Autism Care UK (2) Limited

Autism Care Community Services (Yorkshire)

Inspection report

Rother Heights
Rother Crescent, Treeton
Rotherham
South Yorkshire
S60 5QY

Tel: 01142293450

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Autism Care Community Services (Yorkshire) is based in Treeton, Rotherham. It provides care and support to people living with learning disabilities in their own homes. The service also has one 'supported living' setting. People's care needs and housing requirements are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection the service was providing support packages to five people, some of whom lived in a supported living setting, in a shared house.

At the last inspection the service was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Autism Care Community Services (Yorkshire)' on our website at www.cqc.org.uk.

This inspection took place on 9 and 12 February 2018 and was announced. We gave the service four days notice of the inspection site visit because it was possible that some of the people using the service might not have been able to consent to a home visit from an inspector, which meant that we had to provide time for any 'best interests' decisions to be made about this. We visited and observed staff supporting three of the people who used the service to gain an understanding of their lived experience, as people were not able to communicate with us by telephone.

At this inspection the service was rated Requires Improvement. We identified that there had been some concerns regarding staffing, identifying risk and staff support. The registered provider had not identified concerns in a timely way and, although at the time of the inspection the registered provider had identified and begun working on these areas, there were still improvements to be made and sustained.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. 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.

The service was being managed from some distance geographically and there had been a period when there was a lack of cohesion due to several changes of staff and managers. A new area manager who had been appointed. The area manager had responsibility for overseeing the service locally and the registered manager was visiting the service more regularly.

Issue with staff recruitment had been addressed to a large extent. However, providing unplanned staff cover remained a challenge, as the pool of staff was still quite small. Most of the relatives we spoke with said that on the whole, the longer term staff made sure their family member's day to day care needs were met.

However, some relatives told us the use of unfamiliar staff and agency workers had affected the quality of the care and support people had received.

Systems were in place to safeguard people from abuse and staff we spoke with knew how to recognise and report abuse. Risks associated with people's care needs and lifestyles were identified and plans were in place to minimise the risks. Medicines were managed safely and administered as prescribed.

We found that overall, staff were trained and had the skills they required to carry out their role. People received a healthy diet which they had been involved in choosing. People were supported to live healthy lifestyles and had access to relevant healthcare professionals when needed. People were supported to have choice and control in their lives and staff supported them in the least restrictive way possible.

People were treated with kindness and care. When we visited people in the supported living settings we saw staff interacting with them in a caring and positive way and it was clear that the people who used the service had developed good relationships with the staff. We saw that staff respected people and ensured their dignity was maintained. Some people's relatives expressed concern that their family members did not have the opportunities they should for engaging in meaningful activities.

People who used the service and those who were important to them were given opportunities to voice their opinions and views and be involved in how the service was run. There were differing opinions about the management of the service. Half of the relatives we spoke with felt the managers and staff did listen and were doing their best in a difficult situation. While half of the relatives had lost confidence in the management of the service. The registered manager and area manager were aware of the effect of the changes of personnel and had identified shortfalls in the way the service had been managed and were working hard to address these.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

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 has deteriorated to Requires Improvement.	**Requires Improvement**
Is the service effective? The service has deteriorated to Requires Improvement.	**Requires Improvement**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service has deteriorated to Requires Improvement.	**Requires Improvement**
Is the service well-led? The service has deteriorated to Requires Improvement.	**Requires Improvement**

Autism Care Community Services (Yorkshire)

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 registered 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 comprehensive inspection site visit started on 9 and 12 February 2018 and was announced. It was undertaken by one adult social care inspector. We gave the service five days notice of the inspection site visit because it was possible that some of the people using the service might not have been able to consent to a home visit from an inspector, which meant that we had to provide time for any 'best interests' decisions to be made about this.

Before our inspection, we reviewed all the information we held about the service. We used information the registered provider sent us in the Provider Information Return (PIR). This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications that the registered provider had submitted to us, as required by law, to tell us about certain incidents within the service.

The inspection was prompted in part by feedback from the local authority regarding low level concerns about the management of the service. This included concerns raised with them by people's family members. This is why we explored particular aspects of current care and support during the inspection. As part of your assessment of ongoing regulatory risk to people in the service, we considered current risks and whether, at the time of the inspection, the provider has mitigated them appropriately.

The inspection included visits to the supported living setting, accompanied by the registered manager. We visited and met three people who used the service who were living in a shared house. We observed staff supporting people around their home and observed care and support provided, as people did not communicate verbally. We spoke with one person's family members at the time of the visit and with three relatives by telephone after the visit to gain their views of the service.

We spoke with six members of support teams, including the new area manager, two senior staff, two newer staff members and the registered manager.

We reviewed documentation relating to people who used the service, the staff and the management of the service. This included four people's care and support records, including their daily records, and their assessments and support plans. We saw the systems used to manage and administer people's medication. We looked at the personnel records for three staff members, which included recruitment, training and support records. We saw records of complaints and safeguarding concerns and of meetings with people who used the service and their relatives, as well as staff meeting minutes. We also looked at the registered provider's quality assurance systems to check if they were effective and identified areas for improvement.

Requires Improvement

Is the service safe?

Our findings

We found there had been a period when there had not been enough staff employed in order to keep people safe and to meet people's needs. The registered provider had not recruited staff in a timely way. This had been addressed to a large extent, as new staff had been recruited and this had improved the situation. However, consolidation of this improvement still relied on a number of newly recruited staff commencing work and the contingency arrangements for providing unplanned staff cover remained fragile.

On the day we visited the supported living setting appropriate one to one support was provided to people, which ensured they were safe and their needs could be met. However, people's relatives we spoke with raised concerns regarding staffing. We discussed this with the registered manager. They confirmed there had been a number of staff vacancies, as a number of staff had left the service in the preceding months. Staff from the registered provider's other services had been used to provide cover, as well as agency workers. The registered manager told us that a small number of agency staff had worked as a regular part of the staff rota. They had become familiar with the people using the service and had a good induction to the service. This enabled the covering staff and agency workers to get to know people's needs and preferences, although this had taken time.

Feedback from two people's relatives was that staff members had been required to work very long hours in recent months. We discussed these concerns with the registered manager who explained that the staff member had been called upon to cover at short notice, due to unplanned staff absence. They explained that problems with arranging cover had been exacerbated by staff vacancies. They acknowledged that the process for replacing any staff who left had taken too long and placed a lot of pressure on the existing staff. However, we saw that new staff had been recruited to fill the vacant posts, some of whom had commenced work, and others undergoing pre-employment checks and training. This provided a larger pool of staff to call upon, should there be a need to cover at short notice in the future.

One relative of a person who lived in the supported living setting said their family member had planned, one to one to staffing in the daytime. However, there was one staff member supporting three people at night and they did not think this was sufficient to keep people safe, should there be an emergency. We discussed this with the registered manager who explained that this was a matter of individual assessment and resourcing of people's support packages by the funding authorities. They said no risks had been identified at night, which could not be managed effectively within existing resources.

There was evidence that staff had under gone pre-employment checks prior to staff commencing employment in the service. These checks included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with vulnerable people by disclosing information about any previous convictions an applicant may have. A small number of staff application forms we looked at did not include full employment histories. This was addressed at the time of the inspection.

There were policies and procedures in place to safeguard people from abuse. This included how to

recognise, prevent and report abuse. Staff confirmed that they received training in the subject. Staff told us they were confident to report any concerns to their managers. The registered manager and new area manager kept a detailed monitoring log of all safeguarding concerns. They said they looked for ways to prevent similar concerns arising again and shared any lessons learned with staff.

On the whole, risks to people continued to be assessed and their safety monitored and managed, so they were supported to stay safe. We looked at four people's support plans and found they included areas of risks associated with the person's care and support. Plans were in place to ensure care and support were provided in a safe way. However, we did see one instance when staff did not follow one person's plan. The person's meal was not prepared in the way stated in their plan to reduce the choking risk. Additionally, the plan stated the person needed supervision while they ate, whereas, staff popped in and out of the dining area, completing other tasks, while the person was eating. The registered manager told us that the person's risk assessment and plan was no longer as relevant as it should have been and needed reviewing and updating. We saw that the managers were making good progress with reviewing and updating each person's risk assessments, to ensure they were up to date and in line with the person's current needs.

The service supported a number of people whose behaviour may be perceived as challenging. Where this was the case, care and support plans included guidelines for support workers on how they could support the person to manage this. There was information included in the person's care plan to help support workers understand what a person might be trying to say if they behaved in a certain way. Staff were provided with training in non-abusive psychological and physical intervention and in challenging behaviour. This helped staff to prevent and reduce incidents where people might become frustrated, anxious or challenging.

One person's relative said it was very important to their family member that they had consistency in the staff supporting them. They were concerned the numerous changes in staff and managers in the preceding two years had been unsettling for their family member, and of the potential for them to express this in their behaviour. They said this was improving since new members of their family member's support team had been recruited and had started to build positive relationships with their family member.

People's freedom was respected, and they could move freely around their homes. Although, there was room to develop the use of assistive technology to further support this. For instance, at the supported living setting, we discussed alternative methods of ensuring people's support staff were made aware when people went into their kitchen, so that they could be safely supported with this, without unduly restricting their freedom.

People continued to be offered appropriate support to ensure their medicines were administered as prescribed. The service had introduced medication protocol for medicines that were prescribed on an 'as and when required' basis, such as pain relief. The protocols included information regarding when medicine was required, what it was for and how people liked to take it. They did not include information about how the person expressed pain to help staff to judge when people might need pain relief medicines. People's support plans included this information.

Staff received appropriate training in medicines management and they were observed to assess their competence to ensure safe practice. It was clear that the audit system effectively in identified and addressed any errors.

Requires Improvement

Is the service effective?

Our findings

The registered provider continued to ensure that people were offered a nutritious and balanced diet and were supported to make their own choices. Where people shared accommodation, menus were drawn up to include people's likes and dislikes. Fresh fruit and vegetables were incorporated in meals, or available as snacks throughout the day. Where people required support in relation to food and nutrition, support plans were in place to direct staff. For example, people's support plans listed people's food and drink preferences.

People continued to have access to healthcare professionals as they required. Support plans included information about healthcare appointments and input, such as GP, community nurse, dentist and speech language therapist.

One relative told us their family member had developed a long term health issue. Discussion with the person's relative indicated that support staff went out of their way to enable and facilitate them to accompany their family member to medical appointments about this. The person's relative felt that support staff were very good at keeping them up to date about the wellbeing of their family member.

Relatives we spoke with told us they felt the staff who had worked at the service a long time were knowledgeable about their role and could support their relatives well. For instance, one relative said, "Staff have training and know what they are doing."

We saw records in relation to staff training and found that training was completed in core areas such as fire awareness, food hygiene, health and safety and safeguarding. Other training was provided, relevant to the needs of the people using the service. This included learning disabilities, autism, dementia, diabetes and epilepsy. Training which required updating was being or had been arranged. Staff told us they received adequate training, although it had been more difficult to fit training updates in during the recent period when there had been fewer staff to provide cover.

We looked at staff records and found there had been a period when they had not been receiving supervision on a regular basis. Staff supervision was time when staff met on a one to one basis with their line manager, providing them the opportunity to discuss their work. The new area manager was aware of this shortfall and making good progress in addressing it. They were undertaking supervision with staff and forward planning. This included staff appraisals on an annual basis. Staff appraisals focus on individual staff member's performance and identify their training and development needs.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

The registered provider continued to record information regarding people's capacity to make particular decisions and clearly recorded the best way to support the person. Plans directed staff to support people with opportunities to be involved in decision making. Communication tools were used to make sure the person had every opportunity to understand the decision and to be able to communicate their preference. For example, easy read guides which included pictures to assist the person to choose.

Established staff were provided with training in the MCA, although the new staff had not yet undertaken this training. The registered manager was knowledgeable on Deprivation of Liberty Safeguards (DoLS) and decisions being made in people's best interest if they lacked the capacity to make a specific decision or choice. The managers were working on ensuring consent and best interests decisions were better recorded in people's files. They had made good progress, although there was further work to be done to ensure the records of all the people using the service were up to date.

Good

Is the service caring?

Our findings

We observed people's experience of receiving care and support in the supported living setting. We saw that staff were kind and caring. Staff supported people in an inclusive, sensitive and friendly manner, as staff treated them with dignity and respect. Relatives told us the staff were caring and approachable. One relative said, "I'm pleased with the staff, they care and they know [my family member] well."

As at the previous inspection staff told us person centred care was positively promoted. At this inspection we found that person centred care was still promoted. For example, they one person who enjoyed going out was supported by staff who enjoyed outings of a similar nature. Support plans we looked included what the person liked and what made them happy. Staff demonstrated a good awareness of people's needs and the best way to support them, whilst maintaining and encouraging their independence. For instance, one staff member told us, "We encourage people to do things for themselves." We saw staff engaging people in preparing their meals, according to each person's interest and ability.

People's diverse needs were recognised. Staff we spoke with told us the people they supported responded to different communication methods. Staff were aware of people individual communication needs and how best to speak to each person. Information, such as the service user guide and the complaints procedure was available to people in picture format. Support plans outlined people's backgrounds and beliefs. Staff interacted with people positively and used their preferred names, which were also recorded in their care files. Staff were aware of people's religious or cultural needs and described how they supported someone to follow their cultural and religious beliefs.

The service continued to involve people's families and kept them updated about different aspects of the person's care and support. One person's relative told us they telephoned every day. Each person had a key worker assigned to them who worked with them closely, and ensured they received appropriate care and support. This also assisted staff to work closely with people to plan activities around their daily life. However, one relative said there was room to improve the way that staff supported their family member with special dates, such as family birthdays, as these were not always remembered and acknowledged.

The service continued to ensure that options and choices were offered to people routinely. For instance, people were asked what meals they preferred and what activities they wanted to engage in. The service continued to support people to express their views and be involved in making day to day decisions about their care and support. Staff we spoke with were keen to make sure people made their own choices and respected the decisions they made.

People's support plans showed involvement of the person and their relatives, where appropriate. Each person had a person centred support plan which had been tailored to their individual needs and preferences. Care records included a one page summary of topics such as what was important to the person and how best to support them. This told staff about things people liked and disliked, activities people liked to do and any medical conditions they had.

Staff had received training in promoting people's privacy and dignity and they explained how they put this into practice. They showed respect for people's property and saw themselves as a visitor in people's homes. One relative told us some staff were sometimes less aware of this principle. We did note that a lot of paperwork associated with the running of the service was kept in 'office' rooms in the supported living setting. This made their space feel less like people's own home and was in danger of encroaching on people's space. This was discussed with the management team at the time of the inspection. The new service manager told us they placed a strong emphasis on promoting people's dignity within the service and saw it as their role to continually check this was being maintained. The registered manager also told us in the PIR that the service was planning to introduce a dignity support plan which would further highlight all areas of each person's support where staff needed to pay extra attention to ensuring dignity and respect.

At the time of our inspection no-one was receiving end of life care. However, in the PIR the registered manager told us that people's support plans were amended as their needs changed and that their individual wishes and preferences in this area were part of people's plans. They added that training was provided to staff.

Requires Improvement

Is the service responsive?

Our findings

We spoke with relatives of people who used the service and they told us they felt involved in their family member's care. One person's relative told us they attended care planning reviews with their family member's social worker and staff and managers from the service very regularly. One person's relative said there was a core of familiar staff, who had worked with their family member for around two years. They said these staff were, "Good" adding, "They listen." Another person's relative said they had not felt involved or consulted about their family member's care and support for some time.

The support plans for people who used the service we looked at were person centred. The support plans were very detailed and had been, or were in the process of being updated to ensure they were current. There was evidence of reviews of people's care and support being undertaken in the care records we looked at. Staff signature sheets were in place, to show that staff had read and understood people's care plans and assessments. The management team were making good progress with adding more detail about what the service was doing to reduce the risks that had been identified.

Improvements were also being made to the format used to record people's day to day wellbeing, summarising the care and support provided to people and recording any significant occurrences. We found that people who lived in the supported living setting often expressed themselves through their behaviour. Although records were kept of people's day to day support, general welfare and activities, staff and managers of the service had not been proactive in recording people's behaviour and responses in detail, or in monitoring these in order to help gage people's compatibility. Neither had they been as proactive as they should have in seeking support from other professionals for each individual, regarding monitoring the effects each person's behaviour had on the wellbeing of others. This was addressed with the registered manager at the time of the inspection.

There was work to do to make sure people were better supported to follow their interests and take part in activities that they liked, that were socially and culturally relevant and appropriate to them. This included having more access to the wider community. The new area manager was aware of this and taking action to address it. They showed us they were updating people's activity schedules to ensure their support was planned to provide opportunities for them to be involved in activities and interests which appealed to them. On relative said told us they recently spoke with a staff member who rang to discuss things their family member liked doing, to get more ideas for activities and interaction with the person. The relative said the staff member had since, been using the ideas they suggested in interacting with the person.

One relative said their family member had one to one to staff support, which enabled them to get out and about. Although the day service their family member had attended had been reduced, they still had the opportunity to attend once a week. They also went out for lots of walks and into their local community for 'ordinary living' activities like hair appointments and shopping trips, as well as having trips to the coast and other places if interest. They added that their family member had been going out less in the winter months, but they expected to see an improvement in this as the weather improved. Another person's relatives said the lack of familiar staff had resulted in their family member having fewer opportunities to get out and about

and do the things they liked to do.

We saw that staff engaged people in activities they liked that took place within their own home. For instance, one person's plans stated they like music and during our visit we saw staff supported them to listen and dance to their favoured music videos. Another person indicated that they wanted to go out and their support staff accompanied them going out for walks.

Two people's relatives told us the opportunities their family members had to engage with activities in the community had been affected because not enough staff had been recruited who could drive. Another person's relative told us staff drove their family member to their family home for visits. They added that this had continued, but with careful planning, because of a lack of drivers in the team. We discussed this with the registered manager who told us that there were some drivers among the newly appointed staff.

The registered provider had a complaints procedure which was available in an easy read format. We spoke with the management team about complaints and were told that they were logged and actioned in line with their policy and procedure. The new area manager used concerns and incidents to reflect on current practice and to identify ways to improve the service. Any lesson's learned from complaints were seen as a learning opportunity.

There was mixed opinion from people's relatives about whether they felt listened when they raised concerns and complaints about the service. Some relatives felt their concern would be addressed without delay. Others felt that the registered provider did not take seriously their concerns or take appropriate action to resolve them. This was in the context of their concerns about the compatibility of three people living in shared accommodation in the supported living setting, and the registered provider's response to this.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. 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.

Throughout our inspection we identified that there had been concerns regarding staffing, identifying risk and staff support. The registered provider had not identified concerns in a timely way. Although, at the time of the inspection these shortfalls had been identified and the current management team had begun working on them, there were still improvements to be made and sustained.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback from one placing authority was that the service was being managed from a distance, as the registered manager was based over an hour away from where the service was being delivered. The previous service manager, who was based nearer to the point of service delivery, had left some months ago. This had led to concerns about the effectiveness of the management of the service. At the time of the inspection this had been addressed, as a new area manager had been appointed and the registered manager was visiting the service regularly, both to improve the governance of the service and to help support the new area manager through their induction. The new area manager had been in post for around three months. It was evident that he was building a good understanding of the people who used the service and of the operational issues.

The registered provider continued to use a range of audits to help to maintain a satisfactory service and to highlight any concerns. Issues were identified and drawn in to an action plan. Action plans then identified the person responsible for ensuring the correct action was taken. We found that the registered manager had not previously monitored some areas of the work of previous area managers. This included staff support, such as the frequency and effectiveness of staff supervision and staff meetings. They told us that this had led to these areas slipping. They told us they had learned lessons as a result and we saw they had created better systems to ensure that these areas were monitored to ensure effectiveness.

Some people's relatives told us they had lost confidence in the management of the service. They felt the repeated changes in managers and staff, which had a detrimental effect on continuity. They said the registered provider had not acted to address issues of low staff numbers in a timely way, which had affected the safety, quality and continuity of the service. One person's relatives felt that the registered provider did not support their family member's rights. By contrast some relatives we spoke with felt there was a good management structure in place. They felt the management team were approachable and they could speak with them at any time. One person's relative told us the management team and staff were, "Professional and caring."

There was evidence that the provider did seek people's views about the service. For instance, questionnaires were periodically provided to people who used the service, their relatives and professionals. The feedback from these questionnaires that we saw was mixed, and reflected what people's relatives told us during the inspection process. One person's relative told us they had received a questionnaire about the quality of the service, but they preferred to talk, so they had fed back directly to the registered manager, who had been responsive.

We saw the minutes of staff meetings from late January 2018. At that time the new area manager had acknowledged that in the supported living setting, staff moral had been affected, due to changes in management in the previous 12 months, low staff numbers and staff working extra hours to cover. He delivered a positive message, including that new staff had been appointed and were undertaking training prior to starting work. He made an undertaking that support for staff would be improved, including that staff meetings and supervision would be undertaken on a more regular basis. The records we saw indicated that these undertakings had been adhered to.

Despite managers being more accessible in recent months, there were instances when poor communication within the team prevented people's needs being identified and interfered with the quality of the service provided. For instance, the management team told us they had not heard from staff about one person's lack of appetite, so this issue had not been addressed.

The new staff members we spoke with were enjoying their induction to the service. They were supported by the management team and there was always a manager, or experienced team member they could speak with for advice and support. The longer established staff members were more reserved in their judgements of the recent management arrangements, having been through a particularly difficult period in the previous year.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective governance, including assurance and auditing processes to assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. Shortfalls in staffing, identifying risk and staff support had not been addressed in a timely way. Improvements made by the current management team required embedding in to practice.