

Sun Healthcare Limited

Autism Support and Care

Inspection report

Jubilee Court
1 Jubilee Road
Sutton In Ashfield
Nottinghamshire
NG17 2DB

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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 Care and Support also known as Jubilee Court is a care home that provides accommodation with support for up to 13 people with a learning disability or autistic spectrum disorder. On the day of our visit there were 10 people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service: People we spoke with told us they were very happy living at Autism Care and Support. People told us they were involved in developing their support plan and encouraged to partake in new activities and opportunities. People were supported to have individual communication and coping strategies so their independence could be maximised.

Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe. People's health needs were identified and external professionals involved if necessary. Information could be shared with other agencies as needed. People and staff were also supported with their well-being by the provider and management team.

People told us care staff were caring, supportive and kind. We observed staff members supporting people in a dignified and confidential manner. There was also lots of laughter and fun and people we spoke with and their relatives said that people enjoyed positive and therapeutic relationships with the staff team.

Support plans were detailed and showed people were involved in planning their own lives with staff support where able. Plans were person-centred, meaning people were at the heart of how they wanted their care and support to be provided. We discussed that individual's plans relating to the management of incidents needed to be more detailed and specific for the staff team. The managers had already identified this following some recent training and this was in the process of being actioned.

Staff told us they felt well trained and supported and spoke of the management team in a positive light stating that people who lived at the service were now taking the lead of planning their own lives with support from the staff team. We saw staff upheld and promoted people's rights relating to equality and diversity and the staff team and people had a strategy together to improve dignity at the home.

The service was well run. The managers carried out lots of checks to make sure that the service was effective. The service was more integrated into the local community and the vision and values of supporting people to be as independent as possible was now very much embedded. Generally people, relatives and staff said they found the management team approachable and people's feedback with listened to and acted upon.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at the last inspection: The service was rated as good and the report was published in December 2015.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Autism Support and Care

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: One adult social care inspector carried out this inspection.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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. At the time of our visit the registered manager was on holiday.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection we reviewed information available to us about this service. This included statutory notifications. Statutory notifications contain information about certain events which the provider is legally obliged to report to us such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the deputy manager, administrator and four staff members. We also spoke with five people and spent time observing the environment. We also met with a visiting healthcare

professional and spoke with two relatives of people who used the service.

We looked at three people's care records including medication administration records (MARs). We looked at three staff members records. We looked at records relating to the management of the service. These included accident and incident records, meeting minutes and quality assurance records.

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

- The management team critically reviewed all aspects of the service and determined if improvements were needed.
- People we spoke with said they felt safe and comfortable with the staff. One person said, "The staff are always there and will listen to anything you have to say and act upon it if they need to."
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Support plans contained explanations of the control measures for staff to follow to keep people safe.
- The environment and equipment were safe and well maintained. We saw a health and safety checklist could be improved to indicate that outstanding issues from the previous check had been actioned and the deputy manager stated they would rectify this. This was completed during our visit.
- Emergency plans were in place to ensure people were supported in certain events, such as a fire.

Staffing and recruitment

- There were always sufficient staff to meet people's needs. People were able to access the community and were supported to carry out activities of their choice.
- Staffing was provided by a consistent staff team and people we spoke with said the staff team knew people well.

The provider operated systems that ensured staff were recruited safely and people who used the service were actively involved in this process.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed. For example, where people refused to take them or they were no longer required.
- The staff team said they had received training in the handling of medicines. This was confirmed by our checks of the staff training files and in reviewing competency assessments.
- People we spoke with said they were happy with the support they received to take their medicines. One person told us, "When I first came I had my tablets in the meds room with staff support but now I have all my own medicines including PRN (as and when required medicines) in my own room. I self administer and staff check with me once a month and help me do my counts. I have done a meds workbook and got 91%, the staff helped explain the questions to me but not the answers." This showed people were supported to gain further independence.

- We discussed with the deputy manager that protocols to manage the PRN (as and when required medicines) that guide staff on when they should be administered and how effective they were could be improved. There was confusion over one person's protocol for an epilepsy rescue medication and the deputy manager withdrew the form straight away and stated the service had already booked specialist training and they would ensure this procedure was reviewed and all staff were aware of it.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of personal protective equipment (PPE) available to them.
- The environment was clean and everyone we spoke with said they were supported to help maintain cleanliness in their own personal space.

Learning lessons when things go wrong

- The management team critically reviewed all incidents and ensured staff considered how lessons could be learnt. For example, a medicines error was managed via a staff team meeting and sharing a "no blame" policy to encourage staff to speak up without delay if a medication error occurred.

Is the service effective?

Our findings

Effective – this means 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.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. Staff's understanding and skills were checked through supervision, observations and team meetings.
- Staff completed a comprehensive induction and had access to a wide range of training. They had opportunity for regular supervision and appraisal. One member of staff said, "The training is linked with practice so we do something about a particular condition and it is linked to something or someone at the service so it helps your understanding."
- People and relatives we spoke with told us, "The staff work in a positive way with my relative," and "I am really happy with my keyworker and I can choose who I have."

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

- Assessments of people's needs were thorough and expected outcomes were identified. Support plans were detailed. They had been kept up to date when people's needs had changed.

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to food and drink throughout the day and were actively encouraged to help the housekeeping staff prepare it; food was well presented and people told us they enjoyed it. There were photographic menus to help people make choices to aid their communication.
- People told us, "I like the food here," and "I have a plan and am supported to cook my own food, the staff also help me eat healthily."
- People also had equipment available to support them to remain as independent as possible with eating and drinking.
- Staff were knowledgeable about people's special dietary needs and preferences. The staff had completed training in food safety.

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

- We saw people were supported to have access to a range of healthcare professionals to ensure they remained healthy. People were supported to attend annual health checks. Information was written in an easy read format that could be shared with professionals if people needed emergency treatment that stated how people wanted to be cared for. On the day of our visit, we met with a visiting healthcare professional, they told us, "It has been a really successful placement. Their [staff] knowledge of autism is excellent and they have personalised the support of the person." The service appropriately referred people to other healthcare professionals such as psychiatrists, speech and language therapists and dieticians.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations. They were working with staff to make sure all staff completed capacity assessments appropriately.
- The service had devised an 'easy read' consent form to help people understand what they were agreeing to in relation to specific decisions such as medicines or money.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

Adapting service, design, decoration to meet people's needs

- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings.
- The service was designed to meet the needs of all the people who used it.

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; equality and diversity

- People we spoke with were happy with the support provided. Comments included: "I am encouraged and supported here," and "I have been told to speak up if I am not happy about anything." One relative told us, "The staff have a lot of admiration for [Name], they have a very good rapport with them."
- The deputy manager told us how they supported people's human rights and promoted equality and diversity. They actively promoted people's rights and made sure staff treated people in a person-centred manner.
- We saw for one person with specific cultural and religious needs that staff had been supported with information from their family to enable them to understand and support the person in the way that respected their beliefs. This person was also enabled with staff support to shop for foodstuffs to meet their needs. One staff member told us, "Our relationship with [Name's] parents are brilliant now, we shop for Halal meat and family helps us with recipes and advice." Another staff member said, "We all get to enjoy and have a sense of [Name's] culture."
- Staff showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history, preferences, likes and dislikes and were able to anticipate their needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. They understood people's communication needs and this was documented in support plans. Staff knew how to recognise when people wanted help. One person told us, "Each week I have a keyworker meeting and we do a report each month. We talk about what's gone well and not well and what do I want to achieve."
- We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

Respecting and promoting people's privacy, dignity and independence

- The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role. The service had a dignity champion and one person who used the service was also involved in this initiative. They told us, "I am a dignity champion and we are going to be doing a board about our roles. We are doing a refresher course in a format we all understand and I am cautious that staff and residents get their dignity."
- People we spoke with said their independence was promoted. People said, "Yes I can go out when I like," and another person told us, "The staff know my flat is my space, they always knock, even if I am anxious." One relative we spoke with said, "[Name] has friends and never stops talking about the staff. They are always

living life to the fullest either at the local night club or down the pub all supported and all exactly the sort of thing a young person should be doing without their parents. The home has brought our relative a complete new life and in fact us as well."

- We observed the staff team worked well together and with the people who used the service. Staff engaged people in conversations or used their communication tool (a pictorial board) and we heard lots of laughter throughout our visit. We found there was a calm relaxed atmosphere within the home.

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

- Staff knew people's likes, dislikes and preferences. They used this detail to support people in the way they wanted.
- People were empowered to make choices and have as much control and independence as possible, including in developing support plans.
- Support plans were detailed but would benefit from further guidance to ensure that the least restrictive interventions were used to support people in times of distress. This was in the process of being addressed as the management team had identified this as an issue. The service had worked to develop clear goals and objectives for everyone. These were largely in place and the staff team were working with families and other professionals. For one person their rapidly changing mobility needs meant goals were not in place as the priority was to ensure they had the appropriate support and equipment at this time.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made, where appropriate, and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. One person said, "I work better with things that are visual as lots of steps overload me. So, me and my keyworker developed this goal with pictures and little steps and when I achieve it we put a tick in it. It's fun."
- We saw the service had worked with speech and language therapists to implement communication strategies for individuals and used an IPAD for one person to improve their communication. This person had recently used the IPAD to point that they wanted to go out which was a very positive development with their lack of verbal communication.
- We observed that people were consistently asked to express their opinions about what was on offer and given choices about all aspects of their support.
- People told us they were listened to and engaged in day-to-day activities.
- We found people were engaged in meaningful occupation and planned activities, outings and events were displayed in communal areas throughout the home.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences and the service provided a range of accessible ways to do this.
- All concerns, as well as any complaints had been acknowledged, investigated and responded to by the registered manager. People we spoke with told us any concerns were quickly addressed by the registered manager and resolved to their satisfaction. One relative we spoke with said, "Communication is sometimes not always 100% with staff turnover but if I moan and sometimes I have they look into it immediately and review and change to prevent further issues that's the most important thing."

End of life care and support

- Currently no-one at the service needed end of life care but we spoke with the deputy manager who told us of the end of life champion at the service. They said, "We have developed an easy read plan around helping people record their wishes with the help of their friends and family if they wish and the champion will be working with people to put this in place on an individual basis."
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

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.

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

- The service involved people in day to day discussions about their care and support. Relatives we spoke with stated they were generally happy with the leadership. One relative said, "It's not perfect things go wrong at times, my point is they learn and react to improve things."
- People, relatives and staff had completed a survey of their views and the feedback had been used to continuously improve the service. A board had been put up in the home with, 'You Said, We Did.' The board showed the management team and staff had learnt about people's needs and implemented action to meet them. For example, changes to people's food preferences had been noted as well as a request from people who used the service to have more reading and games in their activity programme. We saw these were now in place. One person we spoke with said, "In our resident meetings we can raise anything and [Name] the manager gets our comments and we get feedback. They listen and do something about it." Opportunities were available to staff to reflect on their practice and learn lessons to provide the best care for people.
- Staff told us they felt listened to and that the management team were approachable, one staff said, "Management have an open door, sometimes you just need that reassurance." Staff clearly understood the provider's vision for the service and they told us the service had improved greatly in the last two years.
- Staff told us, "It's improved tremendously, staff morale is much better," and "People are empowered now to make decisions for themselves."

Continuous learning and improving care

- The service had a welcoming and friendly atmosphere. Staff morale was improved and the atmosphere was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.
- Regular checks were carried out by staff and the management team to ensure people were safe and happy with the service they received.
- The quality assurance system included lots of checks carried out by the registered manager and the regional manager. The registered manager critically reviewed the findings from the various audits and used these tools to identify where improvements could be made. Following any change to practice, the registered manager then reviewed these to determine if the alterations were having a positive impact for people who used the service. We discussed that some audits such as those for "as and when required medicines" and a health and safety checklist could be more detailed to ensure best practice and follow up actions were completed and recorded.

- We saw the service forward thinking in terms of supporting staff to develop skills and gain promotions. One staff member told us, "When [Name] the manager sees potential she encourages people to grow. It encourages staff and we have the employee of the month award. It makes you feel good and is nice to be appreciated." We also saw the deputy manager had recently been awarded with a nationally recognised award in the care industry for frontline leaders. Throughout our visit, in the absence of the manager, the deputy manager was professional and knowledgeable and ensured staff and people felt comfortable with our visit.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had developed improved links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- The service was accredited with the National Autistic Society and was working towards its advanced status in 2019.
- The management team had recently attended local training conferences and events to share learning and updates about best practice at the service.
- We spoke with a visiting healthcare professional who said, "Staff have developed excellent relationships with us, they listen and engage with us."