Autism Care UK (2) Limited

Autism Care Community Services (Yorkshire)

Inspection report

Rother Heights
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Treeton
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Ratings

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

Overall summary

The inspection took place 13 May 2015 and was announced. Our last scheduled inspection at this service took place in January 2014 when no breaches of legal requirements were identified.

Autism Care UK's community service is located at Treeton in Rotherham and is known as Rother Heights. It can provide personal care to people living in the community. The service supports people in South and North Yorkshire.

The service had 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

Summary of findings

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.

There were two service managers who had day to day responsibilities for each area. The service managers reported to the registered manager.

We spoke with staff who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. One care worker said, "I know the people I support and would notice if something was wrong." Another care worker said, "I would report anything of this nature to my manager straight away."

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

people's care. We saw risk assessments had been devised to help minimise and monitor the risk.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

The registered manager showed us a training matrix for the South and North Yorkshire service. The provider's information stated that some training was completed on an annual basis. However, some training had not been completed within these timeframes.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had some knowledge of these and said they would speak to the registered manager and other managers in the team for further advice.

People were supported to eat and drink sufficient to maintain a balanced diet. Snacks were available in-between mealtimes. Meals were flexible to meet the needs of the people who used the service.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

People who used the service were supported to maintain friendships. Support plans contained information about their circle of friends and who was important to them. We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

We saw staff were aware of people's needs and the best ways to support them, whilst maintaining their independence.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an 'easy read' version.

The registered manager told us the company sent out satisfaction surveys to people for them to comment on their experience of the service provided. However, people in the North Yorkshire area had not received this as yet. The registered manager told us this would be sent out shortly. The people in the South Yorkshire area had a survey sent in February 2015, but we did not see any completed returns.

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.

Good

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

The service had arrangements in place for recruiting staff. However some staff files were not available for us to look at on the day of our inspection.

The provider had appropriate arrangements in place to manage medicines.

Is the service effective?
The service was not always effective.

Requires improvement

The registered manager showed us a training matrix for the South and North Yorkshire service. The provider's information stated that some training was completed on an annual basis. However, some training had not been completed within these timeframes.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with were knowledgeable in this area and said they would speak to the registered manager for further advice if needed.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?
The service was caring.

Good

Staff we spoke with were aware of people's needs and the best was to support them, whilst maintaining their independence.

People who used the service were supported to maintain friendships. Support plans contained information about their circle of friends and who was important to them.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an easy read version.

Is the service well-led?

Requires improvement 

The service was not always well led.

We saw various audits had taken place to make sure policies and procedures were being followed. Recent audit had highlighted some concerns which were being addressed.

The registered manager told us the company sent out satisfaction surveys to people for them to comment on their experience of the service provided. However, we saw no evidence of this.

Staff we spoke with felt the service was well led and were supported by the management team who were approachable and listened to them.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 13 May 2015 and was announced. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector. At the time of our inspection there were four people using the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us. We contacted the commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with people who used the service and their relatives, visited people in their own homes and looked at records.

We spoke with five staff including the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with people who used the service and their relatives. People we spoke with said they felt safe. Staff we spoke with were knowledgeable about the need to report issues of a safeguarding nature and understood the types of abuse.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies. They told us that they had received training in safeguarding vulnerable adults.

We spoke with staff who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. One care worker said, "I know the people I support and would notice if something was wrong." Another care worker said, "I would report anything of this nature to my manager straight away." Staff we spoke with felt confident the registered manager would take appropriate action without delay.

Care and support was planned and delivered in a way that ensured people were safe. The support plans we looked at included risk assessments which identified any risk associated with

people's care. We saw risk assessments had been devised to help minimise and monitor the risk. Risk assessments indicated what the risk was, identified any hazards and what could be put in place to minimise the risk. We also saw risk assessments in place for general areas of risk such as fire, and food hygiene.

The service had a staff recruitment system which was robust. The registered manager told us that pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We looked at staff files belonging to two people working in the South Yorkshire area and found them to reflect the recruitment process. However, the staff files belonging to people who worked in the North Yorkshire area were not available on inspection. The registered manager told us that they were currently held at the companies head office, but plans were in place to store the information at the registered location office in South Yorkshire. We asked the registered manager to send confirmation that these checks had been completed and we received this. We found some staff had recently moved from a previous provider under TUPE arrangements (Transfer of Undertakings (Protection of Employment) regulations) and the registered manager had not yet received recruitment records for these people. The registered manager informed us they would obtain and review these records.

We spoke with staff and people who used the service and we found there were enough staff with the right skills, knowledge and experience to meet people's needs. The staff we spoke with felt there were always enough staff around and the service operated in a flexible way and used the hours people had been funded for.

The provider had appropriate arrangements, policies and procedures in place to manage medicines. We spoke with staff who were knowledgeable about the safe handling of medicines. Staff told us that they completed training in this area and then their line manager checked they were competent prior to administrating medicines on their own. The registered manager told us staff were given a medication workbook to complete on an annual basis, entitled 'managing and administrating medication.' Medication competencies were checked following training and a least once a year.

People who required medicines also had a care plan in their file stating how the person needed to be supported. This also included side effects and how the person liked to take their medicines.

Requires improvement

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge. For example, we spoke with staff and found they received appropriate training. Staff found the training they had was valuable and felt it gave them confidence to carry out their role effectively. One care worker said, "I completed training prior to Autism Care taking over the service. I am completing induction training with Autism Care next week."

We looked at training records and found the staff had certificates to support the training they had attended. The registered manager showed us a training matrix for the South and North Yorkshire service. The provider's information stated that some training was completed on an annual basis. However, some training had not been completed within these timeframes. For example, safeguarding training was due on an annual basis, but we found one person last completed this training in 2010. The person had been nominated to complete the training in May 2015. The training matrix for the North Yorkshire service showed only one member of staff had completed their moving and handling training. It also showed some staff had not completed food hygiene training. This showed that some training needed to be completed to give staff the necessary skills to complete their role effectively.

Staff we spoke with felt fully supported by their managers and enjoyed being part of the team. Staff told us they had seen the company's policies and procedures and had started to have one to one sessions since the new service manager had been in post.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 200. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received training in this area. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. However, records showed only a small amount of staff had completed training in this area. The service had a policy in place for monitoring and assessing if the service was working within the Act.

People were supported to eat and drink sufficient to maintain a balanced diet. Snacks were available at all times. Meals were flexible to meet the needs of the people who used the service. We spoke with people who used the service and were told they were involved in menu planning, shopping and preparation.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. For example, we saw involvement from social workers, dentist and doctors. The staff we spoke with told us that people have an annual check-up

with their doctor. The records we saw confirmed this. The registered manager told us that staff support people to attend appointments and access the care and support they require.

Good

Is the service caring?

Our findings

During our inspection we visited people in their own homes where we observed care workers interacting with people. We found care workers were respectful and caring, they knew how to support people and appeared to relate to each other well.

We spoke with people who used the service and their relatives about the support received from Autism Care. Most people were happy with the support from staff and told us they were very supportive. One relative said, “The staff are brilliant, they know my relative very well and understand their needs.” Another relative told us they felt the service could be a little bit restrictive and would only allow their relative certain things at certain times, for example their mobile phone. We spoke with the registered manager about this who told us that a best interste meeting had decided the best way to support the person.

People who used the service were supported to maintain friendships. People’s support plans contained information about their circle of friends and who was important to them.

The service supported people to express their views and be actively involved in making decisions about their care and support. People were involved in their support plans, which included their views and choices. Each person had a keyworker assigned to them who worked with them closely, and ensured the person received appropriate care. They also supported the person with values such as privacy, dignity, independence and choice. One relative we spoke with felt involved in the persons care and was aware of their relatives care and support plans. We saw that care records were signed by the person or their relative.

We spoke with staff who were knowledgeable about maintaining people’s privacy and dignity. Staff told us that they always rung the doorbell and waited for a response when arriving at someone’s home. One care worker said, “We work in people’s homes so respect this.” Another person said, “I ensure curtains and doors are closed when delivering personal care.”

We saw people’s likes and dislikes were taken in to consideration. Care plans included information about the person’s choices. One person’s plan stated that they did not like to have their hair dried using a hair dryer. Another care plan stated that the person liked to eat independently using a fork and a spoon. Staff we spoke with were knowledgeable about these preferences.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and were told that they felt involved in care. One relative said, “Staff would always call me if there was a problem.” Another person said, “The staff are very nice and make me feel part of my relatives care.”

People’s needs were assessed and care and support was planned in line with their individual support plan. An assessment of needs was carried out prior to the service commencing to ensure the person’s needs could be met. A series of support plans were then set up. The support plans were person centred and some contained pictures to assist in the person understanding their plan. Support plans included healthcare, communication, personal hygiene, mobility and activities. Care and support plans were tailored to meet the needs of the person using the service. We saw care and support plans had long term goals and a 12 week development plan was in place to support the person in achieving their goals. During the 12 weeks the person and their key worker looked at strategies that worked and progress, as well as any problems encountered.

People had the opportunity to discuss their support plan, with their keyworker, on a regular basis. Staff we spoke with felt this was a good way of ensuring the person was consulted about their plan and were able to contribute.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis. People we spoke with also told us about holidays they had enjoyed. One relative we spoke with said, “They are always busy doing something and that’s what my relative enjoys.”

The service had a complaints procedure and people knew how to raise concerns. The procedure was available in an ‘easy read’ version. People we spoke with told us they would talk to staff if they had a worry, and felt they would sort it out. We saw complaints received had been appropriately dealt with and a log of evidence maintained.

One person said, “If I have a problem I would talk to staff, they are very approachable.”

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

The registered manager was supported by two service managers who had responsibility for the day to day management of the service. One service manager worked in the North Yorkshire area and one in the South Yorkshire area. The North Yorkshire area was taken over by Autism Care UK in November 2014, but had only recently been registered with this location. The registered manager had recently appointed a service manager to work closely with the people who used the service and the staff. Staff we spoke with felt they were supported now that a service manager had been appointed. Prior to this support was available via telephone. Staff felt the new service manager was making a difference and felt able to approach the manager and confident they would listen to them.

We saw audits had taken place to make sure policies and procedures around finance and medication were being followed. These were completed by the service manager every six to eight weeks. Any areas for improvement were discussed at team meetings where the service manager shared the action plan. A recent audit of the North Yorkshire area had been completed by a member of the management team based at the location and several actions had been identified. This had been completed following the service manager raising concerns and the audit was completed as part of the service managers training. An action plan had been drawn up which incorporated the areas for improvement. A second visit had been arranged to follow up on the actions identified.

There was evidence that people were consulted about the service provided. We saw that house meetings took place to discuss things such as meals, events, and concerns. We saw that people's opinions about the service were sought and respected. The registered manager told us the company sent out satisfaction surveys to people for them to comment on their experience of the service provided. However, people in the North Yorkshire area had not received this as yet. The registered manager told us this would be sent out shortly. The people in the South Yorkshire area had a survey sent in February 2015, we asked the registered manager for completed returns but we did not see any.

We looked at training records and found that the provider required some training to be completed on an annual basis. We found that some training had not been completed for a few years. For example one person's safeguarding training had not been completed for five years. We found some staff had recently moved from a previous provider under TUPE arrangements (Transfer of Undertakings (Protection of Employment) regulations) and the registered manager had not yet received recruitment records for these people. This showed that the provider's monitoring system had not identified these issues.

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level. Staff felt supported by the management team, which consisted of the registered manager and two service managers. Other managers within the company also provided support to the service.