." Relatives told us the service sought feedback from them. One relative told us, "The service talk to me and ask me what I think." Another relative told us, "I am asked about my views all of the time. I can contact them anytime."

We asked relatives what they liked about the service. One relative told us, "They have been on the go a long time. I feel relatively safe with them. The staff are happy and [service user] is looked after. The supervisor is strict with care and spot on with [person who used the service] medicines and money. He is good with him. First rated." Another relative told us, "Care is tailored." Another relative told us, "Staff are individually responsive. They have a level of expertise [Autism specific] and they value [person who used the service]."

Relatives spoke positively to us about the service. One relative told us, "Everything [is good]. They [service] really do meet [person who used the service] needs. They are with someone we and he can trust." Another relative told us, "[The service] is reassuring to me. I never have to worry. I can relax. The staff understand [person who used the service] and there is consistency."

We also asked relatives about what improvements they thought were needed. One relative told us, "Staff could use their initiative a bit more." Another relative told us, "Nothing needs to improve."

During our inspection we could see that the registered manager and all care staff knew what was expected of them. We found that any concerns about care were addressed immediately and appropriately action was taken. Staff told us they felt able to approach the management team and were confident that they would be listened to.

The registered manager told us they tried to promote an open and positive culture. They said they did this by "leading by example and maintaining a professional approach as well as making time to listen to service

user and staff views."

We talked to the registered manager about quality assurance at the service. They told us this helped to drive improvement because "Monitoring helped to highlight strengths and identify weaknesses which supported the company to better meet the needs of the people we are supporting." ESPA development manager told us quality assurance visits were carried out every two months and records were in place to support this. We could see that care and support, safeguarding and auditing of care plans, records and medicines were carried out as part of these visits. The development manager told us that they also carried out a number of observations to check the quality of care provided to people.

Team leaders told us care recorded were reviewed regularly and audited, however no formal audit was recorded. Medicines audits were completed each week individually for each person and had been completed appropriately.

A survey had been carried out during 2015 and looked at a range of areas which included support received, decision making, leadership, dignity and respect, records and communication. The survey was not in an easy read format and staff we spoke with told us people would have had difficulty completing the questionnaire. One staff member told us, "We need a number of different surveys for our service users because people are different and have different capabilities." The registered manager told us, "This survey was under review because people were unable to complete them. Surveys have already gone out, but next year there will be a radical overhaul of these." The registered manager told us that the results of the survey had been discussed during internal meetings with the senior team and each of the actions needed had been discussed. Some of the comments raised in the surveys included, "Staff are very accommodating." And "All staff have been well trained in dealing with Autism and are very supportive." And, "Staff are very accommodating."

The registered manager told us they attended people's reviews of care and visited families to look at the quality of care provided. They told us they planned to start having regular telephone contact with people and their relatives.

There were a number of different meetings in place for the management team which team leaders were encouraged to attend. These included positive behavioural support which looked at best practice and included case studies. Clinical review meetings were used as a working group to maintain the quality of care at ESPA. Quality assurance meetings gave managers the opportunity to look at feedback from other meetings as well as to look at the quality of Autism care.

Team leaders met monthly to review care and to review meetings with care staff, people who used the service and their relatives. Staff meetings were held each month. Staff told us they tried to involve people in meetings about the service. Records were in place to support all meetings attended in the service and action plans were in place where appropriate.

The registered manager told us they and the staff team attended a number of forums aimed at improving quality of care. These included provider forums, and autism and learning disability specific groups. Meetings for people who used the service were carried out individually because people lived in their own homes. All staff supporting people were involved in the meeting and people and their relatives were invited to attend. We could see that activities, health appointments, domestic activities, nutrition, medicines and risk assessments had been discussed.

The registered manager told us they kept up to date with professional, clinical and general requirements of

care by "Attending registered manager meetings, networking at provider forums, and keeping up to date with changes in legislation.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Supervision and appraisals were not up to date for all staff. There were gaps in the supervision and appraisal records looked at.