

# National Autistic Society (The) Echo Square House

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 22 February 2018 and was announced.

Echo Square is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service provides support for up to three adults with a learning disability. There were three people with autism living at the service at the time of our inspection .

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 continued to be run by a registered manager who was present on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last comprehensive inspection on 4 December 2015 the service was rated Good, but the domain of 'safe' was rated Requires improvement as there was a breach of regulation with regards to staff recruitment. At a focused inspection on 3 February 2017 we found there were no breaches of regulation and the domain of 'safe' was rated as 'Good'. At this inspection we found the service remained 'Good'.

Staff had received training about protecting people from abuse and knew how to follow the provider's safeguarding procedures to raise concerns.

Staffing levels had been maintained to ensure there were enough staff available to meet people's physical, social and emotional needs.

People's care was planned to maintain their safety, health and wellbeing. Positive risk assessment took place to maintain people's safety and enable them to be as independent as possible. Systems were in place to monitor incidents and accidents.

Medicines continue to be managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

Staff received the training they needed for their roles and were supported through regular supervision and an annual appraisal.

Staff understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity.

People's health, social and physical needs were assessed and clear guidance was in place to ensure they were effectively monitored. Care plans included information about people's personal history, what was important to them and how diagnoses of autism affected them, so staff could meet their needs and individual preferences.

People continued to experience care that was caring and compassionate. They were supported by a staff team who had known them for many years and positive relationships had developed where people were valued and respected. Staff knew how to communicate with people in a way they understood and to provide an environment and atmosphere where people felt safe and reassured.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service. Information on a range of topics had been provided for people in an easy read format.

The registered manager was approachable and the atmosphere in the service was relaxed and informal. They were supported by a staff team who understood the aims of the service and were proud and motivated to support people according to their choices and preferences.

## 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.

# Echo Square House

## Detailed findings

### Background to this inspection

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

This inspection took place on 22 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the service is small and people are often out during the day, so we needed to be sure that someone would be in.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider asked for an extension of time to complete the PIR and returned it within this agreed timescale.

Some people were unable to tell us about their experiences. We spoke to one person and observed interactions between people and staff. One person showed the inspector around their home.

We spoke with the registered manager and a senior carer. We looked at a selection of records including two care plans and daily records, staff rota, medicines records, environment and health and safety records and quality assurance documents.

We asked the provider to send us information about staff training and this was sent in a timely manner.

## Is the service safe?

### Our findings

People's body language and facial expressions indicated that people felt safe. Staff knew people well and that they may be anxious as there was an inspector in their home. Staff helped people understand what was happening and to put them at ease. There was a calm and relaxed atmosphere at the service and staff understood the importance of this to help people feel safe.

People were kept safe by staff that had received training and understood how to protect people from abuse and harm. The service had a comprehensive safeguarding policy which set out the definitions of different types of abuse, staff's responsibilities and how to report any concerns. Staff had received training in how to recognise and respond to the signs of abuse and this knowledge was reinforced through discussions at team meetings. Staff had access to the multi-agency safeguarding adult policy, protocol and practitioner guidance. This policy is in place for all care providers within the Kent and Medway area and provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing if they had any concerns. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. However, they also knew that there was an independent whistleblowing line where they could report any concerns confidently, if they didn't feel that they could report them within the service.

Assessments of potential risks continued to promote and protect people's safety in a positive way. Care plans contained relevant risk assessments, such as going out, undertaking specific activities, spending time alone and eating and drinking. Each assessment focused on why the task or activity would be of benefit for the person and included what could go wrong and how it could be made safer for the person. Consideration was given to anything that had happened in the past that would increase or decrease the degree of risk. For example, one person had been assessed as able to spend periods of time without staff support. Consideration had been given to the skills they had to ensure their safety such as crossing roads, using money and answering staff questions about any problems they may have encountered on their return. Risk assessments were reviewed and updated regularly.

A programme of regular environmental and health and safety checks remained in place to ensure that the environment was safe and that equipment was fit for use. These included making sure that fire equipment was in working order, that electrical and gas appliances at the service were safe and that water was delivered at a safe temperature. The landlord undertook inspections of the environment to assess any works needed to be completed and in between these times the service reported any issues with maintenance to them to address.

Fire safety was managed by undertaking an external fire risk assessment, servicing and testing fire equipment, staff training and fire drills during the day and night. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements that each person had to ensure that they were safely evacuated from the service in the event of a fire. There were plans in place to deal with foreseeable emergencies. These provided staff with details of the action to take if the delivery of care was affected or people were put at risk.

There were systems in place to report any accidents or incidents which included details of what had occurred and the action taken in response to the situation. Some people attended the provider's day service and the service had been informed about any accidents or incidents that occurred there. The registered manager was responsible for investigating and monitored all events to see if there were any patterns or trends but there had been none with regards to people at service since the last inspection. Contingency plans had been made

There were enough staff to support people. There continued to be one member of staff on duty to support the three people at the service. People either attended the provider's day centre during the day or had been assessed as having the skills and abilities to stay at home and to go out independently. During the week the service was staffed from late afternoon until morning and at the weekends staff were available all day. To ensure continuity of staffing, staff from the provider's day service supported people with their breakfast before escorting them to the centre. The registered manager said that they regularly visited the service and this confirmed by staff.

At the last inspection on 21 February 2017, appropriate checks had been carried out to help prevent unsuitable staff from working with people who use care and support services. There had been no new staff employed at the service since this time.

Medicines continued to be suitably managed. The medicines policy included guidance on how to order and administer medicines; what to do if a medicine was spoilt and could not be administered; and what to do when people spent time away from the service such as at day services, or on a trip out. Medicines were stored securely and kept at the correct temperature to make sure they were safe for use. Staff were trained to administer medicines and their competency assessed to make sure they had the knowledge and skills to do so. Each person had a medicine profile with information about the dosage, frequency, route of administration and what the medicine had been prescribed for. Staff recorded on a medicines administration chart each time a person was given their medicine and these charts showed that people had been given their medicines at the appropriate times.

The service was clean on the day of the inspection. Staff were responsible overall for keeping the service clean and encouraged people to clean their own rooms. Staff undertook training in infection control and personal protective equipment was available such as gloves and aprons. The washing machine was located in an area separate from the kitchen to minimise the risk of cross infection.

## Is the service effective?

### Our findings

People's consent was sought before supporting them with their care and treatment. Staff checked if it was alright with people before helping them. One person told us that they knew all the staff that supported them and that they were asked about what they wanted to eat at mealtimes.

Staff continued to receive training and guidance relevant to their roles. This included training in essential areas such as health and safety and in specialist areas such as managing behaviours that may challenge and autism. One person had impaired vision. All staff had received awareness training in this area and the registered manager and a senior member of staff had completed more advanced training which they had shared with the staff team.

All staff had completed the National Autistic Society's SPELL framework. SPELL stands for Structure, Positive approaches and expectations, Empathy, Low arousal and Links. These five principles had been identified through research as vital elements of best practice in autism. Staff said that they had used these principles in practice for the benefit of the people they supported. They explained how they ensured people had structure in their daily lives and were given time to move between one activity and another to reduce their anxiety. For example, when people returned to the service after being at day services, their routine was to sit quietly in the lounge before undertaking other tasks. This allowed people time to adjust between the different environments.

The majority of staff had completed a Diploma in health and social care level two. To achieve these awards staff must prove that they have the ability and competence to carry out their job to the required standard. Training in equality, diversity and human rights was undertaken by all staff. The registered manager gave examples of how they and their staff team had supported the rights of people with disabilities to be treated the same as non-disabled people.

Support for staff continued to be achieved through individual supervision sessions and an annual appraisal. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. At these formal meetings staff were asked to reflect on their own practices, behaviours and emotions when providing care and support. Staff said they could approach the registered manager at any time if they needed support in addition to the formal supervision sessions available.

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 the best interests and as least restrictive as possible. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood that it should be assumed that people had the capacity to make decisions such as what to eat and wear. They understood that sometimes people needed prompts and reminders to help them make choices, and that when doing so they should act in people's best interests using their knowledge of people's likes, dislikes and preferences.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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. The registered manager had not needed to submit any DoLS applications because people had the capacity to consent to the care they received, and the support provided for them was the least restrictive option.

People continued to be supported to maintain their health. Guidance for staff about how to meet people's health and medical conditions was available and each person had a 'health action plan'. A health action plan includes what people need to do to keep healthy and the services and support they need to live a healthy life. Staff knew people well and recognised when people were not acting in their usual manner. In these situations medical advice had been sought. Staff had recognised that changes were taking place in people due to the ageing process and appropriate referrals had been made. People received an annual health check with their doctor and regular appointment with the chiropodist, optician and dentist. A record was made of all health care appointments including the reason for the visit, the outcome and any recommendations. Each person had a "Hospital Passport" which was given to hospital staff if a person was admitted to hospital. This provided essential information to hospital staff in a single document about each person's communication, personal support, disability, medicines and medical history.

People were supported to eat and drink enough and to have a balanced diet. People's individual needs in relation to their diet were assessed. A menu was planned in consultation with people which took into consideration people's likes, dislikes and favourite meals. People had access to the kitchen and some people enjoyed spending time in the kitchen making their own drinks and helping staff such as chopping and peeling vegetables.

## Is the service caring?

### Our findings

People indicated they were well looked after and treated with kindness and as unique individuals in their day to day lives. One person showed us a photograph of themselves wearing a smart suit that was displayed in the lounge alongside separate pictures of the other people who lived at the service. This person explained that the photograph had been taken when they were on a cruise and shared how they had enjoyed the experience. Therefore, these photographs which were displayed had meaning and value for people.

People's independence was promoted and their privacy respected. One person told us, "I tidy and clean my room. I have a bath by myself. I don't need staff to help me". People were informed of their responsibilities with regards to keeping their home clean when they first moved to the service. During the inspection people made themselves drinks and did the washing up.

Staff continued to treat people with kindness and understanding in their day to day lives. Staff had supported people at the service for many years, knew people well and had developed positive relationships. Care plans included information about people's life history, likes and dislikes. Each person also had a pen picture which gave staff an overview of each person's character and included people's strengths and achievements. For example, one person's needs had changed and they were supported in a wheelchair when travelling distances outside their home. It was acknowledged that this had been a difficult transition for the person to accept, but over time this change had been achieved. This person's strengths had been listed as having a sense of humour and a thirst for knowledge. This showed that staff appreciated people's individual personality. Staff demonstrated that they were knowledgeable about people's lives and how to give people the best support according to their needs.

People's care records contained information about people who were important to them such as members of their family and friends. People were encouraged and supported to maintain relationships with people that mattered to them. This included facilitating home visits and enabling people to have friends to stay. People's bedrooms had been decorated to their own tastes and personalised with items that were important to them.

Detailed information about how people communicated was contained in people's care plans. Each plan specified how a person's autism affected them in relation to their communication needs. For example, for one person staff were guided to give clear explanations, to ask one task at a time and be aware that the person did not initiate conversation. Some people were non-verbal and plans indicated how people made their needs known through body language, facial expressions, and physical actions.

Although none of the people had an advocate at the time of our inspection, information was available about local advocacy services and how to access support when needed. An advocate helps people to express their needs and wishes and can weigh up and take decisions about the options available. Information about people was treated confidentially. Personal records were stored securely. People's individual care records were stored in a lockable filing cupboard to make sure they were accessible to staff.

## Is the service responsive?

### Our findings

Staff were responsive to people's needs in an individual manner. Staff understood that when people returned from the day centre some people liked to tell them about their day and other people preferred to spend some time alone. These choices and preferences were respected by staff. One person told staff they had been to the cinema but did not know which film they had seen. Staff asked the person to show them their link book so they could find out. Another person said that they chose what they wanted to do each day. "I have free time. I am off to a book shop. I shall be home at half past one".

People took part in activities based on their individual preferences. Some people attended a day centre where they took part in a sessions based at the centre and also trips out such as to places of interest and meals out. People who did not attend day services chose where to go each day and were gently being advised and supported to increase the things they did and places they frequented. Annual holidays were important events in people's lives and they were consulted about where they wanted to go.

Care plans continued to contain detailed guidance for staff about the support people required in relation to their daily living, social and health needs. Care plans were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them. People's daily routines were detailed and included people's personal preferences. For example, how a person's culture or religion may impact on how they were supported with their personal care and if a person preferred a male or female member of staff. Consideration was given to people's senses as it is recognised that people with autism may be under or over sensitive which can affect their behaviour and perception of situations. This included if people had body awareness and if they initiated touch or did or did not welcome it from other people. Reviews of people's care needs took place when changes took place and yearly at a formal meeting with staff from the service, the day service, care managers and relatives.

People continued to be consulted about their care and treatment, goals and aspirations and the characteristics that staff needed in order to support them. For example, one person stated they would like a staff member to be calm, that they did not understand humour and that they did not like a lot of noise. Staff ensured that the environment was quiet and communicated with the person in a factual manner. Planning had been undertaken to find out if there were any shared interests between what people liked to do and what staff enjoyed. For one person it had been discovered that the person liked to hear stories about staff member's family members. This enabled staff to engage with people in a responsive way about things that they were interested.

As staff at the service worked alone it was essential that there was effective communication between the staff team and also with staff at the day centre. Verbal handovers between staff took place at the weekend and during the week. A communication book was used to make sure all staff were aware of important information and events. Staff also said they contacted each other by telephone on occasions. A link book was used so that day centre staff could inform staff at the service about their experiences. This sharing of information helped people to receive consistency in how they were supported.

People were given information using pictures to help them understand the content. This included aspects of people's care plans and review records of people's day care which included photographs. Documents relating to safeguarding, mental capacity, CQC, fire safety and about getting older had been obtained in an 'easy-read' format and were available in a folder for people to access.

The complaints procedure set out how to make a complaint together with the details of what people could expect in relation to the provider investigating and feeding back the outcome to the complainant. The policy also gave the details of the local authority, and Local Government Ombudsman that people could contact if they were not satisfied with how the service had responded to their complaint. Complaints information was written using pictures or symbols of people's emotions such as if they are of unhappy, frightened or angry, to help people understand its content.

## Is the service well-led?

### Our findings

People knew the registered manager and were relaxed and at ease in their company. The registered manager led by example, treated people with dignity and respect and knew their individual needs and preferences. They had established and maintained relationships with people's family members over a long time and continued contact when they were less able to visit the service.

The registered manager was responsible for managing this service and a small day care in the local area which belonged same provider. CQC do not regulate day care provision. They divided their time between the two services. The registered manager continued to understand their responsibilities in submitting notifications to the Commission about important incidents and events took place at the service. They were supported by a senior carer who worked part-time at the service. Staff said the registered manager gave effective support as they were contactable when they needed them and listened and acted on their views. Staff said there was good communication within the team that staff meetings took place to discuss best practice, recommendations and people's well-being.

The registered manager and staff team continued to be clear about the aims of the service. These included understanding the needs of people with autism and supporting them to have the same opportunities and rights. Staff demonstrated they knew people well, enjoyed their company and offered them choices in their daily living. Staff were proud to work for the provider and had done so for many years. Staff had all received an 'Award for excellent attendance' as there had been a very minimal amount of absence. The registered manager expressed their admiration and confidence in their staff team. "The strong staff team work well together which I believe together with good communication is a good foundation for a happy and well run service".

The views of people who used the service were sought on a daily basis when providing care through people's experiences and at weekly service user meetings. At these meetings people talked about what they wanted to eat and what they had done during the week. Where people were not able to verbalise, staff advocated for them. At the last meeting one person said they enjoyed being a 'free man' and a trip to the cinema and another person declined a trip offered and chose an alternative.

Satisfaction surveys were given to family and friends yearly to gain their views and the quality of the service and how it can improve. These asked questions about if people were involved in their care, if staff listened to them, if people felt safe, if they were involved in activities and if they got the support they needed. One survey had been returned for 2017 and gave positive feedback in all areas. When asked what the best thing was about the support their relative received, the person had responded, "Constant staff get to know him very well. He is a lucky man". The provider was committed to receiving feedback from people's family members and planned to ask for this directly at review meetings in future to see if this was more effective method.

The registered manager and provider continued to carry out regular audits and compliance checks to assess the quality of the service and identify any areas where improvements were required. The registered manager

undertook monthly audits in a range of areas such as health and safety and staff records. The last external audit report was dated July 2017 and had identified no major concerns. A number of recommendations had been made and these had or were being addressed. This included some trees being felled in the garden and obtaining new curtains and poles for the lounge. Safeguarding audits were carried out each year and looked at a range of areas such as staff training, policies, the environment, use of agency staff, people's behaviours and if people were treated with privacy and dignity. These factors were used to assess if the service was at risk of providing care that was unsafe or institutional and the culture of the service with regards to staff being confident to raise any concerns. Actions from the report were to ensure that people had access to easy read documentation about safeguarding which was in place.

The service had achieved 'Autism Accreditation' from the provider, The National Autistic Society. Autism Accreditation is an internationally recognised quality standard that proves the service is committed to understanding autism and setting the standard for autism practice.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures were regularly reviewed by the provider and staff were knowledgeable about current practices. Information was also available on topics relevant to their role, such as how autism affects people with autism and living with dementia.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating in the entrance hall at the service and on their website.