

Personalised 4 Autism Limited

Personalised 4 Autism

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



Overall summary

This unannounced inspection took place on 3 & 4 September 2015. This domiciliary care service is registered to provide personal care support to people living in their own homes. At the time of the inspection the service supported 22 people with learning disabilities and people on the autistic spectrum. The service offered 24 hour support care, domiciliary care support and outreach support.

There was a registered manager in post at the time of our inspection. 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.

People told us that they felt safe in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people

Summary of findings

received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff to meet the needs of the people they were supporting. The recruitment practice involved people who used the services and their family members and protected people from being cared for by staff that were unsuitable to work at the home.

Care records contained risk assessments and risk management plans to protect people from identified risks and help to keep them safe but also enabling positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff were highly skilled and people were involved in delivering training to new recruits. All new staff completed the Care Certificate which is based on best practice and all staff completed a self-assessment of their learning and development needs to identify any gaps in knowledge.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty

Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were written in a person centred approach and focussed on empowering people, people having choices and taking ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People had excellent relationships with the staff that supported them. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The manager was accessible and made monthly visits to people using the service to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The manager and the directors of the service were passionate about people receiving person centred care and people and staff being involved and included in decisions about the future.

The provider offered recruitment services to support people with care and support needs to gain paid employment.

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.

People felt safe and comfortable in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and analysed which enabled people to safely pursue their independence and receive safe support and reduce levels of incidents and anxiety.

People and families were involved in recruiting new staff. Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. People delivered training to staff about their own care and support needs. Staff also received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review. People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people receiving care and support and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Good



Is the service responsive?

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Good



Summary of findings

People were introduced to the service and staff team in tailored ways to meet their specific needs and that helped reduce their anxieties.

People were supported to engage in volunteer and work placements and activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and a pictorial procedure for people who used the service and complaints were responded to appropriately.

Is the service well-led?

This service was well-led.

The whole team was motivated to provide person centred care for people and empowering people was their main focus.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The provider had developed strong links with the community which people who used the service benefitted from.

The manager monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People using the service, their relatives, professionals and staff were confident in the manager and the directors. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good



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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 03 & 04 September 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we

held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with one person who used the service, eight members of staff including care staff and members of the management team and one family member.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records and of one person who used the service and four staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People felt safe with the carers who supported them. One person said “I am safe [staff member] always makes sure I am.” The service had procedures for ensuring that any concerns about people’s safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. A range of risks were assessed for people who used the service, including risks to staff and risks related to the environment. The risk assessments and risk management plans minimised the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said “Risk assessments are updated and all the staff read them and refer to them, it is key to prevent and accidents or incidents from happening.”

Incidents and episodes of increased anxiety were carefully analysed on a monthly basis to try and identify any patterns in behaviour, these were very detailed and related to times of the day, support staff who were supporting the person, what activities were planned, what the weather was like, and dietary and fluid intake. If there was a pattern identified the person and the team would work together to change their schedule to see if this made a difference to how they reacted and responded at certain times throughout the day. When a person may not have the insight to their own behaviour and triggers this piece of work was completed in conjunction with family members to try and achieve the best outcome for the person. Risk assessments and care plans were then updated to reflect any changes made and the team would continue to monitor a person’s progress.

When accidents did occur the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care service. People who used the service and their relatives were actively involved in recruiting to new members of staff. People had their own interview panel with staff supporting the process and photographs were taken of the candidates [with their permission] to help with remembering who they had interviewed at the end of the process. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

People thought there was sufficient staff available to provide their care and support. Each person was individually assessed and a person centred support plan was developed with the person, their family and the service to ensure their needs could be met and for guidance for staff on how the person wanted their care and support to be delivered to them. Some people required two staff to support them at certain times throughout the day and we saw this happening in practice. The staff rota’s reflected people’s needs. Staff said “Where two carers are required to support someone we always have two carers and if someone was ill then the manager would come and support us; we are never left short staffed.” Throughout the inspection we saw there was enough staff to meet people’s needs.

People’s medicines were safely managed. The staff confirmed they had received training on managing medicines, which was refreshed annually and competency assessments were carried out. Records in relation to the administration, storage and disposal of medicines were well maintained and monthly medicines management audits took place. There were detailed one page profiles in place for each person who received medicine detailing any allergies, behaviours that may challenge and how a person takes their medicine.

Is the service effective?

Our findings

People received personalised care and support which was based on best practice; from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively and from a management team whose core values of person centred care were reflected through the whole team.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. The induction was comprehensive and included key topics on Autism, rights, choice and inclusion and person centred care working. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them.

New staff completed the 'Care Certificate' which is based on best practice guidelines. People who used the service were fully involved in staff inductions and the provider worked with the person to put together an individual 'how to support me' training package which in some cases was delivered by the person to the new staff. Staff said "It is so powerful to have the person who you are going to support deliver directly to you how they wish their needs to be met and what works for them and what doesn't; it is empowering for them and I can see first-hand how it impacts them if I get it wrong."

Training was delivered by face to face workshop sessions delivered in co-production by the people who used the service and the provider. The registered manager and directors invited other health professionals on to their training to enable them to keep up date with new initiatives for supporting people on the autistic spectrum and also to demonstrate how the service was providing person centred care and support to care packages they had commissioned. A case manager from the Clinical Commissioning Group (CCG) told us "The course I attended was around educating new staff on one individual's specific support needs; I was there to monitor that the training was appropriate and covered all the information the staff required. I have to say that the training was very good and very person centred. Family were also asked to contribute to the contents of the training."

All staff regardless of the length of service and qualifications obtained had completed the self-assessment module of the 'Care Certificate', which identified any gaps

in learning and development needs; this was taken forward in to supervision where these were analysed and a plan of development was created and agreed. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Staff had received training on managing behaviour that challenged the service and how to record these incidents in a way that captured key elements of the triggers and behaviours. Staff we spoke with were positive about the training received.

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the service, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. Staff said "Supervision is great, I get feedback on my performance and we identify areas I need to develop on; but it is all positive and inclusive."

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people and family members had been included in these decisions. People's consent was gained when staff were undertaking day to day tasks, one staff member said "I always check with the person if what I am about to do is okay with them, I talk through tasks as we go along; I also ask people if it is okay if I use their toilet, it is their home I am in and it also helps to empower people."

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged around people's own daily activities. People were supported to prepare and cook their own meals had time and space to eat in comfort and at their own speed and liking. One person said "I like staff to sit with me when I am eating, it helps me slow down with eating my food." People were supported with menu planning using pictorial aids and shopping for groceries and meal times were relaxed and inclusive. Care plans were focussed on enabling people and promoting their independence when shopping for groceries and the whole process of planning, shopping, paying for goods was all an integral part of people's growth and development.

Staff were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in

Is the service effective?

relation to food hygiene. Care plans contained detailed instructions about people's individual dietary needs, there were detailed plans in place for supporting people with hydration including 'top tips for helping me drink' and a detailed and specific escalation plan for times when there was a risk of the person not being hydrated.

People were fully involved in reviews of their health needs and health appointments were identified on peoples pictorial schedule boards to help with planning of the day

and reducing anxieties. People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Care Records showed that people had access to community nurses, GP's and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

People had good relationships with the staff that supported them. A family member said “My [relative] has a really good forward thinking staff team who know their needs very well; I also know this because I helped to interview and recruit the staff.”

During visits to people’s homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon and conversations were not rushed. Staff spent time with planning going through plans for the day and talking about plans for other days.

Care plans included people’s preferences and choices about how they wanted their care to be given and we saw this was respected. Care plans were detailed and had been developed in an accessible format for people and covered every aspect of a person’s life and the care they required. Staff understood the importance of respecting people’s rights and people were supported to dress in their personal style. One person was keen to bring our attention to the football shirt they were wearing which then developed into a good conversation about football teams.

People were fully involved in making decisions about their care and helping to put together a support package that was personalised to them. One family member told us they

were fully involved with setting up a whole support package for their relative and the provider worked closely with the person’s previous care provider and all the other people involved in their life to ensure the care plan contained everything that staff would need to know to support the person appropriately and to the standard expected by the person and their family.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or passed to the office so other people were aware.

People’s privacy and dignity were respected by the care staff. Staff demonstrated how they would protect people’s privacy and dignity while being supported in the community and undertaking leisure activities. The provider sought consent from people before we visited their homes and on the day of the inspection staff explained to people using the service the purpose of our visit and ensured they consented to us being there.

There was information on advocacy services which was available for people and their relatives to view. No-one currently using the service used an independent advocate but staff we spoke with knew how to refer people and gave examples of when people may be referred in the future.

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for individual plans of care to be developed with the person and their family and these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records and charts and feedback from commissioners demonstrated that staff provided the support according to the care plan and people's wishes.

The registered manager told us that the senior management team (Two directors and the registered manager) go out in pairs to assess new people referred to the service, upon their return all three people meet to discuss whether the service can meet the person's needs, do they have the appropriate staff team with a varied skill base to meet the needs of the person, do they need to recruit and what other elements of the support package do they need to consider before accepting a referral.

The provider had developed ways to introduce people to the service in a way that was tailored to meet their support needs. Some people were happy meeting staff in their home and were confident in talking to new staff who were supporting them. On other occasions where people were going to receive 24 hour care and support in their own home the provider, working closely with the family set up small social events to gradually introduce the person to the whole staff team that were going to be working with them. This enabled the person to get to know the staff on neutral ground and was seen as a key element in the success of the great partnership of the person and team working together.

Care plans were developed with the person and their family and reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. In the care plans we saw individualised outcomes, goals and achievements that people were working towards and actions taken to move towards these goals. The care plans were written in an empowering and person centred approach and the whole care plan was focussed on the person having ownership of how their care was delivered. The manager told us when any changes had been identified this was recorded in the care plan and this was confirmed in the care plans we saw. People also had

reviews of the service they received by the Clinical Commissioning Group and people who used the service were fully involved in the planning of the reviews and were empowered to be proactive in making decisions about their future goals and aspirations.

People were able choose who provided the care and support them. One family member said "I go through staff pictures with [my relative] on a regular basis and ask for their opinion on how they support him, if he doesn't think a person works well with him or engages him as well as he would like then we feed this back to the manager and we either look at ways together of improving this relationship or we agree that this person no longer supports on the team and may be better suited with other people."

People were encouraged and supported to follow their interests and people had a variety of social opportunities that they were involved with. One person told us "I have a season ticket for a football club; I go to all the matches." Other people were supported in work placements and volunteering for different charities and garden centres. Through feedback from people who used the service the

provider identified that a group of people wanted to join a local Taekwondo group but struggled with anxieties of joining a group and also in keeping up with the rest of the class. After discussion the provider and the group of people recruited to their own taekwondo instructor and now have weekly lessons where they can learn at their own pace.

Staff spent time with people and responded quickly if people needed any support. They were always on hand to speak and interact with people and we observed them checking that people were comfortable and asking if they wanted any assistance. We saw a staff member spending a considerable amount of time seeking the source of a person's distress, when the source could not be found they offered many different solutions to reduce the anxiety this was causing and eventually the person settled with moving rooms completely and lots of reassurance.

When people started using the service they and their representatives, they were provided with the information they needed about what do if they had a complaint. The provider had also developed a pictorial complaints procedure. There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the

Is the service responsive?

issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. One family member told us about a concern they had raised with the manager and said “There was

always going to be teething problems in a new support package but the manager was and still is open to listening to my concerns and I am always assured that steps will be taken to improve things, I work with them and they are always looking for ways to move forward.”

Is the service well-led?

Our findings

People, staff, families and health professionals told us the registered manager and the directors were passionate about ensuring people could live the life they wanted to live which empowered them and gave people control and choices in their life. It was clear to see that this value was a theme throughout the whole team and staff embraced giving people support to be in control of their lives.

The aim and vision of the service was 'to offer a truly personalised service where you are in control and we will work with you to agree the support for when you need it most'. This vision was shared by the whole team, staff spoke about person centred ways of working, demonstrated ways of being inclusive, empowering people and people owning and having control of their own life and aspirations. Staff were highly motivated and engaged to provide care and support that was based on a person's goals and achievements.

The provider had developed strong links with community including working closely with a community law service which supported people coming into the service who had outstanding financial debts and required support with making a financial recovery plan. The provider also offered an outreach employment service supporting people with care and support needs to write curriculum vitae's, completing application forms, coaching and mentoring in preparation for interviews and had achieved great success in supporting people to gain paid employment.

Communication between people, families and staff was encouraged in an open way. Relative's told us that they work with the provider to ensure everyone is working for the best outcome for people who use services. One family member said "[My relative] has something extraordinary in terms of the support they receive and the opportunities they have been given and it is all down to working together." The manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the manager was very approachable and proactive and considered best outcomes for people in everything they did.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be

improved. Where required people were provided with an easy read format of the questionnaire to ensure they could be fully involved in providing feedback. In a recent staff survey the whole staff team said they felt consulted and involved in decisions about future plans for the service. One staff member said "We all feel part of the company, it is never us or them, it is always we because we are all fully involved, listened to and consulted; it is a fantastic company to work for." Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were happy and content with the service they or a family member had received and we saw feedback from relatives that complimented the standard of care that had been provided.

Staff gave us examples of how the manager had listened to their feedback. One example was the minutes to the team meetings and the staff rota were now available on a 'staff only' section of the provider's website. Staff said that this meant they were able to read and reflect upon the minutes of the staff meetings and they could check their duty rota at any time of day without having to telephone the office all of the time.

Staff worked well together and as a team were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and enjoyed empowering people and told us that they received excellent support from their manager. One staff member said "The manager and directors and really approachable and forward thinking, I get support in every area I need and I learn from them all of the time, they are open to ideas and they work with us." Staff meetings took place on a regular and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team.

The directors of the company were both professionally accredited in supporting people with Autism. They offer consultancy services to other service providers, sharing their knowledge, skills and experience. The directors are also autism specific brokers supporting people who have been awarded a personal budget to look at the choices available to them in finding the right people or providers to support them with their care and support needs.

The registered manager and the directors were fully involved in sharing good practice with other providers.

Is the service well-led?

They attended provider forums and conferences, worked in collaboration with other providers of autism services to raise the bar on the standard of care for people who use services. They kept themselves up to date with best practice guidelines and were active participants in consultations about care services.

The registered manager and directors regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. Feedback was provided through supervisions and through team meetings if there was good practice observed which the rest of the team would benefit from.

Quality assurance audits were completed by the manager and senior support workers to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.