

Education and Services for People with Autism Limited

Burnfoot Court

Inspection report

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

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18 November 2019

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11 December 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Burnfoot Court is a supported living service providing personal care to six younger adults living with autism or a related condition. At the time of inspection five people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The vision of the service reflected these principles ensuring people with learning disabilities have opportunities and choice and are supported to achieve their aspirations. Staff adopted the ethos to provide person-centred care that enable individuals to develop skills and behaviours to live independent lives.

There was an emphasis on continuous learning and improvement. The provider and work force were involved in range of initiatives to progress service delivery. People benefited and achieved a much improved quality of life due to staff understanding of positive behaviour strategies when people may become distressed.

People were extremely well-cared for, relaxed and comfortable. Staff knew the people they were supporting very well and care was provided with exceptional patience and kindness. Staff ensured people's privacy and dignity were always respected.

The service was flexible and responsive to people's needs and was able to accommodate sudden changes to them. Records were personalised, up-to-date and accurately reflected people's care and support needs. Care was completely centred and tailored to each individual.

Systems were in place to encourage positive risk taking to maintain people's independence. Risk assessments identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. There were sufficient staff employed.

People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. They were complimentary about the registered manager and the workforce.

The service was well-led. Staff went the extra mile to ensure people received care that helped them develop. There was clear evidence of collaborative working and excellent communication with other professionals to help meet people's needs.

People, relatives and staff were positive about the management of the service and felt valued and respected.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There was a strong and effective governance system in place. 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

Rating at last inspection

The last rating for this service was good (published 30 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

This service provides care and support to people living in six 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 November 2019 and ended on 19 November 2019. We visited the office location on 18 November 2019.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, assistant manager and seven support workers.

We reviewed a range of records. This included three people's care records and one medicine record. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted seven professionals who support people who use the service and received feedback from three. We spoke with one relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were cared for safely.
- People told us they felt safe with staff support. One person said, "I love living here and I do feel safe with staff." A staff member commented, "I feel safe working here, we're well-supported and there are systems to keep us safe. We have a duty phone and the staff member texts staff in the houses every hour to check if they are okay."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. The registered manager was aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe.
- Staff received appropriate training before they started to support people. They understood when people may become upset and, may display distressed behaviours. A staff member commented, "I did positive behaviour support PBS and restraint training at induction and would only ever use restraint as a last resort."

Assessing risk, safety monitoring and management

- Risk assessments identified risks specific to the person and to the staff supporting them.
- People were supported to take positive risks to aid their independence.
- Care plans contained guidance for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge others.
- Staff were very knowledgeable about how to support people effectively. Some staff including the registered manager were attending accredited positive behaviour support [PBS] training with a local university.
- The service sought advice and guidance from health care professionals to mitigate identified risks.

Staffing and recruitment

- There were enough staff to support people flexibly. Some people received individual support from one or two staff members whilst in their house or out in the community. The registered manager told us staffing capacity was determined by the number of people using the service and their needs.
- A core staff team was created including matching staff with people they were to support to ensure their compatibility.
- The provider helped ensure people received support in the event of an emergency. Managers were able to be contacted outside of office hours should staff or people require advice or support.
- Systems were in place to ensure only suitable people were employed.

Using medicines safely

- Systems were in place for people to receive their medicines in a safe way.

- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.
- Care plans provided details of how people received their medicines including "when required" medicines.

Preventing and controlling infection

- Staff had received training in infection control practices. Protective equipment such as gloves and aprons was provided for them.
- Staff encouraged people to learn how to keep their home clean.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents, including on rare occasions if restraint was used, were recorded and sent to external agencies and head office for monitoring purposes. Incidents were analysed individually to identify trends and patterns to reduce the likelihood of their re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People, where required, were subject to restrictions under the MCA, as they required constant support to keep them safe. Records showed these had been authorised appropriately and were kept under review to ensure they remained appropriate.
- Staff had received training about the MCA.
- Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Where people did not have capacity to consent, records showed who was responsible for decision making with regard to care, welfare and finances, when formal arrangements had been made with the Court of Protection.

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

- Before people received care, their needs were assessed to check that they could be met.
- Assessments included information about people's medical conditions and other aspects of their daily lives.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs. Staff applied learning effectively in line with best practice, which led to predominantly good outcomes for people and supported a good quality of life.
- The registered manager ensured that people wanted, and were able to, to live at the houses. The induction included visits and was carried out at the pace of the person.

Staff support: induction, training, skills and experience

- Staff members were very positive about the opportunities for training and the support they received from the management team. They completed an intensive induction programme at the start of their employment including shadowing regular staff members to learn about their role. One staff member commented, "I did an intensive induction at head office, shadowed other staff for at least a month and didn't work unsupervised for some time."
- People were supported by staff who received ongoing training that included training in safe working practices and specialist training such as autism, diabetes, mindfulness and resilience workshops and trauma-based care.
- Staff received regular supervision and appraisal to discuss their work performance and personal development. A staff member told us, "I have individual supervision with the deputy."

Supporting people to eat and drink enough to maintain a balanced diet

- People had a variety of food and drink to meet their needs.
- Nutrition care plans were in place and these identified requirements such as the need for a modified diet. Where people were at risk of weight loss, food and fluid charts were used to record what the person had eaten and drunk, but they didn't provide accurate information for monitoring purposes. This was discussed with the registered manager who told us it would be addressed, they told us a referral had been put to the appropriate person due to concerns about a person's weight loss.
- Some people were responsible for their own menu planning, food shopping and cooking their food. They were supported by staff. One person told us, "I had cheese on toast for lunch. I help with my cooking and go shopping with staff for what I want to eat."

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

- People were supported, where required, to access community health services to have their healthcare needs met.
- Where people required support from healthcare professionals there was regular communication and review and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The ethos of the organisation promoted an exceptionally strong person-centred culture where people were at the heart of the service and staff were committed to ensuring they received the very best possible support in an exceptionally caring and nurturing environment.
- There were several examples of where staff had gone 'the extra mile' to provide exceptionally caring and compassionate support, where staff had worked closely with people and other professionals to achieve goals and improve people's well-being and quality of life, whatever the level of need.
- Staff worked very closely with people. They invested time in ensuring they were given the right level of support to promote their understanding. There was a subsequent decrease in behaviours that could be considered challenging. This reduction had a very positive impact for people and resulted in improvement in their quality of life. A health care professional commented, "I believe the service meets the needs of a very complex and difficult to manage patient group well."
- Other examples included, creating an all-weather basketball court in a person's garden as playing basketball helped reduce a person's distress and anxiety. A person wanted internet access. When the person started to use the internet, they found this quite stress-inducing. It was a point of conflict at times and staff supported the person well to learn how to use the internet successfully. For another person, who had limited resources and became upset when they shopped as they enjoyed buying cds, staff supported the person to shop at charity shops where they got more for their money. Another person, who may display physically challenging behaviours, had grown in confidence and let staff know when they wanted and needed to be left alone. They would ask staff to leave when their anxiety levels were still relatively low and this was shown to be effective and significantly reduced risks to all. A staff member told us, "We used to use photographs with [Name] but we don't now as they get upset. They'll let us know when they want us."
- Staff communicated with people in an exceptionally caring and compassionate way. Staff gave people time to respond, listened to them and provided sensitive support to ensure people's needs were promoted.
- 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.

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

- Great care was taken to involve people in making choices and decision making. Some people had moved from a hospital where their choices may have been limited. An intensive transition took place with people to help them get to know staff and become familiar with their new home. They were fully involved in the setup of their home and choosing their staff team. A professional told us, "I can't fault the work staff have done to support this person's transition. This was a complex transition, but staff have managed any difficulties well,

which has resulted in a smooth transition for the person."

- Staff thought flexibly to meet people's aspirations around independence whilst managing their potential anxieties. For instance, a person who did not like making choices such as buying clothing staff developed strategies to help the person be involved in selecting a pair of trainers.
- Information was accessible and was available in a way to promote the involvement of the person. For example, policies and procedures, care plans and meeting minutes were available in pictorial format and symbols, which also gave people ownership.
- Guidance was available in people's support plans which documented how people communicated. Communication methods such as electronic tablets, pictures and other bespoke methods of communication were used if required.

Respecting and promoting people's privacy, dignity and independence

- 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. One person told us, "I sweep the leaves in my garden and I go shopping with staff."
- Care plans provided detailed information about how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves.
- People were encouraged and supported to get involved in the running of the service. They selected their menus, leisure activities and their keyworker to support them. Some people had attended health and safety training. They were involved in carrying out household safety and security checks with staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was delivered by a team of consistent staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care.
- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. Information detailed what was important to the person and how they wished to be supported to achieve their goals.
- People were involved in the development of their care plans. Regular individual meetings took place to discuss their care and support needs which also included discussion about their plans for the future and their aspirations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager explained to us the systems in place to assist people's communication. They were aware of the AIS.
- Detailed communication plans were in place in which described how people communicated and the words and gestures they used.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records contained information and staff had a good understanding of people's likes, dislikes and preferences.
- People were encouraged and supported to maintain and build relationships with their friends and family.
- Most people went out and spent time in the community. People were supported with a range of activities. These included, shopping, meals out, visits to the pub, cycling and walking. One person said, "I go to football matches and to watch the Eagles matches, they're doing well. I had a BBQ in the summer and invited people and staff. I'll be having a Christmas party and will do some baking and invite staff and people." Another person told us, "I like going out, I like music. I go for drives to the country and the seaside."

End-of-life care and support

- At the time of inspection, no person was receiving end-of-life support.
- Peoples' care records contained information about their religion and wishes at this time.

Improving care quality in response to complaints or concerns

- People had a copy of the complaints procedure which was written in a format to help them understand if they did not read. A record of complaints was maintained. They were handled in line with the provider's policy.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 organisation was committed to protecting people's rights with regard to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice.
- Strategically the organisation was innovative and ensured it kept up-to-date with best practice. This included positive behaviour strategies. The service was having some notable success with supporting some people who needed extra support to express themselves. Successful strategies had been developed by the service and other professionals to help people enjoy a more fulfilled life within the community.
- The service supported a national campaign, STOMP (Stopping Over Medication of people with a learning disability, Autism or both). This is about helping people to stay well and have a good quality of life with minimal use of sedative medicines. There was a reduction in the use of such medicines for people.

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

- The service was well-led. The ethos, vision and values were led by the provider and registered manager.
- Staff shared the vision of the organisation to provide person-centred care and to put people first. Staff were encouraged to develop their skills through training and personal development.
- A quality assurance team ensured strong governance systems were in place. A programme of regular checks was carried out and internal and external audits to monitor the quality of care provided and ensure any shortfalls were addressed. The staff communication book showed messages that highlighted where errors were made in record keeping in the houses. We discussed with the registered manager about the frequency of checks to ensure that improvements had been made.
- The registered manager was aware of their responsibilities with regard to Duty of Candour.

Continuous learning and improving care; Working in partnership with others

- There was a strong focus on continuous learning and improvement.
- The provider and managers were committed to developing their leadership skills and those of the staff.
- The provider had a strong record of being a role model for other providers. They worked in conjunction with external professionals to improve services for people and raise awareness.
- The provider contributed to and was part of developing a workforce development programme for positive behaviour support with a local university and the Positive Behaviour Academy (PBS).

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

- The service regularly sought people's views. People and staff were empowered to voice their opinions, and the management team responded to comments put forward.