

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



## Overall summary

This inspection took place on the 23 July and was announced.

Autism Care Community Services (Milton Keynes) is a supported living and domiciliary care service which provides care and support to people who may have a range of care needs. These include learning disabilities and autistic spectrum disorders.

# Summary of findings

At the time of this inspection the service was supporting 21 people across four separate houses and people living in their own homes.

A registered manager was 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.

People felt safe and staff had been provided with training to recognise the signs of potential abuse of harm. We found that the outcome from safeguarding alerts was discussed with staff to minimise the risk of recurrence.

There were processes in place to manage identifiable risks and to ensure people's freedom was not restricted unnecessarily.

There were sufficient numbers of staff employed with the right skills and knowledge to meet people's assessed needs and to promote their safety.

Recruitment checks were carried out on new staff to ensure they were suitable to work with people who used the service.

There were systems in place to ensure people received their medicines appropriately and at the prescribed times.

Staff had been provided with the appropriate training to carry out their roles and responsibilities.

The service worked to the key principles of the Mental Capacity Act 2005. When required capacity assessments were undertaken if it was found that people could not make decisions about their care and support.

People chose what they wished to eat and drink; and staff supported them with food shopping and cooking.

People were registered with a GP of their choice and if required had access to health care facilities.

Staff treated people with kindness and compassion. They were enabled to express their views and their privacy and dignity were promoted.

People's needs were assessed to ensure that the service could appropriately meet their needs.

There was a complaints procedure which was written in an appropriate format to enable people to raise concerns if they needed to.

There were systems in place to monitor the quality of the care provided, which was used to drive continuous improvements.

# 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?

The service was safe

Good



Arrangements were in place to keep people safe from avoidable harm and abuse.

Risks were managed to ensure people's freedom and choice was not unnecessarily restricted.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

There were systems in place to support people with the management of their medicines.

### Is the service effective?

The service was effective

Good



Staff had been appropriately trained to carry out their roles and responsibilities.

The service acted in line with legislation and guidance. If it was found people did not have capacity mental capacity assessments were undertaken.

People were supported to eat and drink and to maintain a balanced diet.

If required people had access to health care facilities.

### Is the service caring?

The service was caring

Good



People had developed positive and caring relationships with staff.

Staff supported people to express their views.

People's privacy and dignity were promoted.

### Is the service responsive?

The service was responsive

Good



People received personalised care that met their needs.

People had access to information on how to raise a complaint.

### Is the service well-led?

The service was well-led

Good



There was an open, empowering and inclusive culture at the service.

A registered manager was in post.

There was a quality assurance system in place which was used to good effect.

# 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.

The inspection was announced and was carried out on the 23 July 2015 by one inspector.

We told the registered manager two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority, who has a quality monitoring and commissioning role with the service.

During the inspection we visited two of the four houses supported by the service and spoke with the four people who lived there. We also visited a person in their own home and spoke with five support workers, the deputy manager and the registered manager.

We reviewed the care records of three people who used the service, three staff files and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “Of course I feel safe this is my home. I get on with [name called] we are good friends.” Another person commented, “If I have a concern I would tell staff.” Staff told us they had been provided with safeguarding training, which enabled them to recognise signs of potential abuse and how to promote people’s safety. We saw staff had signed to confirm they had been provided with a copy of the service’s safeguarding policy and had understood the contents in it. The document seen contained information with the telephone numbers of who to contact in the event of suspected abuse. There was an easy read safeguarding document, which was designed for people who used the service to make them aware of how to raise concerns if they needed to.

The registered manager told us that the outcome from safeguarding investigations was discussed at team meetings and with individuals in supervision. This was to ensure that lessons were learnt and to minimise the risk of any recurrence. We saw the registered manager maintained a record of all the safeguarding alerts that had been raised and there was an audit trail of the outcome of the investigations. We saw training records which confirmed that staff had been provided with annual safeguarding updated training.

There were risk management plans in place to manage people’s identifiable risks. The registered manager told us that people had individual risk management plans in place to promote their safety; and to ensure their freedom was not restricted unnecessarily. We found that the plans were personalised and contained guidance for staff to follow to support people to achieve their goals. For example, we saw a risk assessment to support an individual to feel good about themselves and to engage in the local community. We looked at a second risk assessment which had been developed to support the individual to engage with other people who shared the same interests as them. Evidence seen confirmed that people’s independent and social skills had improved as a result of the risks being managed appropriately; and people started to feel better about themselves.

The registered manager told us that the service had systems in place to ensure that informal and formal systems were used to share information on risks relating to

people’s care and support. She told us that the process had been explained to people and they had agreed for information relating to their personal data such as, date of birth, medication allergies and financial information to be shared on a need to know basis. We saw written evidence to confirm that people had agreed for information to be shared about them.

The registered manager told us that the service had a whistleblowing procedure and it was regularly discussed with staff. She said, “We regularly discuss the procedure at staff meetings.” She further commented that staff were reassured that they would be supported if they raised concerns about colleagues’ poor practice or behaviours. We found that accidents and incidents were monitored monthly to identify trends; and the data was used to inform practice. We saw minutes from staff meetings which confirmed that the whistleblowing and safeguarding procedures was regularly discussed.

People told us there were sufficient staff to keep them safe. One person said, “We have the same staff who knows us well.” The registered manager told us that the service does not use agency staff and the houses were staffed 24 hours a day. We looked at the staff rota for a specific house and found throughout the day there were three staff on duty. The number was reduced at nights to a waking staff member and a staff member sleeping on the premises. We found the staffing numbers available, enabled people to participate in activities of their choice such as, day centre placements, shopping and going out for coffees and walks.

Staff told us the service had safe recruitment practices. One staff member said, “I had a face to face interview and I had to answer lots of questions.” The staff member commented that they had to provide two references and obtained a Disclosure and Barring Certificate (DBS) and provide proof of identity before they were able to commence employment. We saw the appropriate recruitment documentation was available in the staff files we looked at. The registered manager confirmed that staff did not take up employment until the required checks had been completed.

Systems were in place to ensure people received their medicines safely. One person said, “The staff make sure that I get my medicines.” The person told us they had been

## Is the service safe?

prescribed for medicines four times daily because they suffered from a certain condition. Staff told us only staff who had been trained in the safe handling of medicines were allowed to administer medicines.

The registered manager told us that some people self-administered their medicines and were responsible for ordering their prescriptions from the GP and collecting them from the pharmacy. We found risk assessments were

in place to support those people who were self-administering. We observed that medicines were stored in a locked cupboard in the office. We checked a sample of Medication Administration Record (MAR) sheets and found they had been completed appropriately. We found that 'as required' medicines were not administered unless they had been authorised and agreed by a senior member of staff.

# Is the service effective?

## Our findings

People received care and support from staff who had the knowledge and skills to carry out their roles and responsibilities. One person said, “Yes staff are trained and good at their job.” Staff told us they had received induction training to support them in their roles. One staff member said, “I get the training I need to carry out my role.” Staff also told us that they had received face to face essential training such as, safeguarding awareness, Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), fire awareness, safe handling of medicines, moving and handling, equality and diversity, food hygiene, health and safety and first aid. We found in addition to essential training staff had to complete training, which was split into different areas relating to their job description. We found they had also been provided with training on autism awareness and non-abusive psychological and physical intervention (NAPPI) training. This was to support them to manage people who may present with behaviours that may challenge others.

Staff told us they received supervision regularly to support them in carrying out their responsibilities. One staff member said, “I receive regular supervision and appraisal which enhances my skills and learning.” We saw the service had a supervision schedule in place. This was to make staff aware of the planned supervision dates. We saw staff meetings were held regularly. This enabled the staff team to discuss good practice and areas of the service that needed to be developed further.

Staff told us they understood their responsibilities regarding the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This was to ensure people who could not make decisions for themselves were protected. One staff member said, “We always find out from people what they want and how they would like to be supported.” When we visited people in their homes we observed staff sought permission to assist them and explained the process to them.

Under DoLS arrangements, the provider would be expected to submit an application to the Court of Protection where it was identified that someone’s freedom was being restricted to keep them safe. The registered manager confirmed that one person’s liberty was being restricted as they were receiving two to one support throughout the day. We saw evidence that an application had been made to the Court of Protection and this had been approved.

People were supported to eat and drink and to maintain a balanced diet. One person said, “I make my own drinks and prepare my meals. I don’t need staff to help me.” Another person commented, “I get help from staff to prepare my meals because I am not confident with using the hob, but I choose what I want to eat. I am able to use the microwave without staff assistance.” Staff told us they supported people with their food shopping and people chose what they wanted to eat. They also told us that some people needed more assistance than others. Those who were not able to prepare their meals, the staff discussed with them on a weekly basis using picture cards to find out what they would like.

People were supported to maintain good health and had access to health care facilities. One person said, “I do not like going to the doctor unless I have to.” The registered manager told us that people were registered with a GP who they visited when required, or at least yearly to maintain their health and well-being. We found people had regular dental, chiropody and optical check-ups. Referrals to health care specialists were made via the GP and we found that people were able to access the services of the dietician, occupational therapist, speech and language therapist and psychologist when needed.

We found people had health action plans which contained information about their health needs. The outcome of any health care appointments were recorded in their health action plans to ensure that information relating to their health and well-being was current and up to date.

# Is the service caring?

## Our findings

People told us they had developed good relationships with the staff who supported them. One person said, “The staff are great they would do anything for you.” The registered manager told us that staff knew people really well and this was because staff had spent time getting to know their likes and dislikes and personal histories. We found that people had individual work books called, ‘Understanding Me.’ The registered manager told us that staff had spent time with people to complete these books, which contained information relating to people’s goals, aspirations, health care needs and their preferred method of communication. This ensured that people received care and support from staff consistently and in the manner they wished to be cared for.

The registered manager told us that staff were provided with equality and diversity training. This ensured that people’s needs in respect of their age, disability, gender, race, religion, belief and sexual orientation was understood by the staff team and met in a caring and compassionate way. We found the care provided to people was unique; and met their diverse needs. For example, staff supported people to focus on the daily activities they enjoyed doing to maintain their independence and what mattered to them to ensure their well-being and self-esteem was promoted.

People told us they were able to express their views and be involved in making decision about their care and support. One person said, “I choose what I want to do. I prefer to eat in my bedroom and staff respect my wishes.” Staff told us that key sessions with people called ‘talk time’ took place. These sessions provided people with the opportunity to discuss how they wished to be supported; and whether changes to their support plans were needed to enhance their well-being, social skills and lifestyle. During these

sessions we found that staff encouraged people to feel good about themselves and to discuss things that were important them or activities they would like to do such as, planning for holidays and visiting places of interests.

The registered manager told us that at the time of our inspection there was no one using the services of an advocate. She said people were provided with information on how to access the services of an advocate and staff would support them in doing so if one was required.

People told us that staff respected their privacy and dignity. One person said, “They always knock and wait for a reply.” Another person said, “They never come into my bedroom unless they are invited.” Staff told us people had dignity support plans which contained information and guidance on how people wished to be supported to ensure their privacy and dignity were promoted. We found the plans highlighted areas relating to aspects of people’s daily living skills that they needed support with to ensure their dignity was maintained. We also found there was a dignity champion at the service. The person ensured areas of good practice was promoted at the service and looked at areas that required improvements.

The registered manager told us that the service had a confidentiality policy to ensure confidentiality relating to people who used the service was respected and adhered to by all staff. We found people’s permission had been sought for information about them to be shared with health care professionals. People’s support plans were locked away securely to ensure confidentiality was not breached.

People told us they could have visitors when they wanted. One person said, “My mother visits sometimes, but she always telephone to make sure I am in or wish to have visitors.” Staff told us there were no restrictions with visiting.

# Is the service responsive?

## Our findings

People told us they were involved in their support plans. One person said, “I talk with staff about things that I would like in my support plan and they write it down.” Staff told us they knew people really well but they always checked the support plan to make sure that there were no changes to people’s assessed needs.

The registered manager told us before people were admitted to the service an assessment of their needs were carried out, to ensure the service would be able to adequately meet their needs. Consideration was also made to ensure that the new person would be able to fit into the existing client group. We found the service used a special assessment tool to assess people’s communication, health, physical, behavioural and recreational needs. People and their relatives were involved in the assessment process and information gathered was used to inform the support plan. The support plans seen were personalised and contained information on people’s personal history, individual preferences and goals. This ensured the care people received from staff was individualised and centred on them as a person. There were processes in place to ensure that

the support plans were reviewed monthly and yearly reviews of people’s entire care needs were carried out to ensure that the care provided was still reflective of their assessed needs. We found the support plans were signed by people to confirm their agreement with the contents.

People told us they were involved with activities of their choice. Within the support plans we looked at we found there were daily activity sheets which were personalised to meet people’s preferred needs. One person said, “I am involved in activities that I like doing.” The person told us they enjoyed going to church on a Sunday. They also said they enjoyed visiting their family members and cooking. We found some people attended day centres and leisure centres of their choice and going out for coffee. Two people had part-time jobs and were members of the local gym.

The registered manager told us that the service had a complaints policy; and complaints were taken seriously and used to improve on the quality of the care provided. We found the complaints procedure was written in a pictorial format. We looked at the complaint record and found that complaints made had been responded to in the appropriate timescale and to the complainants’ satisfaction.

# Is the service well-led?

## Our findings

The registered manager told us there were opportunities for people to be involved in developing the service for example, we were told that one of the people living at the service was the service's spoke person and represented the service at forums held by the provider. This ensured people were involved in maximising and influencing how the service was operated on a local and national level. The registered manager told us that people were influential in the recruitment of staff members. For example, one person requested the service should employ a staff member who shared the same interests as them. The person enjoyed writing, literature and looking at science fiction television programmes. The manager told us she acted on the person's request.

Staff told us that regular meetings were held and they were able to make suggestions and question practice. Staff also told us they were aware of the service's whistleblowing procedure and would feel comfortable reporting concerns to the registered manager or a senior member of staff. We found accidents and incidents were reviewed in a timely manner to identify areas where improvements were needed and to minimise the risk of further recurrence.

The registered manager told us that the deputy manager and team leaders supported her in the day to day running of the service. Staff spoke positively about the management of the service and said they were accessible and approachable. One staff member said, "I get the support I need. You can't fault them."

Staff told us they were clear about their roles and responsibilities. They knew what was expected of them to ensure people received care and support in a consistent

manner. Staff were confident that within the team there was honesty and transparency. They felt that the feedback they received from the management team was constructive and helpful. One staff member said, "If we make a mistake we address it in an open manner." We found that staff worked well as a team to ensure people received a quality and effective service.

Staff told us the management team demonstrated good management and leadership. One staff member said, "The team leaders work with us and if you need support or advice they provide it." The registered manager told us if staff were having difficulty with areas of their work, she would share her experience on how she dealt with similar situations when she was a support worker. She said, "I make staff aware of my background so that they are aware I started as a support worker the same as them and worked my way up. "This ensured that staff were inspired to provide a quality service.

Information held by the Care Quality Commission (CQC) showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager was able to tell us which events needed to be notified and copies of these records had been kept.

The registered manager told us that the service had quality assurance systems in place and these were used to monitor the quality of the care provided and to improve on the service delivery. Audits relating to infection control, health and safety, safe handling of medicines and record keeping were undertaken on a regular basis and action plans were developed to address areas that required attention.