

# Autism Care (UK) Limited

# The Farmhouse

## 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

We carried out this announced inspection on 29 September 2017. We gave the service a short period of notice. This was because the people who lived there had complex needs for care and benefited from knowing in advance that we would be calling. Most of the people who lived in the service had special communication needs and used personal versions of sign assisted language to express themselves.

The Farmhouse is registered to provide accommodation and care for eight people who have a learning disability. At the time of our inspection visit there were eight people living in the service.

The service was run by a company. 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. In this report when we speak about both the company who ran the service and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 28 October 2014 the service was rated as being, 'Good'.

At this inspection we found the service remained, 'Good'.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment. People had been supported to take reasonable risks while also being helped to avoid preventable accidents. Medicines were safely managed. There were enough care staff on duty and background checks had been completed before new care staff had been appointed.

Care staff had been given training and they knew how to care for people in the right way. People were supported to contribute to making their own meals and they were helped to eat and drink enough. In addition, the registered persons had ensured that people received all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. People had been supported to access independent lay advocates and confidential information was kept private.

Care staff had involved people and their relatives in making decisions about the care that was provided. People had been supported to be as independent as possible and they were given reassurance if they became distressed. In addition, they had been helped to pursue a wide range of hobbies and interests.

There were arrangements for quickly and fairly resolving complaints.

People had been consulted about the development of their home and quality checks had been completed. Good team working was promoted and care staff had been enabled to speak out if they had any concerns.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained, 'Good'.

### Is the service effective?

Good ●

The service remained, 'Good'.

### Is the service caring?

Good ●

The service remained, 'Good'.

### Is the service responsive?

Good ●

The service remained, 'Good'.

### Is the service well-led?

Good ●

The service remained, 'Good'.

# The Farmhouse

## 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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from one of the local authorities who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 29 September 2017. The inspection team consisted of a single inspector and the inspection was announced. We gave the registered persons a short period of notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home.

During the inspection visit we spoke and/or spent time with five of the people who lived in the service. We also spoke with five care staff, two team leaders, the deputy manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

After our inspection visit we spoke by telephone with three relatives.

# Is the service safe?

## Our findings

People said and showed us that they felt safe living in the service. One of them said, "I like it here." Another person who had special communication needs smiled and gave a 'thumbs-up' sign when we asked them about their experience of living in the service. Relatives were also assured that their family members were safe. One of them remarked, "I'm very confident that my family member and the other residents are safe and well treated."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. We noted that they knew how to contact external agencies such as the Care Quality Commission if they had any concerns that remained unresolved. Furthermore, we noted that care staff followed robust procedures when handling people's personal money. This included keeping clear records that showed how each person's money was being used.

We saw that care staff promoted responsible risk taking. An example of this was people being helped to safely complete household tasks such as contributing to managing their laundry. Another example was people being supported to safely go out into the local community. At the same time people were helped to avoid preventable accidents. Examples of this were hot water that was temperature controlled and radiators that were guarded to reduce the risk of scalds and burns.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and care staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that in the 12 months preceding our inspection visit there had been a small number of occasions when a medicine had not been dispensed correctly or had not been recorded in the right way. We noted that none of these events had resulted in people experiencing direct harm. In addition, we found that the registered persons had taken action to reduce the likelihood of the same things happening again.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to be given the individual assistance they needed and wanted to receive.

Records showed that the registered persons had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. These measures had helped to establish that only suitable people were employed to work in the service.

## Is the service effective?

### Our findings

People told us and showed us that care staff knew what help they wanted to receive. One of them said, "The staff are good to me." Relatives were also reassured that care staff knew how to support the people who lived in the service and had their best interests at heart. One of them said, "The staff know what they're on with and they know all of my family member's little ways and so they're well placed to care for them."

Records showed that new care staff had received introductory training and that established care staff had also received on-going training and guidance. We noted that care staff knew how to provide people with the care they needed. Examples of this were care staff gently helping people to plan their day, to maintain their personal hygiene and to promote their continence.

We noted that people were receiving individual support to contribute to preparing meals, laying the table and washing up. In addition, we noted that the registered manager had consulted with speech and language therapists to ensure that people were fully supported to have enough nutrition and hydration.

Records showed that care staff were helping people to safely manage and live with particular health care conditions. We also noted that people had been given all of the help they needed to see their doctor and other healthcare professionals such as dentists and opticians.

The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this was the arrangements that had been made to involve people in making decisions about using the medicines that had been prescribed for them. This included care staff informing people in an accessible way about the beneficial effects of the medicines that were offered to them.

Records showed that when people lacked capacity the registered persons had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and with social care professionals when a decision needed to be made about spending a larger amount of a person's money. These instances included paying for items of bedroom furniture and paying for going on holidays.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications to local authorities' supervisory bodies for authorisations so that people only received lawful care.

# Is the service caring?

## Our findings

People were positive about their relationships with care staff and about the support they received. One of them commented, "The staff are around and help me." Relatives were confident that the service provided a caring response to their family members' needs for support. One of them said, "I have the highest regard for the staff because they're all so caring and kind. As far as I'm concerned the staff at the home are all special people."

We saw that people were being treated in a kind and respectful way. Care staff took time to speak with people and we witnessed a lot of positive occasions that promoted people's wellbeing. An example of this was a person who was assisted by care staff to spend time in their bedroom without too many interruptions. This was helpful because the person liked to spend time on their own so that they could enjoy playing music on their electric organ.

We also saw that people were asked about how and when they wanted their care to be provided. An example of this was care staff having established with people how they wished to be addressed. Another example was care staff carefully establishing how much help people wanted to be offered when deciding what they wanted to do each day.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. We also noted that care staff had imaginatively helped a person to enjoy using their bedroom in private when they did not want to draw their curtains. This had involved applying a reflective film to the windows so that passers-by could not see in. In addition, care staff had assisted each person to decorate their bedroom as they wished. One person had been supported to pursue their interest in buses by displaying posters and models of buses. Another person had been helped to finish their bedroom in the particular colour of their choice.

We found that people could spend time with relatives and with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their relatives. This included one person being helped to regularly contact their relatives by using a social media application on their computer. In addition, care staff also regularly spoke with relatives by telephone and email to let them know how their family member was doing.

Most people had family and friends to regularly support them. However, for one person who did not have the frequent contact with their family, the registered persons had arranged for them to be supported by a local lay advocate. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised care staff.



## Is the service responsive?

### Our findings

People told us and showed us that care staff provided them with a lot of care so that they could be as independent as possible. One of them said, "I go out a lot and do things with staff." Another person who had special communication needs was seen quietly holding hands with a member of care staff and smiling as they walked with them from room to room.

Each person had a written care plan that described the care they needed. The plans also focused on supporting each person to achieve goals that were important to them. An example of this was a person who was being helped to practice cleaning their teeth in the right way so that they did not press too hard on their gums.

We saw that suitable arrangements had been made to support people if they became distressed. These included providing people with reassurance and giving them the opportunity to have quiet time on their own so that they could relax and be more comfortable.

Care staff understood the importance of promoting equality and diversity. An example of this was the arrangements that had been made to support three people to meet their spiritual needs by regularly attending a local church service.

Records showed that people were being supported to enjoy a wide range of opportunities to engage in social activities. These enabled people to enjoy events such as swimming, sailing, dining at restaurants and attending music concerts.

People had been given an easy-to-use document that described how they could make a complaint about the service they received. We were told that the registered persons had received two complaints during the 12 months preceding the date of our inspection visit. Records showed that both of the complaints had been promptly investigated and that they had been resolved to the satisfaction of the complainants.

## Is the service well-led?

### Our findings

People considered the service to be well run. One of them said, "This place is okay really." Relatives were also confident that the service was well managed. One of them remarked, "I find The Farmhouse to be very well organised while at the same time still being homely and welcoming."

We noted that as part of the care planning process people had been regularly invited to give feedback to care staff about their home and to suggest improvements. There were a number of examples of improvements being made. One of these was people being invited to choose how seasonal events such as Easter and Christmas were celebrated in the service.

Records showed that the registered persons had regularly checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being safely managed and that good standards of hygiene were being maintained. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order.

However, we noted that care staff were having to complete administrative tasks such as record keeping in the kitchen and in the lounge. This intrusion into what should have been people's domestic space was because the office was too small and could only accommodate one member of staff at time. The registered manager assured us that the problem had already been identified by the registered persons. Although no timescale had been adopted to resolve the problem we were told that a clear development plan to rectify the matter would be prepared as a matter of priority.

We noted that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. In addition, we saw that the registered persons had suitably displayed the quality ratings we gave the service at our last inspection.

Care staff were being provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there were regular staff meetings so that care staff could review how well the service was performing and suggest how it might be improved. Care staff were confident that they could speak to a representative of the registered person or to the manager if they had any concerns about the conduct of a colleague.