

# Education and Services for People with Autism Limited

## Burnfoot Court

### Inspection report

27 Burnfoot Court  
Newcastle Upon Tyne  
Tyne And Wear  
NE3 4BU

Tel: 01912131357

Date of inspection visit:

20 September 2022

29 September 2022

Date of publication:

26 October 2022

### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service caring?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

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.

### About the service

Burnfoot Court is a supported living service providing personal care to people in their own homes. The service provides support to younger adults with a learning disability or autism spectrum disorder. At the time of our inspection there were 6 people using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

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.

Staff worked hard to balance keeping the person safe, but in the least restrictive way. The service used Positive Behaviour Support (PBS) to help ensure there were positive strategies in place. PBS is a person-centred framework for providing support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.

People were supported to make choices and achieve their aspirations.

People had opportunities to be part of the community.

People were provided with person-centred care that enabled them to develop skills and behaviours to live more independent lives.

People were supported to access specialist health and social care support.

A professional commented, "My opinion is that the staff members are very caring, trustworthy, hardworking and effective in meeting the service users' needs. I think the overall service is excellent."

### Right Care

Staff were appropriately skilled.

Care was person-centred and promoted people's dignity, privacy and human rights.

People and most relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive of people and their families. A relative told us, "I really am happy with the care and I think [Name] would say that as well."

Staff understood people's preferred ways of communicating.

Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

People could take part in activities and follow interests that were tailored to them. They had the opportunity to try new activities.

There were sufficient staff to support people safely. There were a number of staff vacancies and the provider had a contingency plan in place to ensure people were safely and effectively supported, with minimum disruption to their lives.

We have made a recommendation that the provider continues with their recruitment drive to employ permanent staff.

People's support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right Culture

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

There was a positive atmosphere at the service. Staff spoke very positively about working at the service and the people they cared for. Staff said the manager was very approachable and they were supported in their role.

A governance system was in place to monitor the quality of the service through audits and feedback received from people, their relatives, staff and external agencies. Processes were in place to manage and respond to complaints and concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 12 December 2019).

#### Why we inspected

We received concerns in relation to staffing and people's care. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, caring and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Burnfoot Court on our website at [www.cqc.org.uk](http://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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Burnfoot Court

## 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 1 inspector and 1 Expert-by-Experience. An Expert-by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 6 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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 not a registered manager in post. The new manager had applied to the Commission to be registered as manager of the service. We are currently assessing the application.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started remotely off-site on 20 September 2022 and ended on 10 October 2022. We visited the location's office on 29 September 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

We spoke with 5 people and 4 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 9 members of staff including the manager and 8 support workers. We received feedback from 6 health and social care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and 2 medicine records. We looked at 4 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including training information, policies and procedures and quality assurance documents were reviewed.

# 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. At this inspection the rating for this key question has remained good: This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check concerns we had received about staffing levels and some aspects of people's care.

### Staffing and recruitment

- There were sufficient staff to support people safely.
- The provider was affected, by recruitment shortages experienced across the social care sector. They had contingency measures in place to ensure sufficient staffing levels, so people received safe care and support, whilst they continued to recruit permanent staff. A professional commented, "I am aware that staffing shortages are across the whole of social care services, not just within Education and Services for People with Autism Ltd [ESPA]."
- There were concerns from some relatives about people's care and support due to changes in staff teams and difficulties recruiting to ensure a permanent staff team who knew people well. A relative told us, "[Name] has had regular staff, but a lot of changes at the moment and new staff aren't as confident."
- Systems were in place to ensure temporary staff received a detailed induction and guidance about people's support needs and guidance was in place to keep staff safe. All staff spoken with said they felt "safe" working at the service.
- People had complex needs and received individual support from one or two staff members. A staff team was formed to support each person to ensure consistent care and continuity to reduce their anxieties. A professional commented, "I am aware the organisation have had staffing difficulties in recent months and at times this has led to staff shortages, however I feel they have managed these well and kept the care consistent for the person I support. The staff I have met are very person-centred and they have a great understanding of their specialism in Autism."
- Systems were in place to ensure only suitable people were employed.

We recommend the provider continues with their recruitment drive to employ more permanent staff to support people to provide consistency of care.

### Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to mitigate the risk of avoidable harm.
- Risk assessments were regularly reviewed to reflect people's changing needs. A professional commented, "I think they [staff] do a good job of managing the risk and ensuring that the work they do is person-centred."
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge. A professional told us, "Staff work well



with ourselves, and I feel that they have engaged well in the work I have completed with them. They are also keen for extra support when they identify any issues that may need a multi-disciplinary approach."

- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

#### 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.

#### 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 were trained on how to safeguard people.
- People and relatives said people were kept safe. A person commented, "I like living here, I feel safe." A relative said, "I've no concerns, [Name] would let us know if they were unhappy."

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.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately.

#### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.□
- Medicines risk assessments and associated care plans were in place to ensure staff understood how to provide this support in a safe and person-centred way.

### Preventing and controlling infection

- Systems were in place to promote effective infection control.
- Staff had received training in infection control practices, including working safely during the pandemic to reduce the spread of infection.
- Protective equipment, (PPE) including masks, was provided for staff.
- Staff encouraged people to learn how to keep their home clean. A relative commented, "The house is lovely and clean, and they get out, and there's not a speck or a crumb on the floor."

# 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.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

The purpose of this inspection was to check concerns we had received about some aspects of people's care.

Ensuring people are well treated and supported: respecting equality and diversity

- People were provided with kind and compassionate care. A person told us, "I'm happy living here. The staff are kind. I like going shopping with them and I help look after my guinea pigs." Another person told us, "I like smart, fast cars so we hired a posh car and staff drove me to Liverpool to a visit." Relatives' comments included, "[Name] has brilliant staff. They're so well-looked after" and, "[Name] was at a very low point and I saw how the staff were with them, and it reassured me."
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Staff worked with people investing time in ensuring they were given the right level of support to promote their understanding and to decrease behaviours that could be considered challenging. A professional commented, "Staff are very person-centred working with individualised care plans, and they offer a high level of support to some very challenging and complex individuals and are keen to improve their quality of life and work with our team to do this."
- Staff communicated with people in a caring, patient way. One relative commented, "Staff are kind and patient. They don't rush [Name]. They do things the way [Name] likes them done."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted. A relative commented, "Staff do [Name]'s personal care, and [Name] is smart and clean." Staff understood their role not just to support people and provide care but to be an enabler with them. They supported people to become responsible in daily decision making in their own lives and to learn new skills, whatever the level of need. A person commented, "I've been out for lunch, and I go shopping with staff to buy my food and I help cook my meals."
- There was evidence of where people were becoming more independent in terms of physical or emotional well-being. Detailed and personalised care records documented how people's independence and autonomy were to be promoted. A relative told us, "With staff help [Name] does their own housework, washes dishes, helps with cooking and makes cakes."

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

- People were supported to express their views so that staff understood their preferences, wishes and choices. A professional told us, "At the request of staff I am meeting the resident and staff team to enable a person-centred Makaton and Intensive Interaction workshop. As well as a forum to discuss other

Total/Inclusive Communication approaches." People were directed to additional sources of advice and support or advocacy.

- People who needed support with decision making were encouraged to make choices about their day-to-day lives and staff used pictures and signs for some people to help them make choices and express their views.
- People were listened to, given time and supported by staff to express their views using their preferred method of communication.
- People were supported to get involved in the running of their house. They selected their own menus and leisure activities. A person told us, "I like playing games on my telephone and going out. I choose what I want to eat. I'm on a diet, I've lost weight."

# 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. At this inspection 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.

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

- A new manager was in position at the service, they were in the process of registering to become a registered manager with the Commission. They had worked at some of the provider's other services over several years and were very familiar with the needs of people with an Autism Spectrum Disorder.
- Regular internal checks and audits were completed to monitor service provision, and systems were in place to check the effectiveness of the audits carried out internally and to observe staff practice.
- The manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

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

- The ethos of the service promoted openness and inclusivity.
- People were at the heart of the service. A professional commented, "In my interactions I have found staff to be person-focused in their approach and protective of the service user's rights."
- People were provided with support which was constantly analysed and evaluated to improve their well-being. Staff followed guidance to help the person achieve an improved and enhanced quality of life, whatever the level of need, working at the pace of the person, respecting the individual's wishes. "A relative told us, "[Name] goes out in their garden and shed, where [Name] puts books and their football. They have a settee swing in their garden. [Name] won't go out any further than that."

Working in partnership with others; Continuous learning and improving care

- The manager and staff team worked in a collaborative way with other agencies.
- A range of care professionals described the excellent working relationships the staff had promoted for the benefit of people who used the service. A professional commented, "Staff are keen to improve people's quality of life and work with our team to do this."
- There was a focus on learning and improvement. Staff were encouraged to develop their skills through training and personal development.
- The management team took on board people's opinions and views to make improvements. A relative said, "They listen to my ideas."

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

#### characteristics

- The manager promoted an ethos of involvement to keep people who used the service involved in their daily lives and daily decision making.
- People were involved in decisions about their care. They were encouraged to be involved in the running of their lives and the service.
- Staff and relatives told us communication was effective to ensure they were kept up-to date about people's changing needs.
- Staff said they were well-supported. They were very positive about the manager and said they were very approachable. A staff member commented, "[Name] is the best manager I've ever worked for." A professional told us, "[Managers] clearly care very much about the people they support."