

North East Autism Society

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Inspection report

15-16 Lumley Court
Drum Industrial Estate
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Tel: 01914109974

Date of inspection visit:
15 August 2018

Date of publication:
13 September 2018

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

The inspection took place from 15 to 22 August 2018 and was announced.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

North East Autism Society provides care and support to people living in 11 'supported living' settings of two to three tenants so that they can live as independently as possible in their own accommodation. 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. At the time of our inspection there were 21 people using the service who had a learning disability and or autism.

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.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Staff were trained in areas that providers are expected to deliver such as, safeguarding, first aid, the Mental Capacity Act and infection control. Additional training was in place or planned in areas specific to people's individual needs.

Effective procedures were in place for managing medicines and we found that all aspects of medicines management, storage, administration and recording were safe.

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

People were being supported by person centred care. Person centred care is when the person is central to their support and their preferences are respected. Care plans were person centred regarding people's preferences and were updated regularly.

Accidents and incidents were monitored by the registered manager to highlight any trends and to ensure appropriate referrals to other healthcare professionals were made if needed.

A programme of audits was carried out by the registered manager which were effective at improving the service.

People who used the service were regularly asked for their views about the support they received and this was recorded and acted upon. People's relatives and other healthcare professionals were asked for their views via questionnaires or feedback forms.

People were supported to take risks safely and personalised risk assessments were in place to ensure these were reduced.

Staff recruitment was carried out safely with robust safety checks in place for new staff.

People were supported to maintain their independence by staff that understood and valued the importance of this. People had planned goals and were supported to achieve them.

People and their relatives could complain if they wished and knew how to complain or raise minor concerns.

Assistive technology was in use in people's homes and people were supported to use this for communication. People were supported to access information in a variety of formats to suit their needs.

People were supported to take part in a wide range of activities at home and in the wider community as active citizens and to suit their individual preferences.

People's rights were valued and people were treated with equality, dignity and respect.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

North East Autism Society

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place from 15 to 22 August 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service for younger adults who are often out during the day. We needed to be sure that they would be in.'

Inspection site visit activity started on 15 August where we visited the main office to view records and then carried out a home visit in one of the houses to speak with people who use the service and staff. This was followed by telephone calls to relatives on 22 August 2018.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined notifications received by the Care Quality Commission. We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

The provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the registered manager, area manager, deputy manager, the training officer and two support staff. We spoke with three people who used the service and observed interactions with staff, we also spoke with four relatives over the telephone.

We looked at three people's care plans, risk assessments, two staff files, policies and procedures, surveys, meeting minutes, three people's medicine records, audits, records, rotas, and associated records.

Is the service safe?

Our findings

People who used the service were unable to tell us how they felt safe but we chatted and noted how relaxed and happy people were.

When we spoke with relatives one told us, "We have no concerns, our relative is happy, safe and content."

We looked at three people's medicines records and found medicines administration records were completed correctly and without any missing signatures. Medicines were stored, managed and administered safely. People were involved in regular medicine reviews with their GP and other healthcare professionals as required.

Some medicines were administered as and when required, which are known as 'PRN' medicines. We found there were not always sufficient protocols in place. People who were administered topical medicines and creams had body maps in place to give staff clear directions where to apply them. We spoke with the registered manager who addressed where protocols were missing and sent us copies of the protocols which were put in place immediately.

People who used the service had support plans in place that included individualised risk assessments to enable them to take everyday risks in a safe way. This was referred to as positive risk taking. Staff were knowledgeable about the risks to people and what they should do to minimise these. For example; when swimming and accessing the community.

The registered manager investigated all safeguarding incidents we viewed. Actions taken included sharing lessons learned through staff meetings. Staff had received training in abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns. One staff member told us, "I would always report anything I was concerned about."

We saw there were enough staff to support people with the staffing they required. Rotas confirmed there was a consistent staff team. When people were attending activities and appointments the staff rotas were changed to support this.

We looked at staff files and saw the provider operated a safe and effective recruitment system. This included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults.

People were able to be involved in the staff recruitment process if they wished to and the registered manager told us how some people are matched to staff with similar interests and hobbies.

Accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. Where necessary people's individual risk assessments and care plans were updated following

any incident. This helped to ensure any emerging patterns of accidents and incidents could be identified and action taken to reduce risks and prevent reoccurrence wherever possible.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team. When we asked one person who used the service and their relatives about the staff, one person told us, "Yes" (they liked the staff)

When we spoke with relatives they told us they were confident that the staff were well trained. One relative told us, "The staff all have a good grasp of autism and what that means for our relative and they know how to support them best. This is important as their autism can affect how they behave and it's important to understand this.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals where additional support was needed. We saw in people's care plans how that they were supported to attend appointments.

People had health action plans in place with outcomes to improve people's health they also had accessed annual health checks and medicines reviews with their GP.

The service had made adaptations to suit people's needs such as moving to a bungalow style accommodation and installing wet rooms and a quiet area to reduce sensory stimulation.

Staff were trained and we saw a list of the range of training taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included, autism awareness level two and three, positive, proactive support, Mental health and learning disability. These were in addition to courses which the provider deemed mandatory such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding.

Staff received regular briefings in current legislation and relevant information such as, equality and human rights, data protection act and safeguarding.

When we spoke with staff we received positive feedback about the training they received. One member of staff told us; "Yes the training is really good." The training officer also told us, "If there is something staff need to support someone it is arranged. For example, we recently did catheter care. We also offer further training in autism, we want to retain staff."

Regular supervisions and appraisal took place with staff to enable them to review their practice and discuss their future development.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them.

People who lacked 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 for the people who use domiciliary care services are carried out through the court of protection. Staff were trained and people who were subject to the court of protection were supported in this, for example their finances.

Is the service caring?

Our findings

People were supported by caring staff. During our inspection we observed positive interactions between staff and people who used the service. We saw that people were smiling and communicating well with staff. One person who we spoke with told us, "Yes" (they liked the staff to help them keep their room tidy) as this was important to them. The people we observed were nodding and smiling when we chatted with them. We saw staff being patient and support one person to read a book, another to complete a jigsaw.

Advocacy support was available to people if required to enable them to exercise their rights. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. There was one person who used an advocate and staff explained this was because their family were not local and they needed an independent representative to support them with decisions.

People were allocated a key worker, that is a staff member to support them with appointments and to be their main point of contact. One staff member told us, "I like being a key worker and promoting life skills, making choices, makes me happy."

Privacy and dignity was respected by staff and they were discreet when offering people support. Personal interactions took place privately to respect dignity and maintain confidentiality.

Independence was promoted and staff supported and encouraged people, for example, making choices as part of everyday life. One member of staff told us, "We don't do everything, it is important to use their skills with daily tasks in the house. When we go out we encourage people to pay for items themselves, to count money, speak to shop staff to keep and learn new skills."

People were involved in reviewing their care and took part in meetings with the registered manager to go through their care plan and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process.

People were supported to have choice and control and were supported daily to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. Care plans gave the staff an insight into the person's background and history to help staff get to know them.

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from any type of discrimination.

People were supported to follow their religion. One person who used the service was Indian and practiced Hindu. Staff supported them to prepare for and attend their local temple for important festivals. We saw that people were asked if they had any religious, spiritual or cultural requirements when joining the service and this could be supported if needed.

Is the service responsive?

Our findings

People were supported in a person-centred way and their preferences and sensory preferences were always respected. We observed staff supporting people in ways that considered their autism, their sensory needs and preferences.

People were supported to take part in numerous activities of their choice and one-to-one activities. During our inspection we saw people take part in making cups of tea, chatting, jigsaws and books. People were also supported to be active socially and go for walks, visit the pub regularly, local shops, swimming, trampolining and social clubs such as discos. This also supported people to maintain relationships within the community and with friends.

One relative told us how their relative recently enjoyed holidays away with a member of staff so that they could pursue their own interests that were different to the peoples they lived with. They told us, "I think it is really good how they treat my relative as an individual. Not everything happens as a group, they can enjoy their own interests."

People were supported to set goals to achieve and one person had recently learned how to lock their bedroom door and looked after the key and this was important to them. Another person was supported to take part regularly in their local park run.

Care plans were developed with people and were an accurate reflection of their personalities, likes and dislikes. They included information on personal care needs, personal information, communication needs, consent to care and family/relationships.

Information was made available in various formats. The registered manager told us how they could provide relevant information in larger print or easy to read, if needed. They also told us, "We have staff whose first language is not English and we support them where they need it. Extra time and support with written work."

People were supported to use symbols and assistive technology to aid their communication. We saw in one person's care plan how they had been supported to use an Ipad to use their symbols. The registered manager told us, "This has really changed their life the Ipad. They are great with it in the early days the staff and the speech therapy team helped but now they are away with it."

People and their relatives told us they could complain if they wished. There was a complaints policy in place. We looked at records and could see where issues had been raised they were recorded and outcomes were addressed accordingly. People told us they were confident they could raise issues if they wanted to and that they would be addressed by the registered manager.

The registered manager shared with us how they had worked with a people to make changes to the service and gave an example. They told us, "One person wanted to change the bathroom to downstairs. Then met with the housing association to get permission, we listened and we acted."

No one at the service was receiving end of life care at the time of our inspection. However, policies and procedures and training for staff was in place.

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service.

The registered manager carried out regular audits throughout the service. We saw there were clear lines of accountability with the provider. Audits had been effective in identifying and generating improvements in the service, for example training and staff sickness.

Three times a year the registered manager carried out audits in all the supported living services. Each service had a team leader that reported to the registered manager. The audits were very robust and were presented at senior management and board level for regular scrutiny.

The registered manager carried out regular quality assurance with people and their families and we saw that the feedback was positive and complimentary.

People's relatives also gave us positive feedback about the management arrangements and the registered manager. One relative told us, "I have no concerns about contacting the manager, I know how to."

When we spoke with staff they gave us positive feedback regarding the manager they told us, "I can approach the manager with anything" And another told us, "We are a good team, with the manager."

The registered manager told us how people were encouraged to be active citizens within their local community by using local services regularly with support.

The registered manager also told us how they were networking with other managers in the region to gain support and learn about best practice. They told us, "Joining the managers groups and provider forums has been really helpful, sharing with other managers and the skills for care meetings (training advice)."

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs, progress and care plans were discussed.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Policies and procedures were in place and were regularly reviewed and in line with current legislation. All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.