

Autism.West Midlands

Autism West Midlands - Outreach and Supported Living South Midlands

Inspection report

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Date of inspection visit:
14 December 2021

Date of publication:
21 January 2022

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Autism West Midlands - Outreach and Supported Living South Midlands is a care agency providing personal care and support to people living in their own homes. At the time of the inspection the service was providing personal care to 5 people.

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

Systems were in place to protect people from the risk of abuse and harm.

People's support needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk.

The provider carried out recruitment checks to ensure staff were suitable for the role.

Staff had the necessary skills to carry out their role. Staff had regular training opportunities and training specific to people's individual needs was provided.

People received their medicines as prescribed. Infection control policies and procedures were in place to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests: the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. There was a strong focus on supporting people to be independent, develop their skills and access their local community. This enabled people who used the service to live as full as life as possible and achieve the best possible outcomes.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People's individual communication needs were considered to support them to be involved in their care. Systems and processes in place promoted a positive culture in the home.

The management and care team ensured they supported people in a person-centred way to reflect people's equality and diverse needs.

The quality of care provided was continually assessed, reviewed and improved. People using the service, relatives and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

The service worked well with health and other professionals to ensure people's needs were met.

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

Rating at last inspection

This is the first rating of this service. The service was registered with us on 13 September 2019.

Why we inspected

This was a planned inspection as the service had not previously received a rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Autism West Midlands - Outreach and Supported Living South Midlands

Detailed findings

Background to this 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 two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. A current acting manager was applying for registration. This means they and the provider will be 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 the provider or acting manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

The people receiving support did not have verbal communication and we were told they could become distressed when introduced to new people. Respecting this, we spoke with three people's relatives to gain their feedback on the care provided. We spoke with six members of staff including the operations manager and acting manager.

We reviewed a range of records. This included five people's care records. We looked at two staff files in relation to recruitment. We also looked at a variety of records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Where risks were identified to people's safety, assessments were in place to guide staff on how to keep people safe. For example, there were behaviour risk assessments in place identifying triggers to behaviour and how staff should respond to support the person and minimise any escalation in distressed behaviour.
- Staff we spoke with knew the risk's to people's safety and how they should address these. Staff had completed training and knew how to support people safely.
- Staff were aware of any health conditions that might impact on people's safety and knew what action to take to mitigate the risk.
- People were supported to take positive risks, this was within a pro-active risk management framework that assessed the potential risk and put safeguards in place. This meant people had been supported to grow develop and experience things they wanted to do.
- The provider had systems and processes in place to analyse and respond to any trends in relation to risks that had been identified.
- Each person had a personal emergency evacuation plan in place which explained how they would be supported to evacuate their home in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training on how to keep people safe and described the actions they would take where people were at risk of harm. One staff member told us, "If I became aware or witnessed abuse, I would intervene to protect the person and report the matter to my manager." Another staff member told us, "If I was unhappy with how a safeguarding issue had been managed, I would contact the local authority safeguarding team, CQC or the police."
- Relatives told us their loved ones were safe and comfortable with staff members. One relative told us, "[Name of service user] is very safe, I can't thank the staff enough."
- Where a safeguarding incident had been identified, the relevant agencies had been notified and action had been taken by the service provider to reduce the risk of a recurrence. There were systems in place to monitor staff performance and actions to be taken, to reduce the risk of recurring poor performance.

Staffing and recruitment

- Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS).
- The acting manager told us the funding hours provided for each person and records confirmed these staffing levels were provided.

- Relatives told us there was enough staff to meet people's needs.

Using medicines safely

- People received their medicines on time and in a safe way. Staff completed medication administration records (MARS) to show what medicines they had administered. Where people required as and when medicines (PRN) staff knew when to administer them and how to record them
- Staff had received medication training and checks of their competency to administer medicines safely had been completed.
- Regular checks on medicines took place to ensure these had been given as prescribed.

Preventing and controlling infection

- Staff received training in infection control and were able to tell us the correct and safe use of equipment. Staff told us personal protective equipment (PPE) was available and we saw staff had access to a good supply of PPE. All relatives we spoke with told us staff always wore PPE.
- Risk assessments were in place for those who were at greater risk from COVID-19. The provider had up to date policies and procedures.
- All staff participated in weekly COVID-19 testing which the acting manager monitored.
- The office layout meant that staff could socially distance whilst at work.

Learning lessons when things go wrong

- The provider had a system in place to analyse any accidents and incidents, so trends were identified and learning from incidents took place.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs had been assessed prior to starting with the service in line with legislation and guidance. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication. This information had been used to develop a care plan to support staff to understand how to meet the person's needs. One relative told us, "We have been involved with care planning at the beginning and throughout".
- The service was working in line with the underlying principles of Right Support, Right Care, Right Culture. For example, people were supported to live meaningful lives and were supported to have choice, control and independence.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included needs in relation to gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- Relatives told us staff knew what they were doing and were well trained. A relative told us, "The staff are very well trained and know what they are doing. [Name of service user] has changing needs and staff know how to respond".
- The provider had systems in place to induct, train and develop staff. A staff member told us, "We have access to lots of training. We also have a transition process for new staff members because the people we support can find it difficult to be around new people, so we gradually introduce new starters. New starters also have access to people's care plans, so they are familiar with each person's individual needs".

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

- People's care records contained up to date nutrition information for staff to follow. One relative told us, "The staff offer healthy options, [Name of service user] has lost weight and I believe it is because the staff have given them several healthy options and I'm really pleased with this".
- People with modified diets had assessments to specify the type of diet they should consume.
- Staff we spoke with knew people's food likes and dislikes and were aware of specific dietary needs and any risks associated with eating and drinking.

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

- People had access to other healthcare services. Care records showed involvement from a range of health care professionals including GP, dentist and optician.
- Staff knew people's needs well and ensured that any changes in a person's condition was noted and

discussed with the management team or their relative where appropriate.

- Relatives told us the provider had supported their family member well with ensuring specific health care needs were met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of MCA and how to support people in their best interests. Staff were able to tell us how they asked for people's consent to care.
- Care records contained information in relation to people's capacity. When needed Best Interest meeting had taken place.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Peoples' relatives provided consistent positive feedback regarding the care provided by the service. One relative told us, "They have been great with [Name of service user], they are caring and supportive".
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love my job and the people I work with, it's a joy to come into work".
- Staff had received training in Equality and Diversity. The acting manager gave examples of how they had worked to ensure people had equal access to opportunities and were not discriminated against. Staff knew people's history and their likes and dislikes and used this knowledge to support the person.

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

- Care plans were in place and had been developed with the support of people and their families. Meetings of people's care were held where people and their family attended and were involved in making decisions.
- Family members stated that they had been informed of any operational changes and asked for their views.
- Some people did not always verbalise their needs and wishes. Staff explained to us how people expressed their needs and understood their unique communication needs and were able to respond appropriately. One staff member told us, "When [Name of service user] rubs their shoulder I know they want assistance".

Respecting and promoting people's privacy, dignity and independence

- Staff maintained peoples independence wherever possible. Support plans promoted privacy, dignity and independence. Each person had a daily routine describing the activity and how staff can support the person to undertake it as independently as possible.
- Staff told us they enjoyed working with the people they supported and understood their care and support needs. A staff member told us, "You get to build a relationship with people, and this helps you to understand their needs and if there are any changes."
- Relatives told us their loved ones were treated with dignity and respect.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 were supported by staff who knew and understood their needs. Relatives told us staff had built good relationships with people and knew their likes and dislikes.
- People had good links with family and staff supported people to maintain this.
- Staff respected people's individuality and diversity and were aware of people's personal preferences.
- A relative told us, "I am so pleased with care they have received, and they now have more confidence."
- Peoples' care plans were reviewed regularly, they remained up to date and appropriate to the individual. Changes to the care plans were communicated to staff.
- People were supported by the same staff wherever possible enabling them to build up a relationship. Matching tools were utilised to identify which members of staff would be most appropriate to work each person.

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.

- The provider was aware of the AIS standards and people's specific communication needs were detailed in their care records.
- Staff were able to explain how they communicated effectively with people. For example, one staff member told us some people required structure to feel comfortable. As a result, staff members would inform people what was planned for the day and explain in detail what that meant.
- Information was available in different formats, for example, easy read.

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 in a person-centred way to live their lives and do the things they enjoyed doing in a way and at a pace that suited them.
- People were encouraged to undertake activities in the local community with support from staff. Plans were in place for staff to follow when facilitating visits ensuring people are safe and supported.
- Peoples' likes and interests are gathered and recorded allowing staff to facilitate appropriate activities. Relatives spoke highly of the good communication between the staff and themselves. They were positive about the opportunities their family member were supported to do.

Improving care quality in response to complaints or concerns

- The provider had policies in place to respond to concerns or complaints.
- Compliments were used to identify what worked well.
- Relatives told us they were happy with all aspects of the service. They told us they would be confident speaking with the acting manager if there was something, they were not happy about. However, they had not needed to do this.

End of life care

- No one was receiving end of life care when we inspected. The provider had policies and procedures in place to support this need.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership 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 requirement

- The provider did not have a registered manager in post. 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. The current acting manager was applying for registration with the Care Quality Commission.
- The management team and provider were clear about their roles and were committed to providing a high quality service for people.
- Audit systems were in place to monitor the standard of support people received.
- The systems in place ensured the management team and provider had oversight of the quality and safety of the service.
- Staff told us they felt well-supported by the acting manager and the provider. Staff told us they were clear about their responsibilities and also received positive feedback when things went well.
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic, we saw there were plans in place to ensure care tasks would be completed.
- The provider had notified CQC, as required to do so by law, and other agencies of any matters of concern and incidents that affected people who used the service.

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

- The management team and staff demonstrated a commitment to people and they displayed strong person-centred values.
- Staff knew people and their needs well and they told us they felt supported in their role. Staff could tell us about the improvements people had made since receiving support from the service and they were looking to explore with people how they could support them to enhance their lives further.
- Staff meetings were held and detailed records of the meeting were available.
- A relative told us, "The acting manager has been fantastic, great passion for care and nothing is ever too much trouble." Another relative told us, "The acting manager and staff are brilliant, they are approachable and keep us fully informed."

- The provider told us they only took on care packages if they could meet people's needs and provide them with good quality care.

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

- People and relatives had been given opportunity to feedback on the quality of the service via structured feedback calls. We reviewed the most recent responses and found they were mostly positive. The management team told us they would also be introducing a feedback questionnaire for people and relatives to complete.
- Relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to.

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

- The provider had notified us, as legally required of significant incidents which had happened in the home. The management team told us they understood their responsibility to be open and honest when things go wrong.
- There was a strong emphasis during the inspection on communicating and sharing information in an open and transparent way.
- The acting manager monitored the culture of the service and staff team by various means including providing direct care at times and working alongside staff, unannounced spot checks of the service including night visits, and formal meetings.

Continuous learning and improving care

- Audits and monitoring systems had been used effectively to drive improvements.
- The management team told us they accessed support from a range of external health care professionals to support people with their needs and records demonstrated this
- The acting manager encouraged and supported staff to develop their skills and knowledge to support their progression.

Working in partnership with others;

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.