

Autism Plus Limited

# Autism Plus - York and North Yorkshire

## Inspection report

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Date of inspection visit:  
09 November 2022

Date of publication:  
07 February 2023

## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Autism Plus – York and North Yorkshire is a supported living service for people with autism, learning disabilities, mental health needs, physical disabilities or sensory impairment. The service provides personal care to people who live in individual or shared houses within the community. At the time of the inspection there were 12 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

#### Right Support:

People were supported by staff who knew them well, however more detail was needed within the care records to ensure all aspects of people's care had been recorded. Risks to people had been assessed, however, these records again, needed expanding to ensure all areas of risk were identified and mitigated. Audits and the governance systems used by the provider had failed to highlight these areas. People received their medication when prescribed, however, records were inconsistent across the service so we could not be fully assured that medications were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, documentation which provided information about people's capacity and ability in decision making was not always available to staff in the care records. Records for the decisions made in people's best interests were not always clear to fully evidence the principles of the Mental Capacity Act had been considered. We have made a recommendation about this.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from

poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body language or sounds, could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People and relatives were happy with the care provided by staff, one person told us, "They are all good." A relative said, "Staff are caring and compassionate and sorts things out. They are approachable and supportive. They take [Person's] needs into consideration."

#### Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Care was delivered by a core team who knew the people, this helped ensure a consistent level of care. Some areas of the care plans needed more detail to fully reflect the support people required. However, staff knowledge helped to mitigate this shortfall. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

The provider collected feedback from people and their relatives to help develop the service. However, it was raised by two relatives and the provider that more work was needed in this area to ensure their views were collected and heard.

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 the service at the previous premises was requires improvement, published on 22 June 2020. We used the previous rating to inform our planning when re-inspecting the service under the new premises.

#### Why we inspected

The inspection was prompted by a review of the information we held about this service and to provide a rating for the service at the new premises.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified a breach of regulation, in relation to the providers records and governance at this inspection. We have made a recommendation in relation to the providers understanding of the Mental Capacity Act 2005.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# Autism Plus - York and North Yorkshire

## **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 Health and Social Care Act 2008.

#### Inspection team

One inspector, an Expert by experience and a member of the CQC medicines team carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in the community and nine supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We consulted the registered manager, the head of operations and a team manager regarding current procedures in the service. We reviewed a range of records. This included two people's care records and health and safety records. We looked at a variety of records relating to the management of the service, including three staff recruitment records and quality assurance procedures in place.

#### After the inspection

We continued to review records and policies after the inspection. We reviewed meeting records, medication records, training information and processes to ensure quality in the service. We reviewed policies and procedures in place to ensure a good standard of care. We spoke to three relatives and three people who used the service to gather feedback on the care and safety of the service. We spoke to two staff members about their experience of working for the provider and received feedback from a professional who worked with the service.



# Is the service safe?

## Our findings

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

This is the first inspection of this service at the newly registered location. This key question has been rated 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.

### Using medicines safely

- People received their medication as prescribed. However, information about medicines was not always recorded safely.
- Care plans did not always contain the information required to ensure medicines were managed successfully.
- Risks to people from use of medicines were not always identified.
- Medicine administration records did not contain all of the expected information to ensure the medicines would be administered safely. Failures in the recording of medication have been addressed within the well led domain.
- Medicines that had been prescribed on a 'when required' basis had clear instructions for staff. The information was person centred and detailed enough to ensure these medicines could be administered safely.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The risks to people had been assessed. However, care plans needed further development to ensure all risks had been considered and mitigated.
- Lessons had been learnt when things went wrong. A system had been developed to record and review incidents, these were investigated and lessons records. However, we found some issues with the completeness of the records and due to limitations in the management system it was not always clear if actions had been followed up. Recording standards have been followed up within the well led domain.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. Records showed staff tried to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe.
- Staff were confident in reporting concerns. They had confidence in the registered manager to manage these appropriately and implement change to improve the service and keep people safe.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The systems and processes in place gave staff clear guidance on when and what to report.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- A system had been developed to give additional oversight to the senior management team who reviewed all safeguarding records, investigated these concerns and reported them to the relevant professional body.

### Staffing and recruitment

- Staff recruitment and induction training processes promoted safety.
- Appropriate employment checks had taken place and staff were given a thorough induction when first employed.
- There were enough staff to provide safe care, including the one-to-one support for people who required this.
- Staffing levels were managed and there was a system to ensure gaps due to staff sickness or holidays could be managed and people told us they felt safe. One person said, "I feel safe because they are kind."

### Preventing and controlling infection

- Safe infection, prevention and control practices were followed by staff who had appropriate training provided.
- Up to date policies were in place to help guide staff on safe practice which also included additional guidance for COVID-19 considerations.
- People told us staff wore the appropriate PPE needed when supporting people and the homes were always clean and tidy.



# 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.

This is the first inspection of this service at the newly registered location. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working in line with the principles of the MCA, however, records in the care plans were not always clear. People's capacity was not clearly defined, and records relating to best interest decisions were not detailed in the care records or accessible to staff if needed.
- Best interest decisions were being made. However, records did not always reflect that the principles of the MCA had been considered. Managers seemed knowledgeable about the principles of the MCA, but improvements are needed in the records to reflect this.
- Where people lacked the capacity to make decisions, records inconsistently recorded who was advocating for them to ensure their opinion was considered.

We recommend the provider review best practice guidance in relation to the MCA 2005 and update their practice accordingly. We have addressed the issues with the standard of the records in the well led domain.

- Appropriate applications had been made to the Court of Protection to legally deprive people of their liberty.

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

- People's needs had been assessed; however, some areas of the care records needed additional information to help guide staff. For example, one person's care plan didn't explain the level of support needed to help maintain a relationship. This was a cause of anxiety for this person, more detail was required.
- The care records reflected people's likes and dislikes however, as mentioned above, people's choices had not always been recorded in line with the principles of the MCA. The registered manager, senior team and staff knew the people well. However, records did not always include this knowledge. This shortfall in records has been addressed in the well led domain.
- Care records were person centred and focused on explaining what people could do, rather than what they could not. This led to good outcomes for people, the care support promoted a good quality of life.
- There were clear records promoting the future goals and aspirations for the people, staff supported people to meet these goals and develop their independence.

#### Staff support: induction, training, skills and experience

- Staff were appropriately trained and received a in depth induction when joining the service. New staff also shadowed more experienced team members until they felt confident.
- Staff received support from supervision, appraisal and recognition of good practice. Staff felt supported by the registered manager and the team leaders who reviewed their skills and offered opportunities to learn.

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

- People were supported to eat and drink a balanced diet.
- Staff would encourage healthy options when preparing meals considering advice from medical professionals.
- Staff encouraged people to prepare their own meals, promoting independence. One relative told us, "[Person] helps with cooking the dinner. [Person's] medication has made him put on weight and staff think of his diet with the food they make."
- Staff monitored people during mealtimes who were at risk of choking. Any incidents were recorded, and additional support was requested from more specialised professionals when needed.

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

- Staff worked with other agencies to provide effective and timely care.
- Care records reflected input from professionals and staff followed their guidance when supporting people.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People were supported to access other health care services and guidance was in place to help ease people's anxiety when attending medical appointments.

# 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.

This is the first inspection of this service at the newly registered location. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People told us they were happy with the support provided and staff were kind. One person said, "I like the staff. I am happy."
- Staff were patient and used appropriate styles of interaction with people.
- Equality and diversity awareness were supported by training and policy to help ensure staff understood and accommodated their wishes in line with their protected characteristics, cultural or religious preferences.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views.
- The provider collected feedback from all people who used the service, making efforts to ensure the opinions of people with varying communication needs were heard and considered.
- People were given time to listen, process information and respond to staff and other professionals.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this.
- People and their relatives told us the staff treat them with respect and helped them to be independent. One relative said, "They do what he needs to do. He takes the lead. If he goes to his bedroom, he is left alone." Another told us, "Yes, he is respected. They are there in the background if he wants anything. He can do his own thing."

# Is the service responsive?

## Our findings

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

This is the first inspection of this service at the newly registered location. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised to the people, meeting their needs and giving choice in everyday life.
- Staff used person-centred planning approaches to discuss and plan with people how to reach their goals and aspirations.
- People were supported to understand their rights and guidance was offered to them in a way they could understand.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans for effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- Efforts had been made to ensure the providers policies were accessible to staff and people. Easy read documentation had been developed which promoted accessibility and understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships and to follow their hobbies. Support plans had been developed which explored peoples interests and efforts had been made to ensure people had the opportunity to follow them.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone and other communication technology. Staff encouraged social contact with others, developing links with families and friends.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- People knew how to report concerns and had confidence in the registered manager and the senior

management team to deal with these quickly and appropriately.

#### End of life care and support

- Peoples preferences for end of life care had been recorded where possible. For some people, this subject caused them anxiety, the registered manager told us people were reluctant to share their views. However, efforts were being made to support people in this area to ensure their wishes were known and recorded.

# 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.

This is the first inspection of this service at the newly registered location. This key question has been rated 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

- Records were held on a new electronic oversight system was in place. However, these failed to highlight the concerns raised at inspection.
- The records and practices in place did not always provide evidence that all risks to people had been identified and that all regulatory requirements were being met. As outlined in the safe and effective domains, improvements are needed to ensure medication records were accurate and in line with current best practice guidance, care plans were complete which assessed all risks and clear MCA documentation to ensure a good understanding and quality of care.

No harm had come to the people who used the service, however, the failure to assess, monitor and improve the quality and safety of the service, maintaining accurate and complete records is a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was acting to address this during the inspection with care plan reviews already taking place.

- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Managers were clear about their roles and responsibility and provided support to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback had been sought from staff, people and their families on the service provided. The provider had additional plans to increase this communication and develop ways to become more engaged with families.
- Mixed reviews were received from family members when asked about the level of engagement received from the service. One family felt involved with the care of their relative while two others felt communication was less open, leaving them feeling unheard and disconnected. This information was shared with the registered manager so they could review their communication with the families.
- People they supported and the staff, felt able to contact the senior team for advice and guidance. They were asked for their views and shared ideas on how to improve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a person-centred approach, which was empowering and achieved good outcomes for people. For example, staff had worked hard to understand a person's behaviours, empowering them to become more independent, which lead to improvements.
- Staff felt respected, supported and valued by senior staff which supported a positive culture.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 service apologised to people, and those important to them, when things went wrong. The registered manager understood their duty and legal responsibility to be open and honest.

Continuous learning and improving care

- A system had been developed which showed learning and improvement. The senior team reviewed areas of concerns and putting plans in place to improve and grow.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked in partnership with other professionals. Strong relationships had been formed which helped improve the care provided to people.
- Positive feedback was received from an independent professional working with the service. They told us, "I would highly rate Autism Plus, in particular the senior management team, for their responsive approach to ensuring the staff team and people being supported had their needs met in terms of service provision, leadership and training needs."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. The provider failed to maintain accurate, complete and contemporaneous records in respect of each service user.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>