

Education and Services for People with Autism Limited

Education and Services for People with Autism Limited - 35-37 Portland Avenue

Inspection report

35-37 Portland Avenue
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09 November 2022
15 November 2022
24 November 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Education and Services for People with Autism Limited - 35-37 Portland Avenue is a residential care home providing accommodation and personal care to up to 4 people. The service provides support to people with a learning disability and autistic people in one adapted building. At the time of our inspection there were 4 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Infection control measures were in place, people were supported by staff to keep their home safe and clean. Some maintenance issues in bathrooms were addressed during the inspection. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. People and their relative's views and suggestions were taken into account to improve the service. There were effective staff recruitment and selection processes in place. There were enough skilled and experienced staff who knew people well to safely meet people's needs, for example their communication needs. One relative told us, "Staff sometimes understand [person] better than I do."

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

Right Care:

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People and relatives commented on the positive atmosphere, values and caring attitudes of staff. One relative told us, "[Person] really likes living there. They like the situation and where it is amongst the community. They know the neighbours and are not isolated." People were supported by staff

who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 December 2017).

Why we inspected

This was a planned inspection based on the length of time since the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Education and Services for People with Autism Limited - 35-37 Portland Avenue on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Education and Services for People with Autism Limited - 35-37 Portland Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Education and Services for People with Autism Limited - 35-37 Portland Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people and staff at home to speak with us. Inspection activity started on 9 November 2022 and ended on 24 November 2022.

We visited the location on 9 November 2022 and returned unannounced on 15 November 2022. We continued to speak to people involved with the service and review information until 24 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 3 people who used the service. Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service, so we observed all 4 people who used the service interacting with staff. We spoke with the registered manager, a senior support worker and 3 support workers. After the visit we received feedback from 2 health and social care professionals. We also spoke with 3 relatives by telephone.

We looked at a variety of records relating to the safety and management of the service, including policies and procedures, staff recruitment, risk assessments and safety checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. One person told us, "I'm safe yes", "I've got independence" and "I do my own thing, I like listening to music in my bedroom". We observed people making daily choices with staff, such as choosing activities out of the home and what they wanted to buy at the shops.
- The service helped keep people safe through formal and informal sharing of information about risks. Staff managed the safety of the living environment well through checks and action to minimise risk.
- Relatives told us people were supported safely. One relative told us, "There are always staff there, [Person] goes on escorted walks. I feel the safety aspect everything is ok."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Decisions were made in consultation with relevant people and with consideration to least restrictive options.
- The provider was reviewing MCA and best interests' decisions in-line with guidance to ensure a consistent approach.

Staffing and recruitment

- There were enough staff on duty, including for one-to-one support for people to take part in activities and visits how and when they wanted. The service was recruiting for new staff and had some vacant posts. Existing staff worked extra hours to ensure this did not impact on the people receiving the service.
- Staff recruitment and induction training processes promoted safety. The service only used employed staff, and not agency staff, to provide consistency and ensure staff-built relationships with the people they

supported. People told us they liked staff, one person told us, "They're good, ok."

- Staff were knowledgeable about people's individual needs, wishes and goals. We received feedback from a professional that, '[Person] continues to be settled in the care placement, with familiar staff able to respond to their needs'. Staff told us about people's wishes and goals, for example how they supported one person to have a healthy diet and achieve their health goals.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- People told us they felt safe, one person said, "Safe, yes." Relatives and visitors told us they had no concerns about people's safety and that people could express if they were unhappy in a way staff would understand. A relative told us, "[Person] has a lot of faith in the staff. That's why they are so happy."

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and people did not have capacity to understand which medicines they needed and when.
- Staff followed national practice to check that people had the correct medicines when they went to stay with their families.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Premises were kept clean by both staff and people who used the service. Some maintenance was required to aid effective IPC. For example, there was rust on the bottom of a bathroom radiator and bathroom flooring was warped. Action was taken to address issues during the inspection. We received feedback from relatives and staff that there had been regular investment in redecoration.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to have visitors in the home, to access the community and visit friends and family in-line with current guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and senior staff worked hard to create a culture of care which promoted people's individuality, protected their rights and enabled them to develop and flourish. The service had received feedback from one professional which stated, 'I have never come across such a wonderful, person-centred environment'. Some people had limited verbal communication, but one person told us, "Happy here." Another said, "Yes, I'm happy here" and "It does look well run."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us they felt supported through regular supervision, training and daily contact with the manager.
- The service helped people achieve their person-centred goals, be active members of their local communities and take part in regular and varied activities. During the inspection people in the service achieved a planned goal of booking a holiday abroad and were being supported to plan the places they would see and visit while there. One professional told us, "They have a wonderful life, always out and about."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff delivered good quality support consistently.

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

- The provider sought feedback from people and those important to them and used the feedback to

develop the service. Relatives told us there were frequent conversations and regular review meetings. One relative told us, 'Yes we are involved. We have a 6 month review meeting', and also, 'We do periodically get a questionnaire but there is nothing specifically we would alter.' The service had gathered feedback from a professional which stated, '[Registered manager] and [deputy manager] are so professional, I can tell they do their utmost to make residents lives as happy and fulfilling as possible.'

- Staff told us they attended regular meetings, felt their views were listened to and that they could influence service delivery. One staff member said, "We have monthly meetings, they are a chance to get things off your chest and get updated."

Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. There was a development plan which looked at individual outcomes for the people being supported as well as outcomes for the service.
- Development plans included reviewing documents to ensure they were compliant with regulatory standards and legislative changes.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. A relative told us how the service had worked with speech and language therapists to improve their family member's methods of communication. This relative told us, "All staff are in the loop, they are all trying. I can see the results in [person's] response."