

# Include 'In' Autism community interest company

# Include 'In' Autism

## Inspection report

Plains Farm Youth and Community Centre  
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17 November 2021

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## 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?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Include in Autism is a domiciliary care agency providing personal care to people living in the community with a diagnosis of autism. The service was responsible for supporting one person at the time of the inspection.

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

The provider had not followed COVID-19 government guidance in regard to the testing of staff in a domiciliary care setting.

Recruitment procedures were changed, and full checks were conducted. The registered manager had added an additional layer of safety checks with Disclosure and Barring Service (DBS) status being checked monthly. However, this had not been implemented for all staff.

New processes had been introduced throughout the service, including analysis and learning from incidents, an induction and training programme and new quality assurance systems had been developed. Whilst these gave a foundation for the service, we could not see how effective these were due to the short time in place and with only one person being supported. The issues we found had not been identified.

Record keeping had improved. Feedback from people, relatives and staff was regularly sought. A range of visual aid tools were available to capture children's voice.

The registered manager was responsive to feedback given and immediately made changes based on this. Staff had received training to recognise and report signs of abuse.

A relative told us staff were kind and caring. They said staff sought permission before offering support.

The person was supported by a small and consistent staff team. Staff were knowledgeable about the person, their likes and dislikes and support needs. However, care plans and risk assessments did not reflect this depth of information.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Right support: Model of care and setting maximises people's choice, control and independence Right care: Care is person-centred and promotes people's dignity, privacy and human rights Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was inadequate (published 16 March 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 16 March 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on our inspection programme.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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

The inspection was carried out by two inspectors.

#### 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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 12 November 2021 and ended on 19 November 2021. We visited the office location on 15 November 2021 and spoke with a relative on 17 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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.

#### During the inspection

We spoke with one relative about their experience of the care provided. We looked at records relating to the management of the service. These included accident and incidents, safeguarding, recruitment and quality assurance records. We looked at one person's care and support file. We spoke with five members of staff, including the administrator, two service managers, one support worker and the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection.

- The service had not followed COVID-19 government guidance. Staff were not completing weekly polymerase chain reaction (PCR) tests. The registered manager told us they had been given conflicting information and were told lateral flow test (LFT) would suffice. However, we found that not all staff were completing weekly LFT. This placed people at risk of harm.

Following the inspection, the registered manager has obtained PCR tests and staff are completing them weekly in line with government guidelines.

- Staff had completed training about infection prevention and control and how to safely put on and remove personal protective equipment (PPE).

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment processes which placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had changed their recruitment procedures. Recruitment documentation was completed, and references were gathered.
- Documentation stated that all staff were checked monthly via the DBS updating service. The DBS updating service allows the service to check staff member's DBS current status at any time and adds another layer of safety. However, we found one staff member had not received monthly checks.

The registered manager told us they would address the matter immediately.

- People were supported by a regular staff team. Checks had been made to ensure staff had the right skills and knowledge to support the person.

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure measures were in place to enable staff to evaluate and improve their practice. This placed people at risk of harm. This was a breach of regulation 17 (Good

governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had introduced new documentation to ensure learning occurred when things went wrong. The registered manager reflected on incidents, addressing what had happened, what the service could do differently and putting actions in place.
- Accidents and incidents were recorded and reviewed.

Assessing risk, safety monitoring and management

- Risks to people had been identified. However, risk assessments lacked detail. Staff were extremely knowledgeable about how to keep the person safe, but this information was not reflected within the documentation.

A service manager told us they would rectify the matter immediately.

- The provider had contingency plans in place to ensure people received continued care in the event of an emergency.

Using medicines safely

- No- one was receiving support with their medication at the time of the inspection. Systems were in place to provide this should it be needed.



# 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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection systems were not robust enough to demonstrate staff had received appropriate training to support people safely. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- A new training programme had been developed. The provider ensured staff had received specific training around the person's needs.
- A thorough induction had been introduced. One staff member told us, "The induction prepares you for the role."
- Staff were supported by the provider. Regular supervisions were conducted either as an individual review or as a group and covered a range of subjects. Staff told us they felt supported by the management team.

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

- People's needs had been assessed prior to starting with the service. A relative told us they were fully involved in discussions about their family member's care.

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.

- Staff had completed training on MCA.

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

- No-one was receiving support with eating and drinking at the time of the inspection. Systems were in place to support this should it be needed.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- No-one was receiving support to access healthcare services at the time of the inspection.

# 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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Supporting people to express their views and be involved in making decisions about their care  
At our last inspection the provider failed to seek and act on feedback from children about how the services was to be provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had introduced new systems to gather children's feedback. A range of visual aid tools were available to capture children's voice.
- The person and relatives were fully involved in discussions about their care. A relative told us, "[Person] is asked about everything and staff listen."

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had an equality and diversity policy in place.
- Staff described how they supported and respected people's needs. One staff member told us, "[Person] takes the lead, we ask what they would like to do and when."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative said, "[Staff member] always seeks permission before supporting [person]. They have developed a lovely bond."
- The provider had introduced dignity and respect training and confirmation of learning was part of the spot checks. Spot checks were regularly completed to observe that staff maintained the desired standard of care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated requires improvement. At this inspection the key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Children's care plans were designed in a format for them to understand. The provider had introduced a range of tools to promote children's input into their care and treatment.
- Care plans were personalised. However, staff had extensive knowledge of how best to support the person, which was not reflected in the care plans. A service manager told us they would address this immediately.
- Care plans were reviewed regularly. However, we noted the same staff members writing the care plans, also reviewed them. We discussed this with the registered manager who advised they would look into the matter.

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.

- AIS was embraced throughout the service. A range of communication formats were available.
- People's communication needs were assessed as part of their assessment.

Improving care quality in response to complaints or concerns

- The service had a complaints system in place. The relative we spoke with had no concerns about the service and told us they would speak with the registered manager if they had any worries.

End of life care and support

- At the time of the inspection there was no-one receiving end of life care. Policies and systems were in place to arrange this should it be needed.

# 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.

At the last inspection this key question was rated inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, the provider failed to maintain accurate, complete and contemporaneous records and have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. Further improvements were needed.

- New quality assurance systems had been developed. However, the issues relating to COVID-19 testing and monitoring of DBS checks had not been identified by them.
- Record keeping had improved. Records were accurate and complete and were regularly reviewed by the management team
- During the inspection the registered manager was responsive to feedback given and immediately made changes based on this.
- The service demonstrated continuous learning. The registered manager conducted remodelling of their processes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had introduced new systems to gather children's feedback.
- Staff were positive about their roles and the support they received from the management of the service.
- The provider had developed a cultural framework creating an ethos for staff. Following a serious incident, the service had re-evaluated its delivery of care. The registered manager had invested and conducted extensive training regarding restraint practices and closed cultures.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour.

#### Working in partnership with others

- The registered manager told us they had been approached by NHS healthcare professionals to deliver autism awareness training.
- The service had created a sensory environment which was accessible to families in the local area. They also offered training to support families in understanding autism.