

Autism.West Midlands

Autism West Midlands

Inspection report

Regent Court
George Road
B15- 1NU

Tel: 0121 450 7582
Website: www.autismwestmidlands.org.uk

Date of inspection visit: 14 September 2015
Date of publication: 15/01/2016

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 

Overall summary

This inspection took place on 14 September 2015 and was announced. Autism West Midlands provides supported living services for five adults who require personal care.

There was a registered manager at the service. 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.

Relative's told us that they felt their relative was safe. Staff knew how to recognise potential signs of abuse and how to raise concerns they should need to. Risks to people had been assessed and measures had been put in place to reduce the risk for the person. Staff had received training to enable them to provide safe and effective care to meet the needs of the people they were supporting.

People received their medication safely. There was information available to staff of how to support people

Summary of findings

with their medicines and only staff trained in medication were able to administer medicines to people. Audits of medication were carried out to ensure that medicines had been given safely.

Whilst most people were supported by sufficient staff, one relative we spoke with was concerned by the level of recent high staff turnover and the impact this had had on their relative. We found that the service had recently recruited a number of new staff in order to provide continuity of care to people. We saw that safe recruitment and induction processes were in place to ensure staff employed were suitable to support the people who used the service.

The registered manager and staff we spoke with were knowledgeable of and acted in line with the requirements of the Mental Capacity Act (2005). Staff we spoke with told us how they sought consent from people before supporting them.

Staff spoke enthusiastically about the people they were supporting and had a good knowledge of the person's likes and dislikes. Although people's views were sought on a daily basis about choices to be made there was little

evidence of people being involved in their initial care plan or review of their needs. The registered manager informed us that this was carried out in an informal manner and that she was working on new systems to review care plans in a more formal manner.

We saw that people were supported to remain as independent as possible. Staff gave us examples of how they supported people on a daily basis to retain their independence and how they were helping people to achieve their aspirations and goals.

The provider was responsive to people's needs and changed the hours they supported people when requested. There was a complaints procedure in place, although no formal complaints had been raised in the last twelve months. Where concerns were raised we saw that the registered manager had acted promptly and taken action.

Relatives we spoke with were confident in how the service was led. Staff we spoke with told us they felt valued and supported and felt able to suggest improvements for the service. There were systems in place for monitoring the quality and safety of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Staff knew how to recognise and act on the signs of potential abuse.

Medicines were given safely and were only administered by staff who had received the relevant training.

Risks to people had been identified and measures were put in place to reduce the risks associated with people's conditions.

Good



Is the service effective?

The service was effective

People were supported by staff who had the relevant skills and knowledge of their specific needs

Staff had good knowledge of how to seek consent from the people they supported

People were supported to eat and drink enough to maintain their well-being.

Good



Is the service caring?

The service was caring.

Relatives told us that the staff were caring. Staff talked about the people they supported in an enthusiastic manner.

People were not always involved in planning their care

Good



Is the service responsive?

The service was responsive.

When people's needs changed the service responded appropriately

People knew how to complain and where concerns had been raised the registered manager had acted promptly.

People were not always involved in formally reviewing their care.

Good



Is the service well-led?

The service was well-led.

Due to a recent staff absence the registered manager was behind in her monitoring of the service. However, systems had been put in place to rectify this issue.

Staff felt valued and supported by the management team.

Good



Autism West Midlands

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.

This inspection took place on 14 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a small supported living care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we already had about the provider. Providers are required to

notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us to plan the areas we were going to focus on during our inspection. We also contacted the local authority who commission services from the provider for their views.

During our inspection we spoke with the registered manager, seven members of staff, the head of supported living and the learning and development manager. After the inspection we spoke with three relatives and a healthcare professional who supported people who used the service. People who used the service were unable to verbally tell us their views of the service due to their specific conditions. We looked at records including three people's care plans, medication records, three staff files and training records. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised.

Is the service safe?

Our findings

People who used the service were unable to verbally tell us their experience of the service. However, people's relatives told us that they felt that people who used the service were safe.

Staff we spoke were able to describe the types of abuse people were at risk from and the providers safeguarding policy. They could describe the action they would take to keep people safe including getting to know people so they could spot changes in personality which may indicate abuse. Records confirmed that staff received safeguarding training to ensure they were knowledgeable about current safeguarding procedures. The registered manager informed us of work they were carrying out to produce information about how each person may show signs of abuse to aid understanding for staff.

We looked at the ways the service managed risks to people. We found that individual risks had been identified and measures had been put in place to reduce the risk for the person. These risks had been reviewed. We saw that where accidents or incidents had occurred the service had taken prompt action to check on the person's well-being. The registered manager informed us that the service were producing new systems to review and audit these incidents to identify any preventative action to reduce the chance of re-occurring incidents.

Whilst the majority of people told us that there were sufficient staff to support the people who used the service,

one relative was concerned that a high turnover of staff had impacted on their relative as they found it difficult to build relationships with staff. The registered manager informed us that they were currently recruiting new staff to maintain designated staffing levels. The service had access to agency and bank staff but explained that they would only use known agency staff to ensure consistency for the people receiving care.

There were processes in place for safe staff recruitment which had been followed. These included obtaining Disclosure and Barring Service (DBS) checks to ensure people employed were safe to be working with people and obtaining references.

Medicines were given in a safe way. Staff were able to explain how they supported people to administer their medication safely and care records contained information and guidelines about the risks associated with their medication. People had support plans in place for staff on how and when to administer as required medications. Staff received medication training and only those staff who had received training were allowed to administer medication. Audits of medication were carried out to ensure that medication had been given safely. Where medication errors had occurred investigations took place to understand why the incident had occurred. However, there were no specific details of the investigation recorded and there was no evidence of what actions the provider had taken to reduce the chance of repeat incidents.

Is the service effective?

Our findings

Staff we spoke with felt supported to obtain the skills and knowledge they needed to support the people who used the service. Staff told us and records confirmed that they received training on people's individual conditions to ensure they were able to meet people's specific healthcare needs. We spoke with staff who had been recently employed at the service and they told us they completed induction training that covered key aspects of information they needed to carry out their role effectively. The registered manager told us that any new staff recruited have to complete the care certificate which is a key part of the induction process for new staff. The care certificate is a nationally recognised induction course which aims to provide care staff with a general understanding of how to meet the basic needs of people who use care services. Staff informed us of regular informal support they received from the management team and systems were in place that ensured they could seek advice at any time should they have concerns. Although formal supervisions and staff meetings had been planned, they had not taken place due to the time constraints of the registered manager. The registered manager was taking measures to rectify this.

Staff we spoke with had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults using services by ensuring that when a person's movement needs to be restricted in order to keep them safe that the proposed action is assessed to ensure that the least restrictive action is taken. Staff we spoke with had a good knowledge of how to support people in line with this legislation. The registered manager had made applications to the relevant authority for people who may have had their liberty deprived. Assessments of people's mental capacity had been carried out and where a person was assessed as lacking mental capacity meetings had been

held with people who had an interest in the person's welfare to decide what was in their best interests. However this was not consistent as we found that the provider had supported a person who had been assessed as lacking mental capacity to enter a financial contract. There was no evidence that a meeting had been held to ensure this was in the person's best interest. Following this inspection the registered manager informed us that appropriate action has now been taken to support this person with their finances.

Staff we spoke with had a good knowledge of how the people they supported would give consent and explained the actions they would take to ensure consent was sought from people before supporting them. We saw that there was guidance available in people's care plans on how that person communicated in order to make choices.

People were supported to eat and drink sufficient amounts to meet their needs and maintain good health. We saw that people's specific dietary requirements were met. The registered manager told us how staff were supporting one person to introduce a healthy diet to reduce their weight. Staff we spoke with told us about how they supported people to be as independent as possible when preparing meals.

We saw that each person had a health action plan which detailed how to support the person if they were unwell or if they needed to attend a healthcare appointment. We spoke with a healthcare professional who supported one person's specific needs. They explained actions that the service had taken to ensure that staff were competent to support this person and felt the service would act promptly should they have any concerns. This healthcare professional told us that the actions the service had taken meant that the person had been given a, "Normal experience of life."

Is the service caring?

Our findings

People's relatives that we spoke with told us that, "Staff are caring...my son is treated with kindness", and "He is treated well."

The registered manager told us about how they had supported two people who had been friends since childhood to live together. This was reviewed regularly with both people to ensure that they wanted to continue living together and were happy.

Staff we spoke with talked enthusiastically about the people they were supporting. They talked about ways of seeking people's views on daily activities and using information in care plans to inform them of people's likes and dislikes. Staff understood the need to build relationships with the people they were supporting and talked about working together to make sure the person was comfortable with the member of staff.

Staff were knowledgeable about the people they supported and recognised the importance of life experiences for the person. Staff knew people's individual preferences and could explain the little things that were important to the person. A member of staff explained how a person they supported really enjoyed visiting a local shop and how they enjoyed supporting them to do so.

Although the provider approached people's relatives to find out people's preferences the person themselves were not involved in developing their initial care plan. However, staff told us about how they sought feedback from people on a daily basis and based their care on people's wishes. Staff explained how they worked with people's aspirations and then set realistic goals in order to achieve these. This enabled people to live a normal and independent life as possible. People's views were sought on what they wanted these goals to be.

People's privacy and dignity were respected. The registered manager told us about reducing people's level of support to enable independence and commented that, "If we can give people less support we're winning." Relatives gave examples of how the service had enabled people to develop their independence such as making their own food and drinks. Staff we spoke with emphasised the importance of promoting a person's independence in daily life skills and gave examples of how they had supported people to achieve this. All the staff we spoke with and records sampled referred to people with dignity and respect.

Is the service responsive?

Our findings

The registered manager informed us that people were involved in their care reviews although this was carried out informally and was not recorded. Relatives informed us that they were involved in reviewing and commenting on the care people received. They told us the registered manager sought their opinions of the service and had made improvements based on their personal knowledge and understanding of the people who used the service. We noted that although reviews had taken place, some care plans had not been updated within the timeframe identified as necessary to ensure they continued to meet people's needs. The registered manager informed us that they were planning to introduce a more formal process in the near future to ensure reviews occurred on a regular basis.

The service looked at providing people with staff who had similar interests to ensure compatibility.

Staff we spoke with told us how they would seek people's views daily about the activities they would like to do. Staff knew people's preferences and what they had enjoyed doing in the past. They would use this to suggest activities people might like to do. Staff also spoke of the importance of ensuring a balance between supporting people to engage in activities they wanted to do and encouraging activities which were important to maintain the person's

wellbeing such as maintaining a healthy environment and managing their personal finances. Staff were able to tell us how they used information in the care plan to provide people with care in the way they wished and explained how they used different approaches to provide care depending on the person's personality.

We saw that the provider responded accordingly to people's changing care needs. The registered manager told us that the service had changed staff's hours in response to a person's request for different support times. The registered manager also informed us and staff confirmed that they needed to work flexibly at times in order to meet people's specific needs and wishes, such as requesting to be supported by specific members of staff.

We saw that complaints procedures were in place which included an easy read format for people using the service. Relatives we spoke with told us that they were aware of the complaints procedure and felt able to contact the registered manager if they had any concerns. They told us that when necessary the service had taken suitable action to resolve their concerns. The registered manager had recorded all action taken to resolve the concern and had put new systems in place to reduce the chance of similar incidences from occurring. The registered manager had reviewed past concerns in order to improve the quality of the service.

Is the service well-led?

Our findings

People were happy with how the service was managed. Relatives knew who the registered manager was and comments included, “The manager is very approachable.”

The registered manager understood their responsibility to inform the Care Quality Commission of specific events that occurred at the service. The registered manager was aware of recent changes to regulations and was clear about what this meant for the service.

All the staff we spoke with felt valued and involved in the running of the service and were able to express suggestions for improvement to the registered manager. Staff told us that this happens on an informal and formal basis. People who used the service, their relatives and staff had all recently taken part in surveys to assess the quality of the service. We saw that comments were generally positive. The registered manager had provided a personal response to anyone who had raised a concern or comment about the service. This helped people to feel involved in developing the service.

The service had a clear leadership structure in place which staff understood. Staff knew who they could contact if they had any concerns and staff told us that the registered manager was always available and approachable. Although there was a leadership structure in place there had recently been a period of time where the registered manager was covering the absence of another staff member and told us

they had been unable to carry out their full duties. This lack of contingency planning meant the registered manager was not up to date with reviews and quality monitoring of the service. At the time of our inspection a staff member had been appointed and the registered manager showed us how they were intending to catch up with outstanding tasks.

An external quality audit, which was reviewed against the latest CQC regulations, had identified that staff were behind on their supervisions and that care reviews were due. The registered manager had developed an action plan in response to these issues. However at the time of the inspection visit they had not clearly identified when tasks were to be completed by.

We saw that the provider conducted regular observational audits of how staff provided care to people in their own homes and where necessary action had been taken in order to improve the quality of the care provided by specific staff. This allowed them to assess if people were receiving support in line with their care plans.

There were systems in place to reduce the chance of missed or late calls. Each staff member had phone numbers of a member of management they could call should they be running late, although staff informed us that this rarely occurred. The registered manager informed us of a new system they were trialing to monitor the safety of staff due to the risks of lone working.