

# Autism Care (UK) Limited

## The Croft

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service

The Croft is a residential care home providing personal care to up to a maximum of six people with learning disabilities or autistic spectrum disorder. There were six people using the service at the time of the inspection.

The Croft provides accommodation in one purpose-built building. 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 should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the unit manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

There were occasions when the provider didn't ensure sufficient numbers of suitable staff were deployed. People did not always receive one-to-one support if staff were absent and often didn't have two-to-one staff to enable them to go out. This was a breach of the regulation on staffing.

While quality assurance systems and delivery of the service had improved in many areas, there was still unidentified shortfalls with monitoring staff deployment, risks and some record keeping.

People weren't always protected from risks or had their positive behaviour support plans implemented when staffing was insufficient. People were not encouraged and assisted to maintain their privacy and dignity as well as they should have been.

We made recommendations about identifying shortfalls, ensuring staff practice and vigilance improves to reduce people's risks and maintain people's dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies supported this practice. However, some staff practice in recording best interest decisions was ineffective and required improvement.

The service didn't apply the full range of the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons [lack of choice]. For example, people could not choose when they wanted to go out because there were insufficient staff to provide the two-to-one support they needed.

The culture of the service did not always achieve good outcomes for people. It was person-centred and open, but staff enabled people to express too much freedom and offered insufficient guidance for them to experience a normal lifestyle. Boundaries for behaviour had blurred.

However, safeguarding systems were followed. Medicine safety and infection control and prevention were well managed. The premises were maintained. Staff learnt lessons when incidents arose.

People's needs were effectively met in other areas, for example, with health, nutrition and personal care. Their environment was sparse but suitable to their needs. Staff worked consistently well with other healthcare professionals. People's equality, diversity and independence were respected. They were supported by caring and compassionate staff.

People's communication needs were met. Concerns raised about the service were satisfactorily addressed. People were assured a good end of life experience when the time came.

Staff were clear about their roles and partnership working with other organisations was effective.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 22 August 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Croft on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Croft

## 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

One inspector carried out this inspection.

#### Service and service type

The Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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

This inspection was unannounced.

#### What we did before the inspection

We contacted the local authority contracting and safeguarding teams to ask for their views of the service. We reviewed information we had received from the provider about people at the service since the last inspection, such as, restrictions placed on people, injuries, deaths and allegations of abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at what people had told us. We used all this information to plan our inspection.

#### During the inspection

People were unable to give us verbal feedback so we observed their interactions with each other and staff. We spoke with the unit manager, team leader, support staff member and a quality assurance manager for Autism Care (UK) Limited, in the service that day. We viewed a range of records. These included three people's care files, support plans, medication sheets and documents in relation to quality assurance, premises safety, staffing levels and recruitment. We looked around the premises.

After the inspection

We spoke with two relatives, the registered manager who had been unavailable on the day we visited the service, two other support staff, one local authority officer and one health care professional. We also spoke for a second time with one of the team leaders. We continued to seek clarification from the provider to validate evidence we found.

# 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 requires improvement. The required hours to meet people's needs and take them out were not provided. People's relatives expressed there were insufficient staff employed and staff turnover was high. There was a high-risk people would not have their needs met.

At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staffing numbers were not always sufficiently maintained. The provider had rotas in place to ensure the numbers of allocated hours to meet people's needs. There was an increase of 50 hours a week on last year's hours. However, relatives spoke of there still being insufficient staff on duty at times and people's positive behaviour support programmes not being followed to enable them to develop and change their behaviour.
- A relative told us, "It still happens where [Name] sometimes does not come out with us because there are insufficient staff on duty, because shifts haven't been covered." People did not have the opportunity to go out the day we inspected as no one had two-to-one staff allocated.
- Another relative said, "If [Name] had two staff allocated to them while in the service staff would be successful at encouraging them to behave differently. Behave in line with their specific plan and help them change." We saw six staff providing one-to-one support to the six people during the inspection, as listed on the rota. A team leader supervised. The rota showed five staff and one team leader on the afternoon shift, but the morning team leader worked extra hours.
- Staff told us of frequent staffing shortages, not always providing one-to-one support, high turnover and the provider always needing to recruit.

Insufficient staffing at the last inspection and this being a continued concern at this inspection, so that the provider was unable to meet people's care needs, meant this was now a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment practices were safe. Staff followed the provider's procedure for checking staff suitability. New staff recruited had not started working until their security checks and inductions were completed.

### Assessing risk, safety monitoring and management

- The provider did not always ensure risks to people were mitigated through good staff practice. Risk assessments were in place and gave information on how to reduce risks to people, but staff practice was not vigilant enough to ensure some risk assessments were always followed.
- People were not always dressed which was inappropriate and unsafe when they were in communal areas and the garden. They were at greater risk of injury from one another and damaged property or furnishings, if skin and flesh were unprotected.

- Staff were not always careful to prevent people from ingesting non-food items. People had in the past year managed to ingest non-food items and were at risk of choking. Staff had access to suction equipment and were trained to use it, should a person ingest items in the future.

We recommend the provider ensures staff practice and vigilance reduces risks for people. No one had been harmed, but people were at risk.

- The premises were safely maintained. Some work was carried out immediately after the inspection to ensure electrics in the property were safe.

#### Learning lessons when things go wrong

- Staff learned lessons from incidents, accidents and events that were unsuccessful, but staff couldn't always apply their learning. This was because people were unpredictable in their routines and expectations and required different support throughout the day and on different days.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Their relatives said, "People are safe, I have no doubt" and "Staff work safely and look after people well."
- Staff were trained in safeguarding people from abuse and the systems in place meant safeguarding incidents were safely managed.
- Notifications were sent to CQC of events and incidents the provider was legally required to send.

#### Using medicines safely

- The provider safely managed medicines. People received their medication safely and as prescribed. Staff who administered medication were trained to do so and had their competency assessed.
- People's support plans contained guidance on how they required their medication administering and records showed when they had taken medicines and who had supported them.

#### Preventing and controlling infection

- The provider managed the prevention and control of infection well. Ancillary staff, newly appointed since the last inspection, now cleaned the premises and this was improved. One bedroom still had an unpleasant odour, but staff were working hard to manage this.
- Staff had good hand hygiene practices. They were trained in infection prevention and control, as well as food hygiene. Equipment and products were available for their use.



# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or respect their rights.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider met the requirements of the legislation, but their records required improvement. Relatives' views and signatures were sometimes missing on documents and so the provider could not always evidence that a multi-disciplinary approach had been used to make decisions in people's best interests.
- They had evidence of mental capacity assessments being carried out and people had authorised DoLS in place for restrictions on their freedom.

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

- The provider effectively assessed people's needs and had strategies to deliver care according to best practice. Staff told us they sometimes found it a challenge to maintain the support strategies people required, because of people's unpredictability and inconsistency of staffing.
- One relative told us they thought their family member's positive behaviour support programme wasn't always followed. Staff told us they tried to follow plans, but people had changing and unpredictable behaviour, so it wasn't always possible. Specialist advice was being sought to look for improved ways of using and amending the devised strategies set up to assist people.

Staff support: induction, training, skills and experience

- The provider had effective systems in place to offer staff the training and skills they needed.
- Staff were provided with induction, supervision, personal development and further opportunities to update training.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff were effective in meeting people's nutrition and health needs for a healthy lifestyle. Staff provided meals and drinks and enabled people to assist with drinks when possible.
- People were fully supported with health care appointments and screening. Anxieties were always reduced. Strategies were devised to ensure people saw professionals as needed: even to the point of a consultation taking place in the person's car.

Staff working with other agencies to provide consistent, effective, timely care

- Collaborative working was effective. Good information was known about people and shared with others where necessary.
- The organisation provided its own services for specialist psychiatry and psychology support. It also accessed occupational therapy and speech and language therapy support as needed.

Adapting service, design, decoration to meet people's needs

- The provider had appropriately designed the building for people with learning disability needs. Private and communal space was available and meant people could socialise or keep their own company.
- Sparseness of furniture and decoration was suitable for people with autistic spectrum disorder, as people with autism may find clutter, busy patterns and noise too much for their senses to process.
- The service was one of several on a secure complex set back from the main road in the village. It had its own garden, entrance and facilities. There was minimal signage to identify the site as a care facility.

# 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 now deteriorated to requires improvement. This meant while people may have felt well-supported, cared for and treated with respect, their dignity had not always been championed.

Respecting and promoting people's privacy, dignity and independence

- The provider did not always promote people's privacy and dignity. This was because, while people chose to be without clothing, they were not always discouraged from this behaviour when in communal areas and the company of other people, staff and visitors. While we acknowledge people have a right to behave as they wish in their own home, the impact of this on others was not effectively managed.

We recommend the provider supports people more effectively, through vigilant use of the positive behaviour support plans, to maintain their privacy and dignity when in the company of others.

- People were appropriately supported to be independent. They were encouraged to determine their daily routines and staff followed their lead with getting up, going to bed, taking a shower and what they did throughout the day.
- People were encouraged to learn basic living skills, like making a hot drink and toast or clearing their crockery away.

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

- People were treated well. Relatives felt people were treated kindly and their diverse needs were planned for and met. One told us, "[Name] is well cared for and understood. Staff do care and some say they would never leave their job at The Croft while [Name] is living there." Another said, "[Name] is cared for and treated kindly, as the staff know what they need."
- Staff demonstrated understanding of people's needs and were highly mindful of their diversity and freedom of expression. However, boundaries for living a normal lifestyle were sometimes moved by people and left unchallenged by staff.

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

- The provider didn't always do this well enough. People expressed their views in the form of physical expression and action. People were encouraged to do this especially when behaviour was positive, but staff didn't always manage people's actions well enough when behaviour was not. An officer from one of the contracting authorities felt one person was supported well.
- Managing positive behaviour support plans required improvement. They were available to help people improve their behaviour, but relatives told us these were not always followed or encouraged enough. We found staff tried to encourage people's positive behaviour, but weren't always successful because people had learned to achieve different outcomes in other ways.

- Relatives also told us they were involved in people's care decisions and kept informed about their lifestyle and behaviour.

# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not always respond to all people's needs. People's support plans were individually developed with information on different aspects of their care. These were kept up-to-date as people's needs changed. However, they were not always met when insufficient staff were on duty.
- People's needs for activity, occupation and pastimes were known and recorded. People had individual activity plans showing the events they liked to attend and photographs evidenced some of what people did and where they went. However, their needs were not always met when insufficient staff were on duty.
- Staff were attentive to people's needs for support, for example, with personal care, nutrition and health. Relatives told us, "[Name] is well looked after and likes being at The Croft" and, "Staff encourage [Name] to make their needs known and respond quickly when they do."

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.

- Staff understood and adhered to the Accessible Information Standard. We saw evidence people's information and communication needs were assessed, identified and met.
- People and staff used sign and audio communication aids on occasion. Other communication methods, such as actions and behaviour, were recorded in support plans. There were details of how people should be approached and encouraged to maintain a normal lifestyle.

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 were supported well to maintain relationships with relatives. People with family members involved in their care and support were assisted to meet up with them and make visits to their homes.
- People were also assisted to access community activities appropriate to their needs, when staffing was sufficient.
- People were protected from the risk of discrimination on the grounds of their disability, age, gender and sexual orientation. Staff respected difference and responded to people's particular needs.

Improving care quality in response to complaints or concerns

- Complaints were appropriately addressed and resolved. People had access to complaint information in picture format although they tended to make their complaints known through their behaviour. Some staff were good at picking up on people's cues when they were unhappy or upset.
- Relatives told us they could and had freely complained without repercussion. They expressed that improvements were seen, though not always sustained. They felt no one could support their family members as well as themselves.

#### End of life care and support

- The provider had systems in place to support people with end of life care. Staff had not had recent need to support anyone in this way, but information was obtained from family members regarding people's wishes.

# 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 requires improvement. This was because actions plans were not always dated on completion. Improvements were not always made. Quality assurance systems had not identified shortfalls and staff felt they were not supported well enough.

At this inspection this key question has remained the same. This meant the service management was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality performance was not always effective. New systems were understood and used to monitor quality, and senior management had oversight of this. While these had improved the overall monitoring of the service and there was evidence of improved service delivery since our last inspection, there were still some minor monitoring shortfalls with staffing levels, risk reduction and some records. Senior management had not always accurately considered some events in practice.

We recommend the provider ensures all areas of service delivery are better scrutinised to monitor actual practice and the outcomes people experienced, on occasion.

- Managers and staff were employed according to a clear staffing structure and understood their roles and responsibilities. The registered manager was also an area manager for the organisation and did not solely manage The Croft on a daily basis. A unit manager had this responsibility for two services on the site.
- The provider met the requirements of their registration.

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

- The culture within the service did not always achieve good outcomes for people. It was person-centred and open, but boundaries for people had been allowed to move. Staff let people be 'who they wanted to be', but also let people lead completely in their choices, even when these were not in line with a normal lifestyle and the planned strategies for their behaviour.
- Staff were resigned to the fact they were at risk from and often hurt by people's unpredictable behaviour. This was because people's positive behaviour support plans weren't always managed well enough. Documents recorded the incidents that took place and the injuries staff encountered.
- People's behaviour was not always positive, but often resulted in good outcomes for them, from their perspective. This may have reduced their anxiety and increased happiness, but their behaviour was not normally that as could be expected from people in the company of others.
- A contracts officer expressed that staff managed one person's behaviour and dilemmas well. This was

appropriate for that person. The registered manager confirmed their behaviour had evolved: was less challenging, but also less appropriate. The behaviour of two other people had become similar and the same staff management was not appropriate for them.

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; Continuous learning and improving care

- The provider met their responsibilities. Staff in The Croft were aware of the duty of candour and legal responsibilities to be transparent. They acknowledged and addressed concerns when things went wrong.
- The provider sought continuous learning. Staff accessed support from external professionals when needed.

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

- The provider involved and engaged people while fully considering their diverse needs. They had routines in place for people to access community and family life, which considered people's disabilities and protected them from discrimination.

Working in partnership with others

- The provider achieved effective working relationships. There was support from a visiting positive behaviour specialist and their input was extensive.



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
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured sufficient numbers of staff were deployed to meet the needs of people that used the service at all times. Regulation 18(1)