

Autism Care (UK) Limited

# Autism Care Community Services (Milton Keynes)

## 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

This inspection took place on 25 and 28 April 2016 and was announced.

Autism Care Community Services (Milton Keynes) provides support and personal care to people with autism and learning disabilities who live in their own homes, in order for them to maintain their independence. People were supported to maintain tenancies and in some cases share housing with other people also using the service.

At the time of our inspection the provider confirmed they were providing personal care to 11 people.

There was a registered manager in post. There was also a service manager, who would be going through process of becoming the new registered manager. 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.

Staff had a good understanding of keeping people safe from harm and the safeguarding procedures that should be followed. Staff were confident that any concerns they had reported to management would be followed up correctly. People had risk assessments in place to enable them to be as independent as possible. Staff supported people to achieve daily tasks in a safe and positive way.

Staffing levels were adequate to meet people's current needs. We saw that enough staff were working throughout the service to cover the needs of the people being supported. The correct ratio of staff to people was being met according to assessed needs.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

We saw that medicines were stored and administered safely and on time.

Staff were well supported by the service manager and senior team, and had supervisions and opportunities to feedback to the management frequently.

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

People were able to choose the food and drink they wanted. Staff supported people to shop for, prepare

and cook meals as they required. People were supported to access health appointments and have input from other health professionals as required.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Family members were involved in people's support and care planning when people themselves were not able to be.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

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

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

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

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

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

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

### Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

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

### Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

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

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

### **Is the service well-led?**

The service was well led.

People knew the registered manager and service manager, and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

**Good** ●

# Autism Care Community Services (Milton Keynes)

## **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 25 and 28 April 2017 and was announced. The registered manager and service manager were given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence. The registered manager was not available on the day of our inspection, but the service manager, who was going through the process of becoming the registered manager, was there on the day.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with one person who used the service and two relatives of people that use the service. We also visited one person in their house. The person was not able to verbally communicate with us, but we were able to carry out observations of the support and care they received from staff. We spoke with three support workers, the service manager, and the recruitment officer. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

## Is the service safe?

### Our findings

People told us they felt safe with the support they received from the service. One person said, "Yes I feel very safe. I don't worry about safety." A relative of a person told us, "This is the best place for [Person's name]. I couldn't think of any place that he would be safer."

Staff were aware of the signs of abuse and how to report it. One staff member said, "I would contact the Care Quality Commission (CQC) if I needed to. We are trained on whistleblowing procedures." All the staff we spoke with during our inspection had a good understanding of the safeguarding and whistleblowing procedure and we saw that they had received training in these areas. There was a safeguarding policy in place to guide staff, and the service had notified CQC of any incidents as required.

People had risk assessments in place to manage risk within specific areas of their life. We saw that people had plans to guide staff in managing areas of challenging behaviour. These prevention strategies recognised the signs of distress or agitation a person may display, and guided staff in how to prevent and react to various situations. There were plans in place which were specific to each person and detailed each person's ability within areas such as socialisation, flexibility of thought, and interaction with self and others. We saw that assessment of risk was done in such a way as to promote positive behaviour and enable people to achieve as much as possible, safely. All the risk assessment documents we saw had been regularly updated.

Safe recruitment practices were followed by the service. We spoke with the recruitment officer who told us that all staff must complete Disclosure and Barring Service checks (DBS) and have two references before starting work within the service. We saw that competency checks took place during the recruitment and induction process. All the staff we spoke with confirmed that this process took place, and the staff files we saw contained evidence that these checks were thorough and made sure that staff were suitable to be working with vulnerable adults.

The people we spoke with felt there was enough staff around to meet their needs. One person said, "Yes there are plenty of staff around. I get the one to one time that I need as well." A relative of a person said, "[person's name] requires two staff members with them throughout the day. I visit often and have never seen him understaffed." During our inspection, we visited a person's home to speak with staff and to make observations. We saw there was appropriate staffing levels in place in line with the person's assessed needs.

People were safely supported with the administration of medication. One relative said, "I am very happy with the way [person's name] is supported with medication. Sometimes certain medication is necessary, and sometimes it isn't. The staff don't overuse medication at all and I trust the way they work. It is safe." During our visit to a person's house, we were able to see that medicines were kept securely in a locked cabinet, and the staff were using Medication administration records (MAR) appropriately. All the records we checked were accurate, as were the stock levels of all the medicines we checked.

## Is the service effective?

### Our findings

People and relatives of people we spoke with, told us they thought the staff were well trained and knew how to support people. One person said, "I am happy with the staff and the way they provide support. They know what they are doing." A relative told us, "The staff are amazing. This is the best place for [Person's name]. I don't know what I'd do without them, they know exactly what's best." All the staff we spoke with told us they felt confident in their roles and the training they received enabled them to do their job well. One staff member said, "The training is very good, it enables me to be confident to support people in sometimes challenging situations. During our inspection, We observed that staff supported one person in a specific manner that was documented within their care plan. This planned approach was to enable the person and avoid certain triggers to documented behaviours. Staff were all consistent and supportive in all their communication with people using the service.

Staff went through an induction programme before starting work within the service. The service manager told us that all new staff undertook mandatory training sessions and were then able to shadow more experienced staff to get to know people. All new staff were undertaking the Care Certificate, which is a qualification that covers the basic skills and requirements for working within social care. All staff were trained in non-abusive psychological and physical intervention (NAPPI) which is training that helps to manage potentially challenging behaviours, with an emphasis on the approaches of Positive Behaviour Support. The staff we spoke with valued this training and regarded it highly in influencing the way they provided support to people positively. All other mandatory training was regularly monitored and updated by the service manager, and refresher training was booked when required.

Supervisions were held with staff to support them within their roles. One staff member said, "I have supervisions regularly. I speak with both the senior management and my supervisor who is regularly working alongside us. I have the opportunity to talk about issues whenever I wish." We saw that records of supervisions were kept and showed that subjects such as staffing, clients, performance and training were discussed. During our inspection we saw that both the service manager and senior staff were available for staff to speak with as they required.

The staff we spoke with all had an understanding of Mental Capacity Act (MCA) . 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. We checked whether the service was working within the principles of the MCA and we saw that they were.

People had support to maintain a healthy and balanced diet. One person said, "I have support to go shopping and to cook." A staff member told us, "We learn what people like, and make sure they are able to have choices. [Person's name] is non verbal but we know they can clearly direct us to what they want to eat." We saw that people had information within their care plans that informed staff of the types of foods they liked and disliked, and any nutritional and health related information.

People had support to access health services and health professionals as they required. A relative told us, "The staff basically saved [person's name] life a few months ago due to their swift action. They are very well trained, and they knew the signs that he displays with his illness. They took him to hospital to be seen immediately, and avoided a potentially life threatening situation." We saw that information relating to people's health was clearly documented within their files, and input from a wide range of health professionals was sought and documented. All the staff we spoke with had an excellent understanding of the specific health requirements of the people they were supporting.

## Is the service caring?

### Our findings

Staff had a caring approach towards the people they were supporting. One person said, "The staff are all very nice, I get on with them all." A relative of a person told us, "The staff are fantastic with [person's name]. Particularly [staff name] who gets on so well with him. They are very kind and patient and understand him. [Person's name] responds to all the staff very well, I know he likes them." A staff member told us, "I think that all of our team is very caring. We know we are in someone's house and must respect them." During our inspection, we observed staff interact with a person in a warm and friendly manner, giving positive praise to the person for achieving tasks and communicating with staff.

People were able to be involved in their own care planning. One person said, "Yes I feel involved and in control. The staff help me do things, and help me understand stuff. I have choices." The staff we spoke with told us they regularly recorded daily events in detail, and made sure to involve people within their own care, recording any changes and passing information on to management. People had regular reviews of their care which could involve family members and other professionals involved in their support.

People's privacy and dignity was respected by staff. One person told us, "The staff knock on my door, they don't just barge in. They respect my privacy." All the staff we spoke with understood the importance of respecting privacy and dignity. One staff member said, "We all respect people's privacy. It's very important to make sure people feel comfortable in their own home able to have privacy."

People were supported to be as independent as they could be. We saw that care plans contained detailed information about people's skills and abilities. For example, people had a section within their care plans that documented their gifts and talents, and things they were good at. This enabled the staff to understand how people could maintain and improve their independence. People's needs were broken down in to short term and long term outcomes, that focused on promoting independence.

People were supported to maintain relationships that were important to them. One person said, "My family come and see me whenever I want. The staff help to arrange it." A relative of a person told us, "I come here regularly, we are still very close. The other day, [person's name] came to join us for a family meal at a restaurant. The staff come with him because he needs constant support, but without them it would be impossible." During our inspection, we visited a person's house and saw that a family member was present with staff. The family member had arranged with staff to come over and cut the person's hair, as that was their preferred arrangement.

## Is the service responsive?

### Our findings

People's needs were assessed before receiving a service. The service manager told us that she would arrange to visit people and their families to carry out this assessment to determine whether the service could meet the person's needs. If possible, the person would also be visited within any current services that they were using so the service could see how they were being supported. Once the decision had been made to use the service, a transition period would be created individual to each person. Including meet ups with staff, visits to new housing, and meeting other people. We saw evidence that people had received pre-assessments as described by the service manager.

People received personalised care that met their needs. We saw that care plans were person centred and included a photo of the person, information about social needs, hobbies and personal qualities. We saw a section within people's care plan that was called, 'What I do that makes people smile.' We saw that care plans listed many positive aspects and achievements of people, as well as focussing on their skills and abilities. This enabled staff to focus on supporting people to take positive steps within their lives and aim towards improving their independence.

All the staff we spoke with had a good knowledge of people's likes, dislikes and preferences. We spoke to staff that told us that they respected everyone's choices and tried to engage people in their interests whenever possible. We saw that people had care plans which documented their likes and allowed staff to have a clear picture of the person's personality and character.

People were able to express any thoughts or concerns with staff as required. People told us that they regularly had one to one time and could speak with staff about their preferences, opinions or concerns easily. A relative of a person told us, "The staff understand people very well. [person's name] is non verbal, but staff know how he is feeling and what he wants to do. They have learnt how he communicates." All the staff we spoke with said that they knew they could regularly update people's information if they noticed any changes.

The service had a complaints procedure in place and people knew how to use it. People and relatives we spoke with were aware and comfortable with the complaints procedure and felt they would be listened to by staff and management. A relative of a person said, "It is very easy to get a response from staff when you need it. I have faith that if I had a concern, it would be looked at quickly. Most of the time, I just talk with the staff but I can speak to the manager if needed."

## Is the service well-led?

### Our findings

People told us they knew who the manager was and were able to make contact or see her when required. One person said, "There has been a couple of different managers. The current manager is good, and I can speak to her easily." The relatives of people we spoke with also told us they felt the management of the service was good and easy to approach when they needed. We saw that the service manager was applying to be registered as the registered manager. The service manager had a very good knowledge of the people using the service and their needs and abilities.

All the staff we spoke with told us that they were happy working at the service and felt well supported within their roles. One staff member said, "It is a very good place to work. I have never had any problems. We all work well as a team and get the support we need." All the staff we spoke with made similar positive comments.

The service was organised well and staff were able to respond to people's needs in a proactive and planned way. The staff we spoke with were aware of the visions and values of the service and felt positive about continuing to improve. We saw the service had a staff structure which included the registered manager, the service manager, the recruitment officer, team leaders and carers. We observed staff working well as a team, providing care in an organised and calm manner. None of the staff we spoke with had any issues with the running of the service or the support they received.

Staff recorded any accidents and incidents accurately and appropriate responses took place. We saw that the details of any accidents were recorded along with the people involved and the actions taken. We saw that the management had been made aware of all incidents, and risk assessments were updated when needed.

Staff were given the time they needed to support people fully and communicate with one another. Staff felt able to raise concern and have their voices heard. One staff member told us, "We work consistently with people and can get to know them. Shifts are organised properly, and people get the right ratio of support at all times. We help each other and cover when needed." All the staff we spoke with felt that care was consistent and that they had the time they needed to complete their work properly."

The service regularly monitored quality to enable improvements. We saw that many documents were audited and archived within the office, by the senior team. For example, MAR charts were regularly audited so that any mistakes could be found and improvements made where required.

Questionnaires had been formulated which asked for opinions on the quality of the service. We saw that these were sent to people using the service and the staff to gather information and drive improvement. The results were collated and reviewed by management and used to make improvements where required.