

Include 'In' Autism community interest company

Include 'In' Autism

Inspection report

Plains Farm Youth and Community Centre
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19 December 2019

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Include in Autism provides personal care to people living in the community with a diagnosis of Autism. On this occasion we were unable to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. The service was not fully operational. We did not have enough information about the experiences of a sufficient number of people using the service to accurately award a rating for each of the five key questions and therefore could not provide an overall rating for the service. This included managing medicines, complaints handling and responding to safeguarding concerns. There were two people using the service on daily respite basis, mainly to access activities in the local community. The service sometimes provided personal care to these two people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider was managing risks appropriately. Relatives told us they felt the service was safe. Staff knew how to report safeguarding and whistle blowing concerns. The number of incidents of distressed behaviour had reduced significantly.

The induction programme was brief. We have recommended the provider reviews this to ensure it is suitable for new staff. Staff said they received good support and the training they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs had been assessed and the information used to develop detailed support plans. People were supported to access the local community and participate in activities.

Relatives and staff said the service was well-managed. The provider was developing quality assurance systems. Staff and relatives had opportunities to give feedback about the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

This service was registered with us on 18/04/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about lack of induction for new staff, not enough information about how to manage behaviours that challenge, insufficient training, poor communication about people's support needs, care plans not accessible and poor record keeping. A decision was made for us to inspect and examine those issues.

We found no evidence during this inspection people were at serious risk of harm from these concerns. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not rated.	Inspected but not rated
Is the service effective? The service was not rated.	Inspected but not rated
Is the service caring? The service was not rated.	Inspected but not rated
Is the service responsive? The service was not rated.	Inspected but not rated
Is the service well-led? The service was not rated.	Inspected but not rated

Include 'In' Autism

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure the registered manager was available to support the inspection.

Inspection activity started on 3 December 2019 and ended on 19 December 2019. We visited the office location on 19 December 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives about their experience of the care provided. People receiving personal care were unable to speak with us. We spoke with seven members of staff including the nominated individual, the registered manager, the operations manager and support workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 not been rated.

Assessing risk, safety monitoring and management

- The provider managed risks appropriately. Staff had access to detailed care plans and risk assessments which provided in-depth guidance on how to support people when they were anxious or distressed.
- Staff told us people regularly displayed distressed behaviour when they started using the service. These had reduced drastically, especially as staff got to know people better. One staff member commented, "We did [have incidents] when we first started but not very often now."
- Relatives gave similar feedback. One relative told us, "[Family member] has very difficult behaviour problems and they are absolutely fine [with the care staff]. They get two to one support."
- The provider had plans to ensure people continued to receive support in an emergency situation.

Learning lessons when things go wrong

- The provider logged incidents and accidents. Incidents were investigated and recommendations made to help prevent them happening again.
- The provider had investigated the alleged incident we were notified about. As a result, they had reviewed and updated the accident and incident reporting policy and arranged positive behaviour support and managing aggression training for staff.
- The provider completed a monthly audit of incidents and accidents to check appropriate action had been taken.

Systems and processes to safeguard people from the risk of abuse

- Relatives and staff felt the service was safe. One relative told us, "There are no issues with safety. They do really, really well. I am more than happy." A staff member said, "It is safe, I feel safe."
- The provider had safeguarding and whistle blowing policies and procedures. Staff knew about these procedures and confirmed there had been no need to raise concerns so far. There had not been any safeguarding concerns.

Staffing and recruitment

- Enough staff were available to meet people's needs.
- The provider recruited new staff safely.

Using medicines safely

- The provider was not currently administering medicines to people.

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 not been rated.

Staff support: induction, training, skills and experience

- New staff had not completed an in-depth induction programme. Prior to this inspection we received information about the lack of an effective induction. Although new staff had completed a short induction programme prior to supporting people, it was brief. One staff member told us, "Induction was very brief, we went through some policies and procedures."

We recommend the provider reviews its induction programme to ensure it equips new staff with the skills and knowledge required to support people effectively.

- Staff were well supported and received the training they needed. One staff member said, "They are a good company to work for. There is good support if you need it."

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

- People's needs were assessed prior to them receiving care. Relatives had been involved in this process from the start. One relative said, "I like to voice my opinion. Staff need to know [family member], they need to read his profile. I was involved from day one telling staff a lot of things."

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

- Staff supported people to have enough to eat and drink.
- Care plans described in detail the support people needed with eating and drinking.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- Staff had access to detailed information about the most effective ways of supporting people with choices

and decision-making.

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 not been rated.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Relatives gave positive feedback about the support family members received and the skills of the support staff. They commented, "[The service is] excellent, very accommodating. [Family member] is very relaxed with the carers", "Absolutely brilliant, [family member] loves it. They are lovely, friendly people."
- Relatives were involved in decisions about their family member's care. One relative said, "There is a full support package with social worker. We all sat and talked together [about what the person needed]. They show me photos on phones, they always let me know what they have been doing."
- People's communication needs had been assessed; care plans described each person's preferred communication method, such as using pictures.
- Relatives told us staff treated their family members with dignity and respect. The said, "There are some outstanding staff, very patient" and "They are lovely with them. They are quite happy to be with them."

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 not been rated.

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

- Care plans were detailed and personalised. Staff developed them with input from relatives to help ensure people received consistent care. One staff member said, "Care plans are quite thorough, interesting and informative."
- The service was tailored around each person's needs. Staff were flexible in their approach to reflect people's changing needs. One relative said, "You have to go with how [family member] is feeling. I have learnt, and the care workers have learnt it doesn't always go to plan."

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 could make information available in various formats to meet people's needs.

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

- Staff supported people to participate in activities and access the community in line with the person's preferences. Relatives said, "They take [family member] out ... they go to different places, like adapted bikes" and "[Family member] goes all over, the Alan Shearer Centre, the sensory room, walks in the park. They go out every day with [family member]."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure; there had been no complaints received.

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 not been rated.

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

- The provider had an ethos of putting people first and enabling them to participate as fully as possible.
- Relative's feedback echoed this. One relative commented, "[The CEO] is so dedicated, so in-tune with autism. It is quite refreshing. It is the caring side I respect her for. Her passion I totally get. She cares about the young people. I have total respect."

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

- The provider was in the process of consulting with relatives and staff. Questionnaires had been sent out; two staff had responded positively. Relatives had not yet returned their questionnaires.
- The provider held monthly staff meetings for office-based staff. They used text and email to communicate with outreach support staff.

Continuous learning and improving care

- The provider was developing a structured approach to quality assurance. This included spot checks to ensure staff provided the care people expected. These had not yet commenced due to the small number of people using the service.

Working in partnership with others

- The provider worked with local commissioners to promote good outcomes for people.
- The provider was making good progress on completing an action plan, developed following a recent local authority commissioner's visit.