CareTech Community Services Limited

Gloucestershire Autism Services

Inspection report

Matson Lane, Gloucester, GL4 6ED
Tel: 01452 307069
Website: www.caretech-uk.com

Date of inspection visit: 8, 9, 10 and 11 September 2015
Date of publication: 16/10/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 8, 9, 10 and 11 September 2015 and was announced. Gloucestershire Autism Services is a supported living service for people with a learning disability and/or an autism spectrum condition. People are supported in their own home and have a tenancy agreement that is separate to the contract to provide their care.

At the time of our visit, seven people were being supported with personal care but the service also supported other people who did not come under the regulation of the Care Quality Commission. People had varying needs but most people needed some level of support with looking after themselves and managing their home. Some people also needed staff support if they became upset or anxious as they could act in a way that others found difficult to cope with. Most people needed support both within and outside their home.

There was not 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

Summary of findings

the requirements in the Health and Social Care Act and associated Regulations about how the service is run. A new manager had recently been recruited to the service and planned to register with the Care Quality Commission.

We found one breach of our regulations. Information needed to keep people safe and to manage their support effectively was not always available to staff or had not been updated to ensure it was accurate. You can see what action we told the provider to take at the back of the full version of this report.

People were supported by a caring and dedicated staff team who knew them well and treated them as individuals. Staff worked to understand what was important to people and to meet their needs despite the difficulties some people had communicating. Staff were patient and respectful of people's unique preferences.

Staff supported people to take part in activities they knew matched the person's individual preferences and interests. People were encouraged to make choices and to do things for themselves as far as possible. In order to achieve this, a balance was struck between keeping people safe and supporting them to take risks and develop their independence. Staff understood when they needed guidance from professionals.

Staff felt well supported and had the training they needed to provide support to each person. Staff met with their line manager to discuss their development needs and action was taken when concerns were raised. Learning took place following incidents to prevent them happening again. Staff understood what they needed to do if they had concerns about the way a person was being treated. Staff were prepared to challenge and address poor care to keep people safe and happy.

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?

Requires improvement

The service was not always safe. Some information needed to keep people safe, such as evacuation plans, risk assessments and medicines administration plans, was not always available.

Most of the risks people faced had been assessed and a good balance had been achieved between keeping them safe and developing their independence. People received the medicines they needed safely.

People were protected from preventable harm as learning and action took place following incidents and most staff had a good understanding of safeguarding requirements. Sufficient staff with the relevant skills, experience and character were available to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective. People's ability to make decisions was assessed and decisions were made on their behalf if needed. People were supported to stay well and have a healthy diet.

The training staff needed to support people had been assessed and the local operations manager was monitoring plans to address the gaps identified. Staff met with their line manager to receive feedback on their performance and discuss developmental needs.

Is the service caring?

Good

The service was caring. People were treated with kindness and respect by staff who understood the importance of dignity and confidentiality. People, relatives and professionals spoke positively about the care provided.

People were supported to communicate by staff who knew them well and respected their individuality. They were encouraged to make choices and to be as independent as possible.

Staff were prepared to challenge and address poor care. Managers took action to support staff to improve or took disciplinary action if needed.

Is the service responsive?

Requires improvement

The service was not always responsive. Staff knew people well and, despite a small number of errors, people's support plans reflected their needs and preferences.

Each person was treated as an individual and encouraged to become more independent. People were supported to take part in a variety of activities in the home and the community.

Complaints had been dealt with appropriately in the past and relatives said they would be able to complain if they needed to.

Summary of findings

Is the service well-led?

The service was well-led. The quality of the service was regularly checked and areas for improvement were addressed. People and their family members were asked for feedback and their comments were acted on. Staff told us their concerns were addressed.

Good 

Gloucestershire Autism Services

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 8, 9, 10 and 11 September 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and we needed to be sure people and staff would be available to speak with us. An adult social care inspector carried out this inspection.

Before the visit we reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification. We also spoke with a local authority commissioner, two health care professionals and a relative.

During our visit we spoke with the local operations manager and five care staff. We spent time observing the care and support provided by staff and spoke with three people using the service and two further relatives. We looked at three support plans, staff records and a selection of quality monitoring documents.

After our visit we sought feedback from a social worker who worked with someone using the service.

Requires improvement

Is the service safe?

Our findings

The local operations manager told us there was an emergency evacuation plan in place for each property to ensure staff had the information they needed to help people evacuate safely. We looked at one plan and found it did not relate to the property we were visiting. We asked for the emergency plan at another property and staff were unable to locate it. Staff said they could support people to leave the building safely but the lack of written guidance put people at increased risk of harm.

People were supported by staff to manage the risks they faced. However, we found a small number of activity related risk assessments had not been completed so it was not clear if the risks and benefits of these activities had been assessed and if steps were needed to minimise the risks. Other risk assessments and support plans explained how risks should be managed and a healthy balance had been struck between keeping people safe and respecting their freedom. For example, one person still had access to the bathroom despite the risk they may damage property as the benefits of ongoing access outweighed the risks. Some people using the service could become very anxious or upset. As a result, staff received training in managing these situations and preventing them happening. The primary focus was on avoiding the distress in the first place and giving people space to calm down if they did get upset.

Most people had a medicines administration plan in place that ensured staff knew how they liked to have their medicines administered. This was missing for one person and inaccurate for another person which meant staff lacked reliable guidance to ensure people received their medicines in the agreed manner. The medicines administration records for these people showed staff had still administered their medicines as prescribed. People received their medicines from trained staff who had their competency to administer medicines checked every six months. A small number of checks were overdue by one month when we visited. A medicines audit took place each month and the storage and recording of medicines were reviewed. Where necessary, action was taken to address problems identified.

People were supported by staff who took action if there were concerns about their wellbeing. Staff had quickly shared concerns with the local operations manager who had sought guidance from the local authority safeguarding adults team. They had, however, not notified the Care Quality Commission of the allegations. The operations manager confirmed she was aware of the need to do so. Training records showed all but one member of staff had completed safeguarding training in the last 12 months. Some staff we spoke with were unable to locate the contact details for the local authority safeguarding adults team but were confident about reporting concerns internally. The contact details were recorded in each person's support plan for easy access. The local operations manager was using supervision meetings as an opportunity to check staff knowledge of safeguarding procedures.

The missing or incorrect evacuation plans, risk assessments, medicine administration plans and contact details for the local authority safeguarding adults team all put people at risk of harm. **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Incidents were recorded and reviewed using incident forms. The forms in use did not encourage staff to identify what could have been done differently or to indicate where changes may be needed to support plans or risk assessments. The local operations manager shared a proposed template with us that would address this gap. All incident reports were reviewed by the local operations manager to identify and address any patterns, and changes were made to practice as needed. For example, one member of staff was moved to another service when a pattern of incidents involving them and a particular person was identified. The risk of people suffering preventable harm was reduced because learning and action took place following any incidents.

People were cared for by suitable staff because safe recruitment procedures were in place and managed by the provider. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and reasons for leaving. A DBS check allows employers to establish whether the applicant has any convictions that may prevent them working with vulnerable people. Where necessary, a risk assessment was completed prior to employing staff. Any gaps in an applicant's employment record were followed up to ensure a full history was obtained. We found one instance where the necessary checks on an applicant's past

Requires improvement

Is the service safe?

performance and reasons for leaving had not all been completed. This member of staff had, however, not yet started work. The provider confirmed they understood the requirements around recruitment.

There were enough staff on duty to meet people's needs. The number of staff needed for each shift was calculated using the level of care commissioned by the local authority and knowledge of the activities to take place that day. Staff confirmed the required number of staff were on duty for each shift. At the time of our inspection approximately 14% of the hours provided were using agency staff. The local operations manager explained recruitment was ongoing and those people who had the greatest need for consistency were only supported by permanent staff that knew them.

Good

Is the service effective?

Our findings

People were involved in decisions about what to eat and planned their meals in different ways. For example, some people had a monthly plan in place and others decided what to eat on a weekly basis. Staff said that if the person did not want the food planned for a particular meal, an alternative would be offered. People appeared to enjoy the food prepared for them. Some people liked company when they ate so staff sat with them. One person needed constant encouragement to eat and we observed staff supporting them to eat a healthy amount. Another person could stop eating as a response to stress and their support plan clearly identified how this should be managed by staff. Staff recorded people's diet and weight as needed in order to identify if they were becoming unwell.

People's health needs were recorded in their health action plan and staff supported people to attend appointments as needed. People had a hospital passport in place to guide professionals if they needed to be admitted. Health care professionals said staff asked for help at the right time and followed the guidance they were given.

People's rights under the Mental Capacity Act 2005 (MCA) were being respected. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. A mental capacity assessment and a record of any decisions made for people were kept to show people's rights had been respected. People's support plans identified the decisions they were able to make and when staff needed to act in their best interests. It was not clear from the documentation available if a small number of best interest decisions were still current but staff were able to clarify the situation. For example, a best interest decision about giving medicines covertly was no longer needed but this had not been clearly documented.

All but four staff had completed MCA training since joining the company. Care workers had an understanding of the need to help people make decisions on a day to day basis. They told us they would consult with senior staff if someone needed to make a more significant decision. Some people had been asked their opinion on issues they had been assessed by staff as lacking capacity to make a make a decision about, such as carrying money or keys.

Whilst staff understood this was the person's opinion and not a capacitated decision, this had not been made clear in the related records. This could cause confusion, particularly if the person changed their mind in the future.

People's ability to choose where to live had been assessed and appropriate steps had been taken if they could not make this decision. The service had submitted an application to the local authority to deprive someone of their liberty using a Court of Protection order. A decision had not yet been received. The local operations manager explained they were also considering submitting further applications for other people who had recently started using the service.

People were supported by staff who had received the training they needed to keep them safe. A summary training record was sent to the local operations manager weekly so she could identify the training each member of staff needed. She was able to describe the action being taken to address each training gap. For example, one member of staff with a number of outstanding courses was being given protected time to complete the training. The uptake of training had improved over the last six months and most staff had completed all training identified as mandatory by the provider. The local operations manager explained her focus would now be on ensuring all staff had training specific to the needs of people they worked with. For example, autism training. Staff told us they felt competent and could ask for additional training when they needed it.

Observations of care and supervision meetings were used to monitor and address staff performance. Following each observation, staff were given feedback on areas for improvement. Supervision meetings were used to review staff training needs, team working and the changing needs of people being supported. The meeting minutes showed agreed actions were completed between each meeting. The frequency of observations and supervision meetings varied with staff having received between two and four contacts since January 2015. The local operations manager said the new manager was developing a tracking tool to ensure everyone had the required number of contacts during the year. Staff told us they could ask for additional meetings if needed.

All new staff completed a four day induction course that covered key topics such a safeguarding, the MCA, and keeping people safe if they became very anxious. They

Good

Is the service effective?

were then monitored to check they completed the rest of their training electronically. The induction course was aligned to the Care Certificate which is the national benchmark for inducting new health and adult social care staff. New staff shadowed more experienced staff until they felt confident to work alone. This was for a minimum of two weeks.

The local operations manager explained team meetings were held three to four times per year but attendance was low as many of the staff team would be working at any one time. As a result, the staff at one property had started holding smaller meetings for staff working at that property. Team meeting minutes showed actions were identified but it was not always clear if these actions had been revisited at the following meeting. Communication books were also used to share messages with staff.

Good

Is the service caring?

Our findings

Staff behaved in a caring and supportive manner at all times. One person told us, “I like it here” and a family member talked about how well their relative had settled in and how much happier they appeared. They described staff as “kind and caring”. One health care professional described staff as “very enthusiastic and caring” whilst a social care professional said staff found creative ways to ensure a person’s preferences were met.

Staff explained the relationship they had with people was very important. Some people needed one or two staff to support them individually at all times. The local operations manager explained that matching people and staff was very important due to the intense nature of individual support. If there was a clash of personalities, the member of staff would be moved to support another person. A member of staff told us one person had grown in confidence as they grew to trust their staff team as all staff acted in a consistent way. They were now able to complete more tasks independently and seemed much happier.

Staff knew people very well. They were able to understand their unique language and respond to their needs quickly and effectively. Staff understood that people’s behaviour was a way of expressing their needs and sought to address their needs rather than respond to the resulting behaviour. Staff explained what could upset people, what helped them stay calm and what people were interested in. This matched what was recorded in people’s support plans. We saw staff applying this knowledge during our visit.

People were encouraged to make choices, for example about what they drank, when they got up or where they spent time. Staff explained choices to people and then waited for a response. The choices were offered at the appropriate level and ranged from selecting from two objects to discussing plans for the day. Staff encouraged people to be as independent as possible. They gave people the time they needed to complete tasks themselves and did not intervene too soon. During mealtimes people were encouraged to eat as independently as possible. Each person’s support plan identified what the person could do independently and where help should be offered.

Staff were aware of the need to protect people’s dignity, particularly whilst helping them with personal care. Dignity and privacy were mentioned in people’s personal care support plans to give staff practical guidance. Staff held confidential conversations away from other people and spoke about people and to people in a respectful way.

The risk of people experiencing poor care was reduced as staff and the local operations manager were prepared to address problems as they arose, either through staff development or disciplinary action. The way staff supported people was checked during observations to make sure they were following company policy and people’s support plans. Staff received feedback to help them improve the way they worked with people.

Requires improvement

Is the service responsive?

Our findings

Support plans were maintained by senior staff. Care workers told us they would not make changes to the plans but would inform senior staff if changes needed making. The local operations manager told us plans were updated annually or sooner if needed. We found a small amount of information had not been updated which could cause confusion for people or staff. For example, one person's address was incorrect in one document, a support plan still referred to a since deceased relative and the missing person sheets had no photos to help identify the person.

Daily notes were kept to record what people had done, how independent they had been and how they were feeling. We found some gaps in the recordings which made it harder for staff to track people's mood and behaviour over time. There were also gaps in the information recorded about the tasks around the house people had been involved in. This made it harder to see how independent the person was over time. Some recordings were detailed and clearly identified how the person was feeling rather than just what they had done. The local operations manager told us they wanted to provide training to help staff understand the importance of record keeping to improve the quality of the daily recordings.

Some health action plans were not always up to date and were not always being used as intended. For example, one person was supposed to visit the dentist annually but the last recorded visit was October 2012. There was evidence elsewhere that they had seen a dentist since then but the health action plan had not been used to record this which reduced the effectiveness of the document. Another person had a known skin condition but this was not referred to in the health action plan.

The missing or incorrect information in people's support plans, daily notes and health action plans could impact of the care they receive. **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Each person using the service had a support plan which was personal to them and gave others information they would need to support them in a safe and respectful way. The plans showed when they needed to be reviewed and how involved the person and their family had been in putting the plan together. One relative said they had been consulted about the person's needs and had felt involved in developing the support plan. Support plans included information on maintaining people's health, their daily routines, how to support them emotionally and how they communicated. It was clear what the person could do themselves and the support they needed. Information on the person's known preferences and personal history was also included. Where people could become very anxious, there was clear information about how to support them to manage their anxiety.

People living in one property had recently started receiving support from the service. Their support plans had been developed with their involvement and consultation with family members and health and social care professionals. As staff got to know people better they were adding more information to their support plans. Staff had found that information from families was not always applicable in the new setting and some people's needs and preferences had changed. These plans were being frequently reviewed and updated.

People were supported by staff who could explain their needs and preferences in detail. Staff got to know each person and the support provided was built around their unique needs. Staff monitored how people responded to different situations and used this to build up a picture of their likes and dislikes. A social care professional said staff demonstrated a detailed knowledge of one person's needs at the last care review. This included what made the person anxious and how to support them if this happened.

Staff and health care professionals explained the importance of staff consistency for many of the people being supported by Gloucestershire Autism Services. One person had a unique vocabulary and could become very distressed if they were not understood. As a result, new staff worked with an experienced member of staff for an extended period of time until they were able to understand the vocabulary. This was working well and the person had experienced fewer periods of extreme distress in the recent past.

Each person was being supported to work towards increasing their skills and independence. Whilst staff could tell us how they were helping people to be more independent in general, they were not always familiar with the specific goals that had been agreed with each person. This reduced the chance that people were receiving consistent support to move forward. Some goals were also

Requires improvement

Is the service responsive?

very vague or unlikely to be achieved in a reasonable timeframe. This had been identified by a recent quality audit and the goals were being reviewed. New paperwork was also being introduced to help staff consistently record progress as this was not happening reliably.

One person's relative talked about how they had become more independent since receiving support from Gloucestershire Autism Services. They also said the person went out more and was more active which had in turn reduced their anxiety and agitation levels. Staff explained that some colleagues were more creative and keen to encourage people to take part in activities than others. Health care professionals said people appeared to get out enough and explained some people could be very difficult to motivate. They said staff kept trying but some could do with guidance to help them develop more effective techniques. The local operations manager showed us new daily notes that recorded what activities had been offered and then completed or declined. This would allow a better assessment to be made of why activities did not go ahead.

People's views about their care and immediate plans were discussed at weekly meetings with a member of staff.

These meetings were not yet taking place as frequently as they should and senior staff were seeking to address this. This risked people not being given an opportunity to share concerns as quickly as possible. The senior member of staff responsible for each property sought to visit weekly to speak with staff and the people living there. Some people had chosen to be involved in staff recruitment and had been supported to ask questions of potential candidates. Other people were not willing or able to be involved in the interviews but had made their staffing preferences known, for example staff gender, and these were respected as far as possible.

The service had a complaints procedure and complaints were recorded and addressed in line with this procedure. This included staff meeting with the complainant to discuss their concerns directly. Relatives told us they would be happy to tell staff if there was a problem and knew it would be acted on. The complaints received in the last 12 months had all been investigated, acted on and followed up. Some compliments had been received by the service and included comments such as, "[name] is getting so much more out of life" and "staff are wonderful".

Good

Is the service well-led?

Our findings

Some staff had shared concerns with us prior to our inspection that issues they raised with senior staff were not addressed. The local operations manager was aware of these concerns and said she had been seeking to make it clear to staff that they could not always be told what action was taken but that their concerns were addressed. During the visit staff said they felt able to share concerns or suggestions and felt confident they would be acted on where possible. Staff described the action taken after they had shared concerns.

A senior member of staff explained they tried to resolve problems within their team before involving the local operations manager. They knew they would get support if needed. They described how they had spent time with staff and had held a small staff meeting to improve the consistency of care offered to one person. This had worked well and the benefits were being seen by both staff and the person supported.

Some staff and health care professionals described frequent management changes in the recent past. They explained that whilst people were not put at risk because of these changes it had been harder to ensure staff worked together to improve the service. One health care professional felt the lack of strong leadership had impacted on the quality of the service. A new manager had recently been recruited to the service and a senior member of staff had been identified for each property to ensure consistency and a robust management structure.

Staff were committed to listening to people's views and the views of the people important to them in order to improve the service. People had an opportunity to discuss concerns at weekly meetings with staff although these meetings were not happening as regularly as they should. Relatives and health and social care professionals were asked for feedback annually. The most recent survey had been sent out and the results were being collated. The local operations manager said people had the option to raise concerns anonymously or include their name if they wanted personalised feedback. She would be asked to inform the provider what action had been taken in response to all issues identified as part of the survey.

A number of quality monitoring systems were in place at the service and provider level. A monthly health and safety audit was competed to check staff training and supervision progress, fire alarm tests, the occurrence of incidents and accidents, maintenance issues and the completion of medicines records and risk assessments. This was completed by the service manager and was shared with the local operations manager. When there was a registered manager at the service, the local operations manager completed monthly meetings with them to check their progress and agree an action plan.

On an annual basis a compliance review was completed by the provider which resulted in an action plan for the service to complete. The last assessment had identified that reference checks were needed for agency staff and that some risk assessments had needed updating. These actions had been addressed.

The local operations manager told us staff attended meetings with the Gloucestershire Care Providers Association in order to share learning and good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not ensured systems and processes were operating effectively to ensure risks relating to the health, safety and welfare of service users were being assessed and mitigated. The registered person had not ensured systems were also operating effectively to ensure an accurate, complete and contemporaneous record was being kept for each service user.