

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 ●

Summary of findings

Overall summary

About the service: Autism Care UK (Bedford) is registered to provide accommodation and personal care for up to nine people with learning disabilities and autism. At the time of inspection, nine people were using the service. The service consisted of both bedrooms, and self-contained flats, which had their own kitchen and bathroom areas. Communal areas were also available for people to use.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

People's experience of using this service: People continued to receive safe care. Staff understood safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage risks within people's lives, whilst also promoting their independence.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing support matched the level of assessed needs within the service during our inspection.

Staff training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the manager, and had one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The service continued to be well managed. The provider had systems in place to monitor the quality of the

service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (report published 17/06/2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

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

Is the service effective?

Good ●

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

Is the service caring?

Good ●

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

Is the service responsive?

Good ●

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

Is the service well-led?

Good ●

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

Autism Care UK (Bedford)

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Autism Care UK (Bedford) 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 did not have a manager registered with the Care Quality Commission. They had a newly employed manager who would be going to register with us. 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.

Notice of inspection

This inspection was unannounced. Inspection site visit activity started on 22 January 2019 and ended on 22 January 2019.

What we did:

Before the inspection, the provider completed a 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last

inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

We spoke with three people using the service. We also spoke with two staff members and the service manager.

We looked at the care records of four people who used the service, we undertook a tour of the premises and observed staff interaction with people, and activities that were taking place. We also examined records in relation to the management of the service such as quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People felt safely supported by staff. One person said, "Yes I feel safe here. The staff are good."
- Staff members knew how to recognise signs of abuse and were confident referring any incidents to the local authority safeguarding team or the CQC.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Assessing risk, safety monitoring and management

- People were kept safe because staff had assessed risks to people. Information was in place for what action should be taken to reduce these risks and staff explained these actions to us.
- The staff supported some people who may present behaviours which challenge. Detailed risk assessments were in place including de-escalation techniques, to ensure staff supported people safely. Staff we spoke with were confident in this role.

Staffing levels

- We observed staffing levels were adequate to keep people safe and provide individual support when required.
- People and staff told us there were enough staff working at the service to keep people safe. One staff member said, "The staffing has improved. It used to be not as good, but now it's much better."

Using medicines safely

- Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.

Preventing and controlling infection

- The service was clean and tidy. People were encouraged to keep their rooms clean.
- Staff had equipment that helped to prevent the spread of infection such as protective gloves and aprons.

Learning lessons when things go wrong

- There was a detailed analysis of any incidents that occurred. This included a record of any incidents of challenging behaviour, and any actions that followed. We saw this analysis included identifying good practice, and areas for improvement.
- Incidents were looked at to identify any trends, and referrals for extra support were made when required.

Is the service effective?

Our findings

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

Good: ☐ 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 and wishes were assessed and care and support was planned effectively. Staff had access to up to date policies and procedures based on current legislation and best practice standards.

Staff skills, knowledge and experience

- People told us that staff knew how to support them.
- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles.
- Specialist training was in place to ensure that staff could support people who may display behaviours which challenged, safely.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy and balanced diet. One person told us, "The staff help me cook a meal from scratch. I have ready meals as well but I try and eat healthy."
- People had the option of joining in with eating a main meal prepared by staff, or eating in their own rooms.
- Care plans clearly documented any likes, dislikes, and dietary requirements, and these were respected by staff.

Staff providing consistent, effective, timely care within and across organisations

- Care and support plans were personalised and had been reviewed and updated regularly to ensure staff provided consistent care.
- People told us they benefitted from a consistent staff team, who they knew and trusted.

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

- People's needs were met by the design of the service. Some people had self-contained flats which were designed to promote their independence and develop daily living skills.
- People were able to personalise their rooms to their own taste.
- Communal areas were accessible for people to use freely.

Supporting people to live healthier lives, access healthcare services and support

- People said that healthcare services were referred to when needed. One person told us, "I'm going to an appointment to see the doctor this afternoon, the staff are taking me."
- Staff were knowledgeable about any health care requirements people had, and supported their health

and well-being. For example, one person regularly had their weight monitored and recorded to ensure they remained healthy.

- Care plans we saw recorded in detail any health conditions people had and the staff we spoke with demonstrated they understood how to manage these conditions.

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 decision and are helped to do so when needed. When they lack mental capacity to make 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 with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS).
- Staff ensured people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests when they did not have the capacity to make these decisions for themselves.
- Care plans were developed with people and we saw that people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they felt well cared for by staff. One person said, "I really like [Name of staff], they are my keyworker." Another person said, "I like all the staff, they are nice to me."
- Throughout the inspection we witnessed staff and management interact with people in a warm and friendly manner. Staff clearly knew people well, and took the time to communicate with them in a way that suited each person. People were given the time they needed to respond and were not rushed.
- We saw that staff and management recognised clearly when people were becoming upset or agitated, and were able to provide comfort at those times.

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

- People were assigned a specific member of staff as a 'Keyworker'. Keyworkers took a lead role in working with the person to plan for activities, record and update monthly progress, all with the focus on continual development, involvement, and building independence.
- People we spoke with felt involved in their own care, and felt able to voice their opinions to staff. We saw people speak with staff in a confident way, and were clearly confident in making their views heard and being involved in decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. We saw that staff knocked on doors before entering, and respected that people's rooms and flats were their own private spaces.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- People received care that was personalised to their needs and preferences. One person told us, "I like to be independent and do things myself. I'm going to the shop later." Staff we spoke with told us that the person had been living at the service for several years, and had progressed to the point where they were now able to use the community without staff supervision. A staff member said, "[Name] used to require constant supervision. They are now going to the library and to the shop by themselves. It's great progress in their confidence and independence."
- One staff member told us, "With [name], we used to have multiple incidents due to certain behaviours. They hardly have any incidents now in comparison. They have really settled in, and it's down to the consistent approach of the staff team."
- Care plans we looked at contained people's likes, dislikes, preferences, and the best way to support them in different situations and scenarios, specific to their needs.

Improving care quality in response to complaints or concerns

- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.
- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had taken prompt action to resolve the concern.

End of life care and support

- No current end of life care was being delivered. The manager was aware of what was required to support people with end of life care and care plans documented people's needs and requirements in this area if needed.

Is the service well-led?

Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The staff and management had values that placed the people at the centre of the service and had defined aims, which included increasing independence, enabling people to make choices about their lives, and become part of the community in which they lived.
- People knew who the management staff were, and were clearly comfortable in approaching and interacting with them.
- The service manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were completed as required.

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

- Staff were clear about their roles and responsibilities and there was a clearly defined management structure. Staff told us they received good support and feedback, and the management team were consistent in their approach. One staff member said, "There have been changes in management, but the support is good."
- There was no registered manager in post. There was a manager who was going through the registration process with CQC. 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.

Engaging and involving people using the service, the public and staff

- People were engaged in decisions about the service and encouraged to express their views. People had regular meetings with their keyworker and staff members and were able to feedback on what was going well for them.
- The service manager had recently begun meeting with each person for one to one meetings to discuss their care and record any feedback they had.

Continuous learning and improving care

- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the manager and provider. An action plan to address areas for improvement for the service was created and worked on.
- Team meetings were utilised to communicate updates and required changes to staff. These included

improvements required to record keeping, and updates to people's routines, diet and health.

Working in partnership with others

- The service manager told us that the service worked openly with outside agencies. This included the local authority who conducted quality checks on the service. We saw that improvements had been identified to ensure communication about people's health appointments was effective. The service manager explained that memos had been sent round to all staff to ensure that lessons had been learnt from mistakes made, and a new system implemented to avoid similar mistakes from happening.
- Staff felt that relationships with outside agencies and health and social care professionals was positive and open.