

Autism Care (UK) Limited

Autism Care Community Services (Milton Keynes)

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 ●

Summary of findings

Overall summary

About the service

Autism Care Community Services (Milton Keynes) is a domiciliary care and supported living service. The service provides care and support to people living in their own homes and flats in the community and 'supported living' settings, so they can live as independently as possible.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service was supporting eight people with personal care, in supported living settings.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned, co-ordinated person-centred care and support that was appropriate and inclusive for them.

People's experience of using this service and what we found

People were protected from harm and their safety was promoted by staff who followed guidance on how to reduce potential risks. Inclusive recruitment was practiced involving people in the recruitment and selection of staff. People were supported by staff that were deployed in sufficient numbers to meet their assessed needs. People received their prescribed medicines safely and infection controls were followed to prevent the spread of infection.

People's needs were assessed and regularly reviewed. These considered people's choices, aspirations, social and cultural diversity. People were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who received ongoing training, support and supervision to enable them to consistently provide good quality care. Staff promoted people's health and well-being by liaising with relevant health care professionals as and when required.

People and their relatives spoke positively about the support they received. Staff treated people with kindness and respect and maintained their dignity. People and family members were fully involved in the development of their care and support plans. This enabled staff to provide the right level of care and support appropriate for each person.

Information was provided to people in an accessible format to enable them to make decisions about their

care and support. People knew how to raise any concerns or complaints, and the provider had effective systems in place to respond to any concerns or complaints received.

The service had a positive ethos and an open culture. The registered manager was very approachable and fully understood the needs of people and the staff team. Systems to monitor the quality of the service were used to continually drive improvement of the service. The registered manager was fully aware of their responsibilities in meeting their legal obligations. They worked with key stakeholders to ensure the service provided good quality person centred care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 6 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Autism Care Community Services (Milton Keynes)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

This service is a domiciliary care agency and supported living provider. It provides personal care to people living in their own houses and flats. It also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

The inspection activity started on 28 November 2019 and ended on 2 December 2019. We visited the office location on 28 November, carried out telephone interviews with relatives on 29 November and visited people at three supported living settings on 2 December 2019.

What we did before the inspection

We reviewed information we had received about the service since our last inspection and sought feedback from commissioners. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who received support from the service and three people's relatives. We also spoke with six members of staff, including support workers, a team leader, the registered manager and the regional quality manager.

We looked at various records, including care records for three people. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding and complaints management and medicines records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt very safe; they trusted staff and had built up good relationships with them and other people using the service.
- Staff told us, and records showed, staff received training on safeguarding which included the reporting procedures. They knew how to identify abuse and take the necessary action to protect people from harm. A staff member said, "We take all safeguarding situations very seriously, if in doubt we always report it."

Assessing risk, safety monitoring and management

- Positive behaviour and active support underpinned the care people received. The registered manager and staff team worked closely with people and their families to manage potential risks to people's safety and welfare. Supportive strategies were in place to enable people to take control and manage their anxieties and behaviours.
- Relatives confirmed they had no concerns about the staff's capability to manage behaviours that challenged. Staff had an in-depth awareness of each person's complex needs and demonstrated in their actions they supported people to de-escalate potential volatile situations and alleviate anxieties.
- The registered manager worked with staff to review the level of information recorded on accident and incident reporting forms. This meant they identified patterns or trends so action could be taken to reduce the risks.
- Each person had an emergency evacuation plan (PEEP) in place. Records showed they were kept up to date and reflected the support people needed in the event of an emergency requiring evacuation of the service.

Staffing and recruitment

- People told us there were enough staff to support them in day to day activities. One staff member said, "We do use agency staff, but it is always the same staff to ensure people have consistency." We saw agency staff had a full induction which included shadowing experienced staff and time to read people's care plans. Agency staff profiles were also maintained to demonstrate they had the necessary skills and experience to work at the service. A staff member said, "We have really good team work and support each other."
- The provider followed robust recruitment procedures to ensure people were protected from staff who may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- Inclusive recruitment was practiced. People were involved in the staff interview and selection process. One person said, "I like to meet the applicants at reception first. This gives me chance to have a chat with them to see how they interact with me. If they are a bit nervous I try to put them at ease." We saw the person had

also given an interview on their experience of being involved in the recruitment process, which was published in the company's 'Lifelines' newsletter.

Using medicines safely

- Staff provided people with support to take their medicines safely. Staff received medicines administration training and their competency to administer medicines was regularly assessed. Routine medicines audits took place to ensure people's medicines were consistently stored and administered following good practice guidelines.

Preventing and controlling infection

- Staff received training on infection controls. Personal protective equipment (PPE), such as disposable aprons and gloves were always available, and used by staff when supporting people with personal care.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. The registered manager reviewed all reports to identify any themes, or trends to reduce the risk of repeat incidents.
- Staff were informed of changes required to their practice when a need for improvement was identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The assessment process considered people's physical and mental well-being. Their level of independence, preferences, social circumstances, communication needs and dietary requirements and their compatibility with other people using the service.
- People and their relatives confirmed they were involved in the assessment process, putting the support plans together with staff and in the ongoing reviews.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to meet their needs. Staff received induction training and ongoing refresher training. New staff were enrolled onto the 'Care Certificate', which is a set of nationally recognised standards to support good practice and values within care and support services.
- Staff confirmed, and records showed, they were supported through regular supervision. This provided opportunities for staff to discuss and plan any training and further development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed and detailed within their care plans.
- Staff supported people to follow healthy eating plans, which considered personal preferences. People told us their health had improved due to eating well. One person said, "I have lost a stone in weight and I feel much better for it."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- MCA capacity assessments were completed to identify where people had or did not have the capacity to make informed decisions. In areas where people did not have capacity to make decisions, best interests'

decisions had been made with the involvement of people's representatives. For example, around managing finances and medications.

- Staff received training on the MCA and they worked to the principles of the MCA when supporting people to make daily choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff followed the guidance within people's risk assessments and support plans. They supported people to attend health care appointments to ensure their health was maintained and promoted.
- Staff worked in a timely and effective way with other organisations involved in people's care, which included people's care commissioners, doctors and specialist nurses.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people was very positive about the support they received. One person said, "Living here is great, much better than the last place I lived at." Another person said, "I have friends here, the staff are very friendly and nice, we get on well." One relative said, "The staff are stunning, [Name] would not be living there if they were not happy."
- The registered manager and staff team had built positive relationships with people and their families. One relative said, "The staff are absolutely brilliant and very kind, [Name] settled in straight away, when they come to visit it gets to 4pm and they want to go back home."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager strongly supported people being fully involved and included in all decisions about their care and support. All people and relatives commented this was an area that had greatly improved since the registered manager took up post. They confirmed they were very involved in planning their care and support needs.
- Systems were in place to ensure people were supported to access independent advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and maintained. One person said, "I feel the staff always treat me with respect." Another person said, "The staff always knock on my door and will wait for me to answer before they come in."
- People told us they were encouraged and supported to do things for themselves to maintain their independence. For example, using public transport, and taking up paid and voluntary work.
- People's care records were kept securely, and their confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care.. All the people and relatives we spoke with said staff knew them well, understood their needs and preferences, and were flexible in their approach to supporting them.
- The registered manager and staff team were focussed on providing person centred support that was outcome focused and personalised. The support plans were reviewed with the person and their relative, if appropriate. We saw several examples where staff had helped people improve their health, wellbeing, independence and life skills. For example, supporting people to budget and save up to go on holidays and buy personal items for themselves. Also, safely using computers and mobile phones.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to do activities they enjoyed. These included, accessing amenities in the local community, shopping, attending social groups, day centre, the pub, open mike nights, meals out, the cinema, joining cycling groups and regularly meeting up with friends, family and partners.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood and met. People's support plans detailed their communication needs and provided specific guidance on how people communicated effectively. For example, using key words, sounds, pictures / images and written words, symbols and gestures..

Improving care quality in response to complaints or concerns

- Effective systems were in place to listen and respond to any concerns or complaints. One person said, "If I wasn't happy I would go straight to [Registered manager], they always listen to me." We saw information on how to raise any concerns was made available to people. In addition, each person had a named member of staff (keyworker) who met with them on a regular basis to discuss their care and support and any worries or concerns they may have. All relatives confirmed they felt comfortable to speak with the registered manager and staff at any time. One relative said, "[Registered manager] is very open and quick to deal with things, they listen and take action."

End of life care and support

- The service provided support for younger adults and at the time of inspection, no end of life care was being delivered. The staff were aware should the time come, to provide end of life care in accordance with the person's wishes and to ensure they were symptom and pain free.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the last inspection a new registered manager had been appointed at the service. Feedback from people, their relatives and staff confirmed they were very happy with the service they received. We received consistent feedback that the service was providing personalised care to people. One person's relative said, "The new manager is marvellous, they are very experienced in caring for people with autism and learning disabilities." Another relative said, "I have a lot of confidence in [Name of registered manager]."
- All staff provided positive feedback about their experiences working at the service and the support they received. One member of staff said, "The new manager is extremely supportive, I feel I can speak to them about anything, they are always willing to listen."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to raise safeguarding concerns outside of the organisation with the local authority and the Care Quality Commission (CQC), if they felt their concerns were not being listened to or acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the staff team were clear about their roles and understood what was required of them.
- As legally required, the registered manager notified CQC of reportable events. The rating from the previous inspection of the service was on display.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were regularly sought during peer group meetings and one to one meetings with their named staff members (Keyworker).
- Regular one to one supervision meetings took place as did general staff meetings.. These gave staff the opportunity to discuss their learning and development, current issues and updates from the provider. Staff told us they were kept up to date and able to contribute to the running of the service.

Continuous learning and improving care

- The registered manager regularly checked areas within the service for quality and was focussed on continuous improvement. The quality assurance audits were overseen by the regional quality manager who regularly visited the service.
- The registered manager had introduced a detailed review of accident and incident reports. This had resulted in a greater focus on improving the quality of information entered onto the reports to identify any trends or themes and bring in positive strategies to reduce the likelihood of repeat incidents.

Working in partnership with others

- The registered manager and staff team worked closely with specialist health and social care professionals to ensure people's health needs were met. This included making referrals to the appropriate professionals when people's needs changed.