

Primecare Health Ltd - Autism Service Support Service

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Unannounced

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Service provided by:
Primecare Health Ltd

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CS2019374851

About the service

Primecare Health Ltd Autism Service (referred to as Primecare Autism hereafter in this report) provides services for people over the age of 12 living with Autism and learning disabilities. Support is offered in the community and in their own homes, throughout Edinburgh and West Lothian.

The intensity of the service can vary. Support can be provided for a few hours a day, enabling people to access community resources. 24 hour support is offered in people's own homes, in order to maintain tenancies. establish and build skills and grow in independence.

The service aims to support children and young adults with autism and learning disabilities to fulfil their personal goals and aspirations and to achieve the best outcomes in life as individuals through assisted learning and positive risk taking.

The service is managed by the Service manager, four Senior autism practitioners and a team of Autism practitioners.

What people told us

We spoke with a number of family representatives and a range of stakeholders from health and community based services who are involved in the support of the people using Primecare Autism.

We give a flavour of the comments from people we spoke to during the inspection

"Staff are a good mix of people. We get good feed back from them and we feel involved in planning how support is provided, it's very person-centred."

" The service has done a great job of supporting us and sustaining the current family situation"

"We would like a more consistent staff team involved in delivering support"

"It feels like a good partnership, staff are well matched to XXXX. Communication is effective between us and the frontline staff and with the office based people"

"The staff are approachable, knowledgeable and they have helped young people in transition. The service work with people with complex needs and we are happy with the outcomes they have helped facilitate".

"We are overall happy with the service but feel we haven't had any opportunity to appraise the quality of support. We would like to see less variety in terms of staff. They have worked very creatively, given the restrictions imposed by Covid 19".

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
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How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

Family representatives said that the service had worked effectively with their loved ones. There was an overall consensus that support is planned in partnership with key stakeholders and that staff worked effectively, on a person-centred basis, with service users. This person-centred approach helped Primecare Autism deliver positive well-being outcomes, based on knowledge and insight into the key support needs of people experiencing care.

Staff were described as having worked creatively throughout the Covid 19 pandemic, seeking to provide support that met peoples needs whilst adhering to Scottish Government guidance around social distancing. There were times when lack of access to community facilities was seen as posing real challenges in terms of structured approaches to support. However, feed back from family representatives suggested that creative approaches to support delivery became a real strength in Primecare Autism.

Professionals who are involved in the commissioning and statutory aspects of working with the people using the service gave us feed back. We heard about a range of positive well being outcomes derived from care inputs. These focussed on sustaining complex individual and family support situations in a community setting and keeping people who experience care safe. Communication and partnership approaches were described as a strength of the service.

There have been challenges for the service in respect of some staff maintaining appropriate professional boundaries whilst working with the young people experiencing care. The service responded effectively and appropriately in addressing these issues.

How good is our leadership?

3 - Adequate

The service must improve systems around quality assuring their work, particularly in respect of obtaining and evidencing the evaluation of support outcomes by key stakeholders.

Service reviews must be held at a minimum of six monthly intervals and should directly address progress around key outcomes. Service reviews must also capture people's evaluations as to the quality of staff who work with people experiencing care (see requirement 1).

Review is an essential component in the promotion of involvement from people experiencing care and will help support the delivery of effective person led outcomes.

Service reviews should sit alongside the development of other quality evaluation and participation processes. These could include, but not be limited to, opportunities to engage in stakeholder questionnaires and promoting involvement via focus groups.

The service should improve systems around staff supervision and appraisal. There were gaps in the supervision/appraisal history for some staff. Supervision is an important way of identifying individual learning needs, discussing practice issues and evidencing management support for staff (see Area for Improvement 1). These factors contribute to positive support outcomes for people using support.

Team meetings should be convened on a regular basis, offering all staff a platform from which they can share ideas, offer and find peer support and consider approaches to working with people with complex needs.

The service must provide notifications of accidents and incidents to the Care Inspectorate as per regulatory guidance. Although accidents and incidents were managed appropriately, there had been some delays in the submission of relevant notifications around some significant events (see Requirement 2)

Service users files were presented in a manner that made it difficult to access key information. Files should be ordered and structured in a way that essential information is easily accessible. Documentation should be updated when reviewed and, in order to evidence involvement and consent, it is essential that all paperwork is signed and dated by the author and shared with the appropriate stakeholders (see Area for Improvement 2).

Requirements

1. The provider must ensure that personal plans are reviewed at intervals in keeping with required legislation and show the involvement of service users.

Personal plan reviews involve service users, and/or their representatives as appropriate, to evaluate how accurately the plans reflect the needs of service users and how well the service is meeting these needs

In order to achieve this:

- all personal plans must be reviewed at least once in every six month period, and when there is a significant change in a service user's health, welfare or safety needs.

This is to comply with SSI 2011/210. Regulation 5(2) Personal Plans. A requirement to review the personal plan

and

SSI 2002/114 Regulation 4(1)(a) - to make proper provision for the health and welfare of service users.

Timescale: To start on receipt of the final inspection report and be completed by 1/6/21

2. The Provider must ensure that notifications are submitted to the Care Inspectorate as required. In order to demonstrate this:

- notifications must be submitted in line with "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2012, amended April 2015, Care Inspectorate)

- all relevant staff responsible for providing such notifications must have their knowledge of "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2012, Care Inspectorate) evaluated to ensure compliance.

- The provider must give notice to the Care Inspectorate within 24 hours of an allegation of misconduct which warrants investigation, dismissal or other disciplinary action.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents and SSI 2011/210 regulation 9(1) - requirement about fitness of employees & SSI 2011/28 regulation 4(1)(b) - requirement about records, notifications and returns

and

SSI 2011/28 Regulation 4(1) (a) (b). Requirement for records, notifications and returns.

Timescale: To commence with immediate effect.

Areas for improvement

1. In order to support staff learning and development, the Provider should ensure that all staff are offered access to support and supervision in accordance with their established policy.

SSSC Codes of Practice for Social Service Workers and Employer (revised edition 2016)

2.2-Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practise

and

3.5 -Provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice.

See also, Health and Social Care Standards-My support, my life

4.27 I experience high quality care and support because people have the necessary information and resources.

2.

Personal plans should be updated regularly. The author and date of the plan should be clearly indicated and agreement with the contents of the plan should be evidenced by the signature of the people experiencing care and/or their representatives.

Health and Social Care Standards-My support, My Life:

1.12- I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

1.15 -My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices

1.9 -I am recognised as an expert in my own experiences, needs and wishes.

4.27 -I experience high quality care and support because people have the necessary information and resources.

How good is our staff team?

4 - Good

We considered safe recruitment and sampled from the records of people who are employed by the service. The pre employment checks were all done in line with safe recruitment best practice. Adherence to these principles helped ensure that staff are suitably vetted before working with people experiencing care.

Feed back from family representatives about the quality of staffing was very positive. People spoke about staff working with good knowledge and insight into the support needs of their loved ones. We heard that staff were dedicated, committed and very creative in their approaches to providing. Staff were good at building effective relationships. This contributed significantly to positive support outcomes for people using the service

We looked at staff training, particularly focusing on learning associated with working with people with complex needs and Autism. We found variation in the training undertaken. There were significant areas for improvement around key aspects of support, particularly in respect of de-escalation techniques, restraint and stressed/distressed presentation.

More in depth learning will help ensure that all staff have the necessary skills and knowledge required to work safely and deliver effective support outcomes for people with complex needs. When we spoke with staff themselves, they consistently identified training and developmental needs in respect of Autism.

The service should also promote greater staff awareness of the Scottish Government's national policy in respect of Getting It Right For Every Child (GIRFEC). Girfec supports families by making sure children and young people can receive the right help, at the right time, from the right people. Senior staff in the service should also undertake greater in-depth training around child and adult protection (see Area for Improvement 1)

The service should consider induction practices and their system for recording, supervising and evaluating the work of new staff. We recommend that they carry evaluative observations of staff practice and seek feed back from key stakeholders, integrating their findings into staff learning and induction processes (see Area for Improvement 2

Areas for improvement

1. In order to maintain effective outcomes for people experiencing care and promote continuing staff development, workers should be offered more in-depth training, including but not restricted to, Autism, conflict de-escalation, stressed -distressed presentation, Girfec, Adult and Child Protection.

Health and Social Care Standards-My Life, My Support:

3.14 -I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

3.20- I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

3.21- I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.

2. In order to ensure that staff practice is effective and competent, induction processes should involve observed practice evaluations. Feed back should be sought from people experiencing care and integrated into staff supervision.

Health and Social Care Standards-My Life, My Support.

3.1-I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.

4.6- I can be meaningfully involved in how the organisations that support and care for me workand develop.

4.7 -I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.

4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

How good is our setting?

5 - Very Good

The service has received a temporary variation from the Care Inspectorate. This enabled them to use premises based support at various intervals during the Covid 19 pandemic. At the time of inspection, the premises were not in use for direct support and had not been for some considerable time.

Feed back from stakeholders, whose loved one used the facilities or who had commissioned support were all very positive. This aspect of support was described as having offered an essential resource that had played a significant part in sustaining people experiencing care during very challenging times.

We found that the service had appropriately risk assessed the use of the premises and that they were fully insured to provide support from the facilities.

We noted a range of resources in situ, including fire safety equipment and clean and well presented rooms. There were a range of resources used by people accessing the premises, with a mixture of technology and traditional equipment available.

How well is our care and support planned?

5 - Very Good

Support plans were personalised and clearly reflected inputs from the people using support. There were good indicators of people's personal preferences and choices. Desired outcomes were highlighted throughout the care planning documentation.

People told us that they felt well involved in designing care and support strategies for the family members who experienced care. They were able to contribute to the design and direction of service delivery and in general their expertise around their loved ones was always taken into account.

These factors helped ensure the delivery of effective care planning outcomes for people experiencing care.

How good is our care and support during the COVID-19 pandemic?

4 - Good

All staff had undertaken training around key aspects of Infection Prevention and Control (IPC) and the use of Personal Protective Equipment. (PPE). Learning focused on social distancing, infection control hand hygiene and PPE and broader IPC principles associated with safety and Covid 19.

Staff advised us that they had access to all essential PPE. saying that they felt training had covered all essential aspects of safe practice.

The learning undertaken by staff and put into practice during service delivery had helped maintain positive well being outcomes for people experiencing care during the Covid 19 pandemic.

The service have carried out a programme of IPC and cleaning, as well as implementing appropriate distancing procedures around the premises based parts of the service.

There were areas for improvement around the cleaning of frequent touch points. These must be carried out at a minimum of twice daily intervals. In addition, the service must evidence that they have used a chlorinated additive to the disinfectant solution, as recommended by Health Protection Scotland's key guidance.

Management should seek to establish staff competency around IPC and PPE practice, using observed practices as a key measure of the safety of their practice. These evaluations should be integrated into staff supervision and learning. This will help maintain the current positive outcomes for people using support.

Areas for improvement

1. The service should ensure that the frequency of cleaning of frequent touch points is fully evidenced in records that they maintain.

They should ensure that they use a a cleaning agent that meets the standard outlined in best practice guidance.

COVID-19: Information and Guidance for Care Home Settings (Adults and Older People)
Version 2.1-Publication date: 31 December 2020

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	3 - Adequate
2.1 Vision and values positively inform practice	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.3 Staff are led well	3 - Adequate

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good
5.2 Carers, friends and family members are encouraged to be involved	5 - Very Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	5 - Very Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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