

Education and Services for People with Autism Limited

Beechwood

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? | Outstanding ☆ |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Beechwood is a large detached house that has been converted into four spacious, fully self-contained apartments over three floors. The apartments accommodated between one and three people. The service is registered to provide up to eight places, and there were eight people living there at the time of this inspection. The service provided support for people with autism spectrum conditions. The home had been open for three years.

At the last inspection, the service was rated Good. At that time we recommended risk assessments were brought up to date as people were being supported to become more independent. During this inspection we found these had been improved and were up to date.

At this inspection we found the service remained Good.

People said the service was "brilliant". They felt the service was very good for them and helped them to become more independent. People were fully involved in planning the individual service they each received, as well as in the running of their shared apartments.

People were empowered to make all their own decisions about their daily lives. They chose which staff member they would like to support them with an activity, if this was needed and practicable.

Staff valued each person's individuality, promoted their development and celebrated their successes.

People were involved in a wide range of purposeful occupational and vocational activities including paid and voluntary work, community-based classes and leisure activities. People felt they were engaged in meaningful occupations, such as helping at food banks, which put something back into their community.

People had information about the service and policies that were relevant to them in easy read format. This included information about how to make a complaint. People said they felt comfortable talking to the registered manager or staff about any issues they may have.

People said there were enough staff and they felt safe and comfortable with them. The provider made sure only suitable staff were recruited and people were included in the interviews for appointing new staff.

People were supported with their medicines in the right way for each person. People who could manage their own medicines were provided with the facilities to do this.

Staff had specific training in autism spectrum condition and were clear about how to support people to increase their independence. Staff had regular supervision and appraisals to help them with their professional development.

People said staff were caring and supportive. There were good relationships between people and support workers.

People were given the right information and encouragement to lead a healthy lifestyle. They were fully involved in shopping and preparing their own meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a registered manager in place who was experienced in providing care services for people with autism. People and staff felt the manager was open and approachable, and listened to their views.

The provider had an effective quality assurance system which continuously identified and promoted any areas for improvement.

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.

At the last inspection we found risk assessments about people's independent living skills were out of date. During this inspection we found these had been improved. Risk assessment records were up to date, fully involved the person and were kept under regular review.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service was Outstanding.

People said they had "great" quality of life at Beechwood.

People received very personalised support. The service enhanced their skills, independence and lifestyle.

People felt they had been supported to find meaningful occupations in the community which they found fulfilling, purposeful and enjoyable.

Outstanding ☆

Is the service well-led?

The service remained Good.

Good ●

Beechwood

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 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.

This inspection took place on 27 and 28 February 2017 and was carried out by one adult social care inspector.

The provider was given 24 hours' notice because the service was a small care home for younger adults who are often out during the day we needed to be sure that someone would be in.

Before the inspection the provider completed 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. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted the commissioners of the local authority and social care professionals to gain their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with the eight people living at the home. We spent time with people in their apartments and looked around the communal areas of the premises. We viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of three staff members, training records and quality monitoring reports.

Is the service safe?

Our findings

At the last inspection some risk assessments about activities of daily living were out of date because people's independent living skills had increased since moving to Beechwood. During this inspection we saw everyone's risk assessments had been updated. It was good practice that people were fully involved in risk management plans and signed to show their agreement with them. The risk assessments included agreed strategies to manage the risks. For example, people agreed to take their mobile phones when going out independently in case they needed to ring for support or advice.

The accommodation for people was modern, stylish and comfortable. The provider had a health and safety team who carried out regular checks of the premises. The provider made sure the apartments and building were very well maintained and safe for the people who lived there. People said they had weekly fire alarm tests and they knew what to do in an emergency.

The registered manager carried out an analysis of incidents where people had become upset or agitated. This helped to check if there were any trends so staff could be aware of when these might occur and to support people to reduce those incidents.

People said they felt "safe" and "happy" living at Beechwood. They said they had no concerns about their safety and would feel able to speak to staff or the registered manager if they did. They had information in an easy-read format about 'safeguarding procedures' and this was also discussed at house meetings, so people were fully aware of their rights and how to raise any concerns.

The provider had robust policies about reporting safeguarding concerns. All staff were trained in safeguarding protocols during their induction period before they started work and then at regular intervals. The provider had an on-call system for senior managers who were designated safeguarding leads for the organisation. The on-call contact details and calendar was on display in the office. This meant staff had access to advice at all times of the day and night. There had been no safeguarding concerns for over a year.

People said the staffing levels must be right because they got "good support" and staff were always available when they wanted them. Staffing levels were based on the individual funding arrangements with each person's respective local authority. During week days there were typically five or six staff depending on each person's activities arrangements. Overnight there was one staff member on sleep-in duty. People were physically healthy so it would not be usual for people to require support throughout the night, but there were on-call arrangements in the event of an emergency.

The provider vetted new staff before they were employed to make sure people had the right staff to support them. The checks included a completed application form, informal visit to the home to meet people, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure staff were suitable.

There were suitable arrangements for helping people to manage their medicines safely. Some people managed their own medicines and kept these securely stored in their individual medicine cabinets in their own apartment. Staff supported other people with their medicines and these were securely stored in the office.

Medicines were provided by a local pharmacy in either original packaging or in clear plastic packets that included the name and a description of each tablet, and the dosage time, day and date it should be taken. Staff understood what people's medicines were for and when they should be taken. Staff were trained in safe handling of medicines and annual competency checks were carried out.

Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). Two staff members signed when medicines had been given to show they had been checked and witnessed by another staff member. Staff kept a stock tally of any medicines that had to be managed in a special way. There were clear guidelines for staff about how and when to support individual people with any 'as and when required' medicines.

Is the service effective?

Our findings

People told us staff were good at their jobs. One person commented the staff were "very understanding" of their autism and "know me so well".

Staff said they were well trained and supported in their roles. One staff member commented, "We're highly trained. Not just in refresher training, but in specifics like condition that affects people's autism. We have some group training in-house which is good because then we learning with our colleagues, so we can be consistent."

Training records showed each staff member received training in essential health and safety subjects including first aid, fire safety, food hygiene and infection control. Several staff had achieved a qualification in care and others were working towards this. All staff received specialist training that was specifically designed for care professionals working with people with autism. New staff received a three week induction training package before they started to work with people who used the service, which included all necessary training.

Staff confirmed they had regular one-to-one supervision sessions with a supervisor. Each staff member also had an annual appraisal of their performance and development with the registered manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All of the people who lived at Beechwood had capacity to make their own decisions.

The registered manager was very clear about people's rights to make their own decisions and lead their own individual lifestyle. They told us, "People make their own choices, even if these might seem unwise. We're here to support – not to control."

People described how they were involved in planning monthly menus, doing their own grocery shopping and making meals with support if necessary. One person had special dietary needs. The person fully understood the impact of their diet on their health and planned their own menu. Staff encouraged a healthy diet but also understood people had the right to make their own choices.

Health care records showed people were supported to access community health services such as GPs, dentists and opticians whenever this was required. The provider also employed a range of health care professionals including a clinical psychologist, occupational therapist, behaviour specialist nurse, consultant psychiatrist and a speech and language therapist. This meant the provider made sure each person had access to the right support for their physical and psychological health.

Is the service caring?

Our findings

Everyone said their flats were "great" and they felt they had a really good life at the home. One person told us, "Beechwood is a lovely place and the staff are really nice. "

There was a lot of friendly conversation between people and staff members. There was good-humoured teasing of staff by people and a great deal of shared laughter. There were clearly amicable, warm relationships between people and staff. One person commented their support worker had been "really great" and "such a good help" supporting them to travel home from a visit to relatives.

People's independent living skills were encouraged and continued to develop at this service. For example, since the last inspection one person's confidence and skills had grown and they were able to go out to more places on their own. Other people managed their own medicines and finances.

People were fully involved in running their own apartments. One person commented, "We do all our own shopping and make our own meals." People carried out their own daily household tasks such as cleaning, ironing and cooking (with supervision only where necessary). There was easy-to-read information in people's apartments for them to refer to for tasks such as recipes and ironing.

People had good access to information in ways that met their communication needs. This meant they understood what to expect from the service, including their rights and responsibilities. The registered manager had recently compiled an easy-read handbook for people that included relevant organisational procedures that affected them. For example, the handbook included their licence agreement and procedures on safeguarding, complaints, dignity and respect and confidentiality. People had access to a copy of the staff rota so they could plan who they wanted to support them.

Staff spoke about people in a sensitive way and valuing way. For example, one support worker told us, "I learn so much from the people who live here - I love it." People's privacy was fully respected and upheld. Each flat had its own front door so visitors could only enter through invitation. People had a fob key for their own bedroom doors so they had absolute privacy.

Staff said their colleagues were caring and compassionate about people who lived there. One staff member said, "The needs of the people are paramount, no matter what. Everyone who works here is very caring, even if that means giving people their space because that's what they need due to their autism."

Is the service responsive?

Our findings

People said they had "great" quality of life at Beechwood. One person told us, "The best thing I ever did was move here. It's really good. I do so much." Other people comments included "it's brilliant" and "I love it". In a recent independent survey funded by the Department of Health people described their experience of Beechwood as "excellent".

The people who lived at Beechwood told us the service had enhanced their skills, independence and lifestyles since the last inspection. Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. People described how they were doing so much more independently since the last inspection because staff had given them the support and confidence to achieve these skills. For example one person said, "I now go on my own to town and do shopping on my own. I'm doing really well here." This was achieved by the person after a long period of sensitive support from staff who shadowed the person until they felt sufficiently confident to achieve this milestone on their own. This meant the person now had independent social inclusion in the community and the opportunity to make their own decisions about when to go and what to buy.

The registered manager told us, "This is an empowering service - people are encouraged to be in charge of their own day to day lives." We observed people direct the staff to when and where they required support. For example, one person had decided to go out the following Friday and chose which staff member they wanted to accompany them and instructed the staff member what time they wanted to go. This meant people were involved in every aspect of their service and were the decision-makers about their own support arrangements.

All the staff we talked with were able to describe the life-changing impact of the service on people since the last inspection. For example, they said people had grown in confidence and incidents of anxious behaviour had significantly reduced. One person who had previously found it difficult to tolerate large social events now chose to go to football matches with staff support. The person spoke about this in a positive way because it meant they could be part of crowd and watch the matches live. A staff member commented, "People have progressed so much. They have been able to develop really good coping strategies and this service has empowered them by giving them the skills, respect and space to do that."

Since the last inspection the service had focused on promoting people's independence, which was an important life goal. The service had arranged for chefs to come to the house to teach some people how to make meals from scratch so they had the confidence to cook independently. People who were increasing their skills in independent travel had been fully involved in designing their own risk assessments about this. People were encouraged to discuss what went well after trips out on their own and what steps they would like to take to improve their experiences in the future. Some people chose to include staff in these discussions. This meant people were being supported and empowered to develop their own skills to manage their own life experiences.

People described being involved in creating their own support plans with staff. They were also fully involved in six monthly reviews. Before the reviews they completed an easy-read assessment of what had worked well or not and future goals and ambitions. This meant people were prepared for the review and could be clear about what future support they wanted from the service.

Staff felt the service was individualised to meet each person's complexities. One staff member explained, "It's very person-centred. People set their own goals and we support them to achieve them." Support plans were personalised and identified the areas of daily living that people could already do independently as well what areas they were working towards. The support plans included what prompts people might need and what worked really well for them at Beechwood.

At the front of each person's support plan file was an 'autism tree'. This was a specific new development at this service to help show the very specific ways that autism affected each person. For example, one person's autism tree described their phobia of dogs and chronic levels of anxiety of around food. Another person's autism tree described their extreme reaction to disappointment and difficulty in recognising humour. Their support and positive progress in these areas was recorded in an autism star chart. For example one person had been supported to join a slimming club to support them to understand food choices and had been provided with counselling sessions for their dog phobia to support them to be safer and more confident in the community. In this way staff had clear information about the very intricate and individual ways that autism impacted each person. This meant staff could be sensitive and supportive of their very individual reactions to daily and life events, so people received personalised care.

A staff member told us, "It's an ever-evolving service based on people's individual progress – it's not static. We are keyworkers for one person each so we can really focus on the support for that person to develop their skills at their own personal rate."

People told us about the purposeful occupations staff had supported them to source. For example two people helped at a food bank in the city and one person commented, "I feel like I'm doing something really meaningful." They told us they felt they were putting something back into their community.

Another person volunteered at a charity shop and at a community luncheon club for older people. Two people helped with maintaining the grounds of a local cricket club. Another person worked at a local museum. One person had paid work in the house carrying out infection control cleaning of handles and other surfaces in communal areas like the hallways and lounge. They had health and safety training to do this. This meant people were provided with the skills to carry out a vocational role.

People enjoyed a wide range of activities in the local community such as cinema, local pubs and cafes, swimming, gym and horse-riding. Some people also chose to take part in vocational activities at a local centre operated by the provider such as ICT sessions, gardening and craft classes. One person commented, "There's never a dull moment - we're always busy. There's lots to do and it's great."

People had information about how to make a complaint in easy read format. They told us they would have no problems speaking with the registered manager, or other staff members, if they were unhappy or dissatisfied with the service. They told us the registered manager was good at listening to them. They also said they had information in their flats about the contact details for the organisation's head office if they needed to speak with someone outside of the home.

The registered manager kept a record of any complaints and the actions taken to resolve them and whether the person was satisfied with the outcome. Since the last inspection there had been two complaints; one about confidentiality and one about another person who lived there. The registered manager described how

these indicated significant, successful development for those people in asserting their rights. The complaints had been resolved.

Is the service well-led?

Our findings

The home had a registered manager who was experienced in managing services for people with autism. 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.

People said they felt able and confident to speak with the registered manager or staff. There was an open, friendly and positive culture in the home. The office contained several chairs so that people could pop in to speak with the registered manager about their plans or with any queries they had. Throughout this visit people stopped by to chat with the registered manager and other staff.

People felt the registered manager listened to what they said and acted on their comments. One person described how the heating in their apartment had gone of that day and said the registered manager had contacted the provider's maintenance team immediately. Within a couple of hours the maintenance team had visited and fixed it.

People could join in monthly house meetings if they chose to. The agenda item on recent meetings had included the updated licence agreement, a reminder of the fire safety procedures and a discussion about control of substances hazardous to health (COSHH) in relation to the cleaning products used in the home. The meetings were also a group opportunity for people to make any suggestions or comments about the service.

People and relatives were invited to complete annual surveys. Seven people had completed a survey in 2016 and all responded positively that they enjoyed living at the home and felt safe, supported to achieve independence and lived a fulfilled life. Five relatives completed a survey in 2016 and responses rated the service as 'outstanding'.

Staff meetings were regularly held and included organisational communications as well as discussions about the service at Beechwood. One staff member commented, "The manager is approachable and supportive. We always look for positive during our meetings so we can see what's working well for people. It's a good team effort."

Recently staff had been through a challenging period due to changing terms and conditions of employment, but said they still felt supported by the provider. Staff commented that they felt proud to work at the home and for the organisation. One staff member commented, "(The provider) has embraced the six C's." (These are values which underpin social and nursing care; care, compassion, commitment, competence, courage and communication.)

The provider had a range of senior managers who supported the organisation and were responsible for checking the quality and safety of the service. The provider's quality assurance system included

unannounced monitoring visits by a general manager and 'peer review' visits by the managers of other services operated by ESPA. There were detailed reports of these visits including any suggested actions and timescales for improvements. We saw the actions were checked as completed at the next visit.

Beechwood had recently been assessed by a project funded by the Department of Health (called 'Over2You'), which focuses on improving the quality of health and social care services. Five people took part in the review. The responses were extremely positive and included comments such as "excellent" and "good support".

The provider was a registered charity that has been providing services to people with autism for over 25 years. The provider's vision and values about supporting people with autism to lead fulfilling lives were set out on its website. The provider had a development plan in place for Beechwood that included goals and objectives for the next 12 months. This meant the provider continuously sought to identify and promote any areas for improvement.