

## Autism Care (Bedford) Limited

# Autism Care UK (Bedford)

### 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 

### Overall summary

The Inspection took place on 4 November 2015 and was unannounced.

Autism Care UK (Bedford) provides accommodation and personal care for up to nine people. The service supports people of a variety of ages, who have autism and learning disabilities. The service has a mix of self-contained flats and en-suite rooms. At the time of inspection, seven people were living at the service.

There was 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.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse.

People had risk assessments in place to enable them to be as independent as they could be.

# Summary of findings

There were sufficient numbers of staff available to meet people's care and support needs

Effective recruitment processes were in place and followed by the service.

Medicines were stored, handled and administered safely within the service.

Staff members all had induction training when joining the service, as well as regular ongoing training.

Staff were well supported by the manager and had regular one to one time.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People were able to choose the food and drink they had and staff were able to support people with this.

People were supported to access health appointments when necessary, including doctors, dentists and speech therapists.

The staff supported people in a caring manner. They knew the people they were supporting well.

Where possible, people were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were supported to take part in a range of activities and social interests.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action needed to be taken.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



### Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS.)

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



### Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



### Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

Good



### Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see them when required.

People and their relatives were asked for, and gave feedback. Plans were in place to respond to this feedback.

Quality monitoring systems were in place and were effective.

Good



# Autism Care UK (Bedford)

## 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 was planned to check 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 inspection took place on 4 November 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we asked the local authority for feedback about the service.

We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service

During our inspection, we made observations on how well the staff interacted with the people who use the service.

We spoke with three people who used the service, five staff members, the deputy manager, and the registered manager.

We reviewed three peoples care records, medication records, four staff files, and other documents including quality audits.

# Is the service safe?

## Our findings

People felt safe within the service. One person said, “Its safe here, I don’t have any worries.” Another person told us, “Yes, the staff support me to be safe.” The other people we spoke with during the inspection also reported feeling safe.

Staff demonstrated knowledge and understanding of the signs of abuse, what to look for, and the actions they should take if they felt that a person was at risk of abuse. A staff member told us, “I would report anything straight to my manager and I know they will listen. I would speak to CQC [Care Quality Commission] or the council if I needed to.” Other staff we spoke with had the same response, and records showed us that Staff had completed safeguarding training. Information around safeguarding and whistleblowing was displayed in an area that both staff and people who lived at the service could see, and safeguarding alerts had been reported and recorded appropriately.

People had risk management plans in place that detailed risks specific to them and protected people’s safety. One staff member told us, “We follow the risk assessments to keep people safe. We review them regularly and can have input if we feel they need changing.” The risk assessments we looked at included support whilst out in the community, support with tasks around the home, eating and drinking and more, and offered clear guidance to staff on what the risks to a person were, and how to manage and respond to them. We found that incident and accident reporting procedures had been followed accurately, and any incidents had been recorded, checked over by the manager, and actions created where necessary. We saw documentation to show that fire safety checks were regularly carried out within the service.

The staff and the managers acknowledged that, due to the needs of the people who live at the service, they can be presented with a challenging environment to work in. The deputy manager understood the safety implications within the service and had put a radio communication system in place so that staff could immediately contact other staff if they were isolated in part of the building and required extra help with a person they were supporting. The deputy manager explained that a newer system had been ordered to further enable this on site communication between staff.

People thought there were enough staff on duty. One person told us “There are enough staff here to support me.” Staff members also confirmed that there were enough staff to meet people’s needs. We found that opinions on staffing were consistent within the service, although staff had acknowledged that there had been some difficulty with staffing levels over the past week due to a new resident that had moved in one week before the inspection took place. The registered manager had responded to these concerns by increasing the amount of staff on duty for the coming weeks. Our observations during the inspection confirmed that there were a sufficient amount of staff on duty, and people were being supported in the correct ratios that were documented in their care plans.

We saw that the staff team were able to work flexibly. For example, one person required two staff members to provide them with support throughout the day. We observed staff regularly swapping with others, to allow them to have a short break, whilst maintaining that person’s level of support. Records of previous staff rotas confirmed that a consistent amount of staff were on shift.

Staff told us they had been recruited into their roles safely. One staff member told us, “We had to get two references and a DBS [Disclosure and Barring Service] check before starting work.” The registered manager confirmed that no new staff members could start until all relevant checks had been completed. The staff files that we looked at confirmed that two references were taken and staff were subject to DBS checks before starting.

People were supported to take their medicines safely. One person told us “I keep my medication in my room safely, but the staff come and help me take it.” A staff member told us, “Several people here keep their medications within a locked cabinet in their own rooms. We encourage this as it helps people build a sense of independence and responsibility.” We observed medication being given to a person during our inspection. The person was asked if it was ok with them to take the medication, and was spoken to in a respectful manner during the process. Our observations confirmed that some people were storing their own medication within their rooms safely. We looked at Medication Administration Record (MAR) charts and noted that they had been filled in correctly. We saw that a locked cabinet was used to store medication, and systems were in place to monitor stock and dispose of any medication. We saw that people had guidelines within care

## Is the service safe?

plans around the administration of medication. Training records showed us that staff had undertaken medication training including specific training on managing medicines outside of the home. Administration of medication was always supported by team leaders within the service.

# Is the service effective?

## Our findings

People received care that was given by staff that had appropriate training to meet people's needs. One person told us, "The staff here are good, they are trained well and know how to support me." Other people we spoke with had similar comments.

New staff were put through a training induction process before starting work within the service. One staff member told us, "We do a week long training course off site, then we have a couple of days within the service just reading the care plans and risk assessments. After that we then shadow experienced staff before starting to support people. It's a really good introduction to the service." Other staff we spoke with explained the same process and all thought that their induction was effective and helped them gain in confidence before starting work. We looked at training records and this confirmed the induction procedures had taken place, and a monitoring tool was in place to keep track of staff members on-going training.

Staff were able to take part in regular training sessions to build on or refresh their knowledge in areas such as manual handling, fire safety, food hygiene and infection control. One staff member told us, "We are able to do regular training, the manager is very supportive of us. I am currently enrolled on a level two diploma." We saw records that confirmed this training was taking place. Some training in things such as Mental Capacity Act and Deprivation of Liberty Safeguards, were backed up with workbooks and test sheets that the staff would go through with their supervisor as an extra way of learning about the subject and to show how it was put into practice.

Staff told us that they were all trained in Non Abusive Psychological and Physical Intervention (NAPPI). NAPPI training focusses on managing challenging behaviour, with an emphasis on positive behaviour support. The staff told us they felt this was important due to the high support needs of the people that live within the service. One staff member said, "We know how to calm people down when they are feeling stressed, our training focusses on positive approaches first, and physical intervention as a last resort."

Staff reported feeling well supported by the registered manager and that they were receiving regular supervisions. One staff member told us, "I have supervisions once a month. My manager is amazing and really supportive." The

staff files that we looked at contained supervision notes that covered a range of topics about the service and the people being supported. The registered manager was able to show us a template for yearly appraisals that was soon to be used for all the staff.

People told us that staff gained consent from them before providing any care and support. One person said, "Staff always knock before coming in and they check with me first before doing anything." We observed that staff gained consent from people, for example, one person was being assisted during a meal time, and throughout the process they were asked if they were ok and offered choices regularly. We saw that when the person communicated that they did not want something that was offered, their decision was listened to and respected.

Staff members we spoke with were aware of who had a DoLS in place and what it was for. One staff explained to us, "we have to have a DoLS in place for (person's name) due to the fact that they need staff support at all times, and they would be at risk without it." The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service had policies and procedures in place to follow MCA and DoLS and make sure that people could make decisions for themselves where they were able to. We saw documentation that showed us mental capacity assessments had been carried out when required, and information on DoLS was available in an easy read format. The service had a tracking sheet to make sure that decisions were reviewed at the appropriate times.

People told us they enjoyed the food that they were provided with. One person said, "I like the food that the staff help me prepare. I get to choose what I have." The staff explained that some people were able to cook for themselves with support, and had their own kitchens to do so. Others who needed more support would have food prepared for them by staff. One staff member told us "We know that (person's name) likes certain dinners. They are not fully verbal, but they can communicate what they like and dislike. Their family members have also helped us understand what sorts of food they enjoy." We saw this individual being supported with a meal and they were able to communicate when they wanted to eat and when they wanted a rest, and choices were regularly offered. We also saw staff supporting two individuals to make a meal plan

## Is the service effective?

for the week ahead, engaging them in conversation around healthy options and what things go into different dishes. Files we reviewed showed that support plans around eating and drinking were present to guide staff.

The people we spoke with told us that they received support to attend medical appointments whenever necessary. One person told us, “The staff help me to book

and attend appointments.” A staff member told us, “If we notice that someone is unwell and needs to see a doctor, then we have no problems with booking an appointment. We let our manager know, then support them to book in.” We saw evidence in people’s files that showed access to medical professionals was happening, and staff were recording all relevant information.

# Is the service caring?

## Our findings

People told us that the staff treated them with kindness and compassion. One person said, “They are nice here, they listen to me and treat me well.” Other people we spoke with confirmed the warm approach from the staff. We witnessed a respectful and friendly approach towards people from staff on duty during the inspection. We saw staff interact positively with an individual when they had completed a task, which made them visibly happy that they had done well and were being supported to achieve something.

The staff we spoke with were knowledgeable about the people they were supporting and were able to tell us the specific details about individual’s preferences, what activities they do on particular days, and what their background and family were like. One staff member told us, “(person’s name) enjoys going swimming three times a week, we love taking them. A family member of theirs regularly comes along as well.”

We saw an individual become upset during a meal time, this prompted positive interaction from a staff member who was able to calm them very quickly. Other staff present were also knowledgeable about the individual and were able to suggest quick ideas to resolve the situation.

People told us that they were involved in the planning of their own care. One person told us, “I know what’s in my care plan and I get to contribute to it if I want to.” We saw

that some information was presented to people in an easy read format enabling them to understand. We saw that staff were communicating with people in a way in which they could best understand and have input themselves around their care. We saw that people had care plans in place that documented the individualised support that people should be receiving.

People felt their privacy and dignity was being respected. One person told us, “I really like the staff here, they respect my privacy and support me properly.” We saw that staff members had a respectful approach to the people living at the service and always spoke to people in a positive and warm way. The service had a nominated ‘Dignity Champion’ whose role was to identify both good practice and areas for improvement within the service. The person had monthly summaries of the work completed in this area that were shared with the rest of the team.

People told us that their relatives and friends were able to visit them whenever they wanted. One person said, “My family come and see me regularly, and I often visit them as well.” We saw within people’s files that a number of individuals enjoyed going to stay with family members regularly for weekends. We saw that people were able to personalise their own rooms and flats with décor of their choice. One person was able to show us around their flat with great pride and talk about how much they liked living there.

# Is the service responsive?

## Our findings

People told us that they felt the care they received met their needs. One person told us, “I know the staff will help me out when I need it.” Another person told us, “when I get stressed or worried, the staff know how to help me out.” Staff told us that they had ‘Keyworker’ responsibilities. This involved creating a monthly progress report for people to share with family members if they wanted to. There was evidence in people’s files that they took part in ‘Talktime’ sessions with staff, where they had the opportunity to talk on a one to one basis with staff and go over care plans and anything else they wanted to. People told us that they enjoyed having time with staff to talk.

We saw that people had personalised activity plans to meet their needs. One person said, “I get to go out with staff. They help me do the things I want to do.” Staff told us “We support (persons name) to a range of activities as we know they really like it and it benefits their health and wellbeing.” We saw that one person’s records showed that staff were given advice from the person’s family members in order to collate activity plans, as the person themselves did not always fully understand what opportunities were available.

People told us that they had care plans that helped staff support them correctly. A person told us, “I’m happy with what’s in my files, I know the staff follow it.” We saw that people had detailed care plans that were updated and changed where necessary. Staff told us, “We feel able to contribute to peoples care plans and make changes with people if they need them, (person’s name) care plan has changed so much. They came here with very high support needs, but have progressed really positively. Their care plan now reflects those changes.” The care plans we viewed had detailed sections on people’s likes, dislikes, family history, health care needs, emotional and behavioural support, activity plans, food and drink preferences, communication plans and more.

We saw that a person new to the service had been supported with a long transition process from their previous placement. The deputy manager told us, “A core team of staff have been put together to make sure that we have a good transition, and that the person can be well supported here.” We saw that the service was currently responding to the person’s support needs, as well as the support that the staff team subsequently required. For example, documentation showed us that the person had been able to visit with staff members from the previous service who could support the newer staff to learn about their needs. The service had chosen to increase the amount of direct staff support that the individual was receiving, to enable them to settle into the service. The manager outlined plans to increase the amount of staff present during night shifts to make sure that everyone could be well supported and contingency plans were in place should staff sickness occur. We saw evidence that extra team meeting time had been arranged for the staff to enable effective communication and information sharing around the persons support needs. All staff had been allotted extra one-to-one time with their supervisor to provide extra support. Refresher training in subjects that were relevant to the person’s needs had also been provided for the staff team.

People we spoke with knew about the complaints procedure in the home, and told us they would tell a member of staff if they had anything to complain about. One person told us that they had no complaints, but, “I would speak to the staff about it if I needed to. I do think that they would listen to me.” The registered manager showed us a plan outlining their responses to any complaints that had been received and action plans around this.

# Is the service well-led?

## Our findings

The people we spoke with told us that they felt the service was managed well. They said they knew who the managers were and were comfortable in speaking with them. One person told us, “I know all the staff and the manager and I can talk to any of them.” The staff we spoke with felt that both managers were supportive and approachable. One staff member said, “The manager is so supportive here, we are really lucky.”

We saw documentation that regular team meetings were taking place and a range of topics discussed. Staff felt that these meetings were worthwhile and allowed them a good forum for discussion.

The deputy manager told us that staff had good knowledge about whistleblowing, “It’s good that the staff all know how to whistleblow, and it’s important that they have the confidence to do so.” One staff member said, “If I had concerns about the service then I would use the whistleblowing policy, I think we all would.” We saw that whistleblowing guidance and information was displayed for staff to see and that they were all aware of the procedure and happy to use it if necessary.

The service had recently had a new individual move in. The managers explained to us some of the extra support

measures that had been put in place, as well as planned measures of support for the staff team during this busy period. The deputy manager told us “We are providing extra supervision and training for those that need it. We are also planning on working closely with the team and role modelling with them.”

Both the registered manager and deputy manager were present on the day of inspection. We saw that people were happy interacting with them and were well listened to and supported by them. The registered manager was also the area manager for the company, who was in place whilst the deputy manager was going through the registration process with plans to take over the position. The staff team also had team leaders on shift that were given extra responsibility including medication administration and providing extra support for the staff team.

There were systems in place to monitor the quality of the care provided and areas identified for improvement were recorded. We saw that people that used the service, and their family members had been consulted for their opinions by feedback questionnaires. The deputy manager showed us plans to review the feedback received and respond, in order to improve the quality of service being provided. Where areas for improvement were required we saw that action plans would be formulated and responses provided to those that needed them.