

Autism Plus Limited

Autism Plus

Inspection report

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Sheffield
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18 September 2017

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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

At the last inspection in July 2014 the service was rated Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Autism Plus' on our website at www.cqc.org.uk.

At this inspection on 31 August and 18 September 2017 we found the service remained Good. The service met all relevant fundamental standards.

Autism Plus supports people in their own homes and provides supported living for people with autistic spectrum conditions. The agency office is based in Sheffield city centre. At the time of our inspection 13 people were using the service. Since our last inspection the service has changed its statement of purpose and only provides care and support for people requiring over 28 hours a week.

The service did not have a registered manager. 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. However, the provider had appointed a new manager and at our visit on 18 September 2017 the new manager showed us evidence they had commenced the process of registering with CQC.

Staff we spoke with were knowledgeable regarding signs of potential abuse and how to recognise abuse. They were also aware of the reporting procedures. Assessments in care files identified risks to people and management plans were in place to reduce risks to enable people to live an independent lifestyle.

We received positive feedback from both the people we spoke with and their relatives. They all told us the service provided good care that was safe.

Recruitment procedures ensured the right staff were employed to meet people's needs safely.

Medication systems were in place to ensure people received medication as prescribed and safely. Staff had received training to administer medications safely. However, systems were being improved at the time of our inspection.

At the time of the inspection there was sufficient staff on duty to meet people's needs. People and their relatives whom we spoke with told us that there had been problems with consistency of staff but this was improving and there were adequate staff to meet people's needs and facilitate regular activities in the community.

Staff supported people to enable choice and control of their lives and people were supported in the least

restrictive way possible.

People were treated with dignity and respect. People told us that the staff who supported them were kind and very caring. Staff we spoke with understood how to respect people's preferences and ensure their privacy and dignity was maintained.

There was a system in place to tell people how to raise concerns and how these would be managed. Relatives we spoke with told us they hadn't had to raise any concerns but wouldn't hesitate if required.

There were systems in place to monitor and improve the quality of the service provided. Action plans were implemented for any improvements required and these were followed by staff. The quality monitoring had identified that some improvements were required in the quality of the paperwork and documentation in care plans and medication records. These improvements had been commenced.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service was effective

Staff received training to ensure that they were able to fulfil their role. Staff were knowledgeable and understood people's needs.

Staff received supervision and appraisals. Staff told us they felt supported.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were supported to receive a healthy and well balanced diet.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Autism Plus

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.'

This comprehensive inspection took place on 31 August and 18 September 2017 and was announced. We gave short notice of the inspection in line with our methodology, as it was a respite service and we required the appropriate staff to be available. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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.

We looked at notifications sent to the Care Quality Commission by the provider. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were 13 people who used the service. During our visit we spoke with two people who used the service at the office, we also visited two people in their own homes with the new manager. The expert by experience spoke on the telephone with five relatives of people who used the service. We also spoke with two team leaders, two support workers, the new manager, the regional manager and the provider.

We looked at documentation relating to three people who used the service and three staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with all told us the service they received was safe and staff made them feel safe when they were supporting them.

Relatives we spoke with also told us they felt the care and support received was safe.

One relative said, "[My relative] has their own flat have received care from Autism Plus for a number of years. Safe, yes no issues."

Another relative said, "Yes they look after [My relative] I do their medications. They pick them [My relative] up and take [My relative] out I'm very involved I know they are safe."

Another relative said, "Safe, [My relative] seems to be content with them. [My relative] is vocal I know if they are not happy about something they would tell me."

Another relative commented, "Safe, definitely yes."

From speaking with staff and our observations it was evident that staff understood people's needs and people responded to staff positively. People who used the service were comfortable with staff and were responding to staff showing they were happy in their company. People told us they got on well with the staff that supported them.

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe. Staff we spoke with were aware of how to manage risks to ensure people lived as independent a lifestyle as possible.

We found there was adequate staff to meet people's needs. Staff we spoke with confirmed there was adequate staff to be able provide the care and support required, including accessing the community and activities. Relatives we spoke with confirmed that people who used the service accessed regular varied activities. There had been some recent staffing problems due to changes to the service provision. Some staff had left and during the changes agency staff had been utilised. These issues had caused some inconsistencies with staff providing care and support. One relative said, "Staff, they're getting more consistent and they are trying to get a consistent team together, it is definitely getting better." Another relative said, "Autism Plus have issues with staff stability it's consistent for a while then it changes, but I acknowledge this is improving."

The new manager also told us they were changing team leader shift patterns to ensure they were in the office when support staff commenced and were available for support. This meant rather than two staff being

on duty 9am until 5pm, Monday to Friday there was to be a team leader available from 7.30 until 18.30 each day. This meant the team leaders would be on duty at each shift change and would be able to address any issues if they arise. For example, arranging cover for any sickness.

A recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled three staff files and found all the essential pre-employment checks required had been received.

We looked at the systems in place for managing medicines in the service. This included the storage, handling and stock of medicines and medication administration records (MARs) for people.

Medicines were stored safely in people's homes. We saw records were kept for medicines received, administered and disposal of medicines. We also observed staff administering medicines safely and followed procedures. However, although we found people were receiving medication as prescribed the documentation did not always support this. The systems in place were inconsistent and made it difficult for staff to understand what to record where. We found on some occasions the documentation was not completed. We discussed this with the new manager who had identified this and was in the process of reviewing the systems to ensure it was simplified so procedures were clear to staff. Since our inspection we have been told in writing that systems have been reviewed and staff training has been organised to ensure staff are aware of the new systems.

People told us the staff supported them to take their medicines and ensured they didn't forget. One person said, "The staff assist me, I prefer it that way so I know I have had my tablets." A relative told us, "The staff have medication administration charts for medications. I'm involved in [My relatives] care, we work together."

Is the service effective?

Our findings

People and their relatives we spoke with all felt staff met their needs and were effective in the provision of care and support.

One person said, "The staff are lovely. They look after me very well."

A relative said, "[My relative] is epileptic they have had epilepsy training, they record all their seizures and absences. If it's a major seizure then they seek emergency help. The staff are always on time [My relative] likes routine. They write everything in a journal. They take them to all their appointments. There's always someone around for them he has 24 hour care. The staff are very good."

Another relative said, "I think they [The staff] have good training they have a good reputation all over Sheffield."

Another relative said, "The staff are very good, they identified that [My relative] likes his food but they started eating at night even raw meat. So they had to put locks on the fridge, it was getting dangerous for them but they left him snacks and fruit in case he got hungry. This is all documented in their care plan. They're trying to get extra staff for night time."

We found staff had the right skills, knowledge and experience to meet people's needs. All new staff completed an induction when they commenced work. We saw this included completing an induction workbook and shadowing an experienced staff member until they were assessed as confident and competent in their role. Staff we spoke with said the training was good and were able to access specific training if required. Some training had lapsed and staff required updates, this had been identified by the new manager and dates had been booked.

The new manager was aware of the Care Certificate introduced by Skills for Care. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff we spoke with said although there had been many changes recently to the service they did feel supported. Although supervisions had not occurred in line with the providers policy staff had received some supervision sessions and the team leaders and the new manager were always available at the end of a phone. The new manager also confirmed that supervision sessions were being arranged so she could get to know the staff and ensure they were properly supported. Staff had received an annual appraisal of their work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this are called the Deprivation of Liberty Safeguards (DoLS). As the service is supported living on most occasions a DoLS would not be required. However, the new manager was

aware of the criteria if a DoLS was required and assessed all new people to the service to determine if required.

Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision.

Although we did not see a meal being prepared, staff explained how the planned meals with people with their involvement, how they were prepared in people's homes supporting people to be as independent as possible. We saw evidence that people were supported to have a well-balanced nutritional diet.

People were supported to maintain good health and during their stay if it was required there was access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as dieticians and occupational therapists. Health care professionals we spoke with told us the service was very good at seeking advice and guidance to ensure people's needs were met.

Is the service caring?

Our findings

People told us the staff were very caring and kind. One person said, "The staff are lovely." Another said, "They look after me, I like the staff."

Relatives also confirmed that the staff were kind and considerate. One relative said, "I am Involved even more so now in their care, there is always an open door policy with staff at the office, I can email them phone them."

Another relative said, "I'm involved with the care plan, there are regular person centred care meetings and review meetings every three months. [My relative] has an annual review. Its very person centred, the care he gets is very good. They gently remind him about his personal hygiene."

Another relative commented, "They Prompt [My relative] with their personal care, they are really good with them. They have a good care plan."

We saw that care and support delivered was kind and caring and delivered in a sensitive nature. Staff interacted with people positively and used people's preferred names. We saw people enjoyed being with staff and were laughing and happy. Care plans we looked at included a pen picture, this detailed people's preferences, choices and how they liked to be supported. This ensured staff were aware of how people liked to be cared for and what decisions they could make.

Staff spoke about people with respect and it was clear they were passionate about ensuring people they supported received the best possible care.

Is the service responsive?

Our findings

People and their relatives we spoke with all confirmed that staff were very good and responded appropriately to changing needs.

One relative told us, "[My relative] has 34 hours a week of support. They go out regularly with the carers. I'm involved with their care. They go on day trips which they choose. They don't like to be away for long as you can imagine, and staff respect their choice."

Another relative said, "[The staff] invite me to reviews and they phone me sometimes for a review every six months. They are good at keeping you informed."

A person who used the service told us, "The staff are always on time I like routine. They also know when I need my own space."

Each person had a care file which contained information about them and their individual care needs. Care plans and risk assessments had been completed. Each person had a pen picture that contained good detail of what they liked, disliked, their choices and decisions. However, the care files and documentation differed and there was lack of consistency. The new manager and the regional manager told us they were aware the care files required a review. They explained the paperwork they were using was for residential homes and they needed to be changed so it was applicable to care in the community. We were informed that this was being actioned by the provider at the time of our inspection.

We found staff identified changing needs and were very responsive. For example, during our inspection it was identified by staff that one person they supported appeared to be in increased pain and discomfort and this was having an impact on their well-being. The person was presenting with more behaviours that may challenge due to the pain. The care staff told us they had contacted the person's GP and other health care professionals to discuss their concerns and as such a referral to specialist had been arranged. This evidenced staff responded appropriately to people's needs.

People were supported to access the community and participate in activities when they were supported. We saw that people participated in numerous and varied activities. People we spoke with and relatives told us there were regular activities arranged. One person told us, "I like it when I get a carer who drives we can go out in the car."

The provider and management listened to people and their relatives and acted on any issues. A relative said, "The staff are very good they are always there to listen, we have regular reviews of care. I talk to the manager they sort anything out. Any complaints I go to the manager. They do their best to help."

Another relative said, "We get questionnaires annually to complete and I think they listen."

There was a complaints' policy which was given to each person and their relatives when their care package

commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission. 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. However, the provider had appointed a new manager who had commenced the process to register with CQC.

There was a new structured team in place to support the manager. This had been put in place with the changes to the service provision. There were team leaders, a person centred planning co-ordinator, a new training manager and support workers. Each member of staff we spoke with was clear about their role and the roles of the other staff employed.

Staff told us that they had had a difficult time over the last few months as the service had changed and many people they supported had changed providers. However, staff felt things were improving and were supported by the new manager.

Staff told us they worked well as a team and ensured they provided a good service for people who accessed it. All staff we spoke with advocated for the people they supported and wanted the best possible outcomes for people.

The management actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, meetings and questionnaires. People's feedback was taken into account to improve the quality of the service. We saw the results of the last survey sent out although this was not recent. A questionnaire was due to be sent out at the time of our inspection.

Relatives we spoke with told us the service was well managed. They confirmed communication was good they were kept up to date of any changes and any new information or advice was shared. They confirmed they received questionnaires to complete and also spoke regularly with the staff and management.

We found systems were in place for managing safeguarding concerns and incidents and accidents. Management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports. Any issues identified were recorded on an action plan. We saw the issues identified during the inspection had been identified and there were actions in place to address them.