Care Quality Commission

Autism Plus Limited

Autism Plus

Inspection report

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Ratings

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

Overall summary

We carried out this inspection on 19 and 20 August 2015. The provider was given 48 hours notice of the inspection, because of the type of service they provide.

The service was last inspected on 15, 16 and 18 July 2014 and was not meeting the legal requirements of the regulations for service quality, medication, safeguarding, involving people who use the service, staffing levels, staff recruitment, and supporting staff. The provider sent us a plan of actions that they would take to meet the legal requirements in relation to each breach in regulation. The provider told us they would be meeting all regulations by 30 June 2015. We followed up on these breaches during our inspection and found improvements had been made in all areas.

Autism Plus supports people living in their own homes and also provides supported living for people with autistic spectrum disorders. The agency office is based in Sheffield city centre. At the time of our inspection the service was providing personal care for 43 people.

It is a condition of registration with the Care Quality Commission that there is a registered manager in place. A registered manager is a person who has registered with

Summary of findings

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. There was a manager present during the first day of our inspection who told us they were in the process of registering with the Care Quality Commission.

Most of the people we asked were positive or very positive about the service they received.

There were sufficient numbers of staff, with appropriate experience, training and skills to meet people's needs at the required times.

The staff recruitment process was comprehensive and ensured the safety of people was promoted.

People were protected from abuse and the service followed adequate and effective safeguarding procedures.

Staff were trained in medicine management and medication records were accurately completed.

Staff told us they were supported by management and received regular supervision.

People told us and we saw that staff were caring and respectful. Staff knew people well and promoted their independence.

People were supported and encouraged to access a wide range of activities.

There were now systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Not all care plans contained a completed mental capacity or best interest assessment where appropriate. Care plans did contain detailed person centred information.

During our inspection, we found one breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Good governance. You can see what action we told the provider to take at the back of the full version of the report.

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

Safe procedures for the administration of medicines were followed and medicines records were accurately maintained.

Staff had received training in safeguarding and knew how to report any concerns regarding possible abuse.

There were safe and effective staff recruitment and selection procedures in place.

There were enough staff to meet the needs of the people using the service

Good

Is the service effective?
The service was not always effective

The service did not always act in line with the Mental Capacity Act (MCA) as they did not always complete capacity assessments correctly and did not gain consent.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Requires improvement

Is the service caring?
The service was caring

Staff respected people's privacy and dignity and knew the people they supported well.

People's care plans contained lots of information about their needs and preferences.

People told us that the staff were caring

Good

Is the service responsive?
The service was responsive

People were supported and encouraged to access a wide range of activities at home and in their communities.

People received care that was personalised and responsive to their needs.

The service routinely listened to and encouraged feedback from people who used the service and their relatives.

Good

Is the service well-led?
The service was well led

Most people who used the service would recommend it to others.

Good

Summary of findings

Staff told us they were well supported by management.

Staff meetings were held regularly.

There were quality assurance and audit processes in place.

Autism Plus

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 took place over two days on 19 and 20 August 2015 and was announced. This means the provider knew we were coming 48 hours in advance of the inspection visit. We did this to ensure that we could speak with staff and look at relevant records.

The inspection team was made up of two adult social care inspectors, one adult social care inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of caring for younger adults with learning disabilities.

We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Sheffield City Council Social Services who had no concerns regarding the service.

During the inspection we met with four people who used the service in their own homes. We also spoke with 11 people who used the service or their relative via telephone. We met with the manager and managing director. We interviewed five members of staff and spoke with another four. We spent time looking at written records, which included nine care records, five staff records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

During our last inspection on 15, 16 and 18 July 2014 we found evidence of a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Management of medicines. This is now covered by regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant. During this inspection, which took place on 19 and 20 August 2015 we found the management of medicines had improved and people who used the service were now protected against the risks associated with unsafe medicines management.

Staff told us that they had medicine management training as part of their induction and that medication competency assessments were carried out by team leaders before staff could dispense any medicines to people using the service. This was to check that staff had understood the training and knew what it meant in practice. The manager told us that medication administration record (MAR) charts were regularly audited and any issues raised were discussed at monthly meetings with staff. Where MAR charts weren't properly completed then disciplinary action would be taken by the manager.

We saw staff giving medicine to people in their own homes. Staff told us and we saw that they counted out the medicine on arrival at a person's home to check it was all there, and they completed and signed the MAR chart every time they support a person to take their medicine. We saw that there weren't any gaps on the MAR charts and reasons were recorded when medicine wasn't taken by the person. For example, a person maybe prescribed pain relief medicines to be taken PRN, this means as and when they need it. The MAR charts we saw showed that staff did regularly offer the medicine to the person and recorded whether it was taken or not.

During our last inspection on 15, 16 and 18 July 2014 we found evidence of a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Safeguarding people who use services from abuse. This is now covered by regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant. During this inspection, which took place on 19 and 20 August 2015 we found action had been taken and systems were now in place to respond appropriately where there were concerns that people who used the service may be at risk of abuse.

All the people we spoke to said they felt safe. One person said, "I trust my staff." Every person we asked told us they were able to have a different member of staff if they did not feel comfortable with the one that was allocated to them. One person told us that they had raised an issue directly with management, this was resolved to their satisfaction, and a member of staff was moved off their rota.

Staff told us they had received training in safeguarding adults from abuse. They had a clear understanding of the different types of abuse and possible signs to look for. They knew to report any concerns to management straight away and were confident that any concerns they raised would be appropriately responded to by management.

We saw there was a safeguarding policy in place and staff files showed that new staff received safeguarding training during their induction and current staff were attending refresher courses. The manager told us that a new training manager had been recruited and that additional training around safeguarding and developing coping strategies for people with challenging behaviour had been introduced.

During our last inspection on 15, 16 and 18 July 2014 we found evidence of a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Staffing. This is now covered by regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant. During this inspection, which took place on 19 and 20 August 2015 we found there were sufficient numbers of suitably skilled and experienced staff in order to safeguard the health, safety and welfare of people who used the service.

At the time of our inspection there were 55 care staff employed by the service plus five team leaders and a training manager. They were in the process of recruiting to four care staff vacancies. We looked at how the provider ensured there were enough staff to care for people at the times they needed. The manager explained that the service had now split into two separate sections; supported living

Good

Is the service safe?

and community support, which had made it easier for planning calls and matching staff with people who used the service. This meant that the service made sure that they had sufficient numbers of suitable staff to keep people safe and to meet their needs.

People told us they had regular staff who came to visit them and they were kept informed if there were any staff changes.

Staff told us there were enough staff. Comments included, "[staffing levels] were much better, more staff, there is no struggle with covering calls," and "we were struggling with staff, staffing levels are a lot better now."

Staff told us about an on call system the provider had in place to ensure calls weren't missed. One member of staff told us about an incident where they were delayed as a person using the service experienced a fall and the member of staff needed to stay with them. The system worked well and ensured that no one missed a call as a result of this delay.

During our last inspection on 15,16 and 18 July 2014 we found evidence of a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Requirements relating to workers. This is now covered by regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant. During this inspection, which took place on 19 and 20 August 2015 we found the provider did operate effective recruitment processes to ensure that people were suitable to work in the service. This meant that people who used the service were now protected by an effective recruitment process.

We looked at the recruitment records for five members of staff. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This showed that recruitment procedures in the home helped to keep people safe.

We saw on people's care files that their needs had been assessed prior to the commencement of the service, in order to ensure that the provider could meet these needs. These assessments included identifying risks associated with the provision of personal care in people's homes. For example, risks relating to the home environment. Staff told us they knew how to contact other professionals involved in people's care and we saw these contact details on people's care files. This meant the provider had taken responsibility in finding out that they had the right resources and appropriately skilled staff before providing any care and support. In addition information was readily available to staff to ensure safe care and treatment of people who use the service.

Requires improvement

Is the service effective?

Our findings

During our last inspection on 15,16 and 18 July 2014 we found evidence of a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Supporting staff. This is now covered by regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant During this inspection, which took place on 19 and 20 August 2015 we found that staff were now receiving regular supervisions to support them in relation to their responsibilities and enable them to deliver care and support safely and to an appropriate standard.

Staff told us they now received regular supervision from their managers One staff member said, "we receive regular supervision now, we weren't getting regular supervision but that's changed now. I feel very supported". Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. We saw there was a supervision policy in place and a tracker of when staff had previously had supervision. The policy stated that all staff should have at least three supervisions and an appraisal each year. It was evident from the tracker that staff were receiving regular supervision since the manager started approximately four months ago. This meant staff were adequately supported to carry out their roles and responsibilities.

Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. There was evidence of some staff having an appraisal in the last two years. We spoke to the manager about this who told us he would be undertaking yearly appraisals when he was more established at the service and knew staff better. He told us he was prioritising regular supervision initially.

There was evidence of a training policy, however this was dated 2013. An up to date training policy would enable staff to know what training was available and how to access it. We spoke to the manager about this and he told us the policy was under review and the revised version was about to be implemented. We saw an electronic training records system was in the process of being completed to show which staff had completed training and when. This system would then be able to highlight any gaps in training and show when mandatory training was next due.

Most people told us that staff were knowledgeable and well-trained. One person said, "staff are very understanding". A new member of staff told us about the comprehensive training given at induction in a classroom setup which they thought was very thorough and enabled him to carry out his job. Another staff member described a two stage interview process where he was successfully interviewed by the provider and then interviewed by some parents of people who used the service prior to being accepted onto the staff rota to provide care to those people. Another member of staff told us, "When I first started shadowing [observing] colleagues it was really good and helpful. They [managers] looked at my interests and the interests of the people who used the service and matched us up. I've got an interest in sport so they matched me with people with similar interests. They try to match us up with temperaments too, so if I am really calm and chilled they could match me with someone who needs that."

Some people using the service required support with planning, preparing and eating meals and drinks. Staff told us how they offered choices and gave examples of how meals are chosen. People chose the meals they wanted, but staff tried to balance healthy eating by encouraging different options.

We saw evidence of people's food and drinks preferences on their care plans. We also saw that any specific dietary needs were clearly recorded alongside suggested meal options to meet those needs.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interest. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of this legislation and ensures that where a person without capacity may be deprived of their liberty that the least restrictive option to keep them as safe as possible is taken.

Most staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS, and could describe what these meant in practice. A member of staff

Requires improvement

Is the service effective?

explained that "people have capacity unless proved otherwise through a mental capacity assessment." Another told us "it's about making sure people do as much for themselves and are independent as possible," and they gave us an example of a person who could no longer safely use their cooker but would support the person in other areas of food planning and preparation. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The manager informed us that they were in the process of submitting DoLS applications to the Local Authority in line with guidance. We saw evidence of applications which had been made.

Not all the care plans we saw could evidence that the person was fully involved in creating them. This was because they weren't signed by either the person or their representative. Not all the care plans had full and accurate completed mental capacity assessments. We did see evidence of best interest decisions being made but these were not always properly recorded.

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Good

Is the service caring?

Our findings

People who used the service told us the staff were caring. People's comments about staff included, "Really helpful, go above and beyond" and "They are great, it's the happiest I've been." Nearly everyone we spoke to told us that they got on well with the staff and said they were treated well.

We saw staff providing care that was respectful. They introduced themselves on arrival at a person's home and asked what support the person needed that day. People were encouraged to participate in activities they liked. For example, we saw a staff member negotiating with a person who used the service to persuade her to meet with friends for lunch. The staff member obviously knew the person well and was skilled in nudging them to go out rather than stay in.

Some of the people who used the service had specific communication needs and we saw staff interacting with people in a way that showed they knew the person and what needs they were expressing. We saw staff using picture cards to give people options at mealtimes. They were also used to ask how a person was feeling and to find out what they wanted to do that afternoon.

Staff were aware of people's likes and dislikes and their life stories. Every person's care plan we saw contained a detailed 'pen picture' about the person at the front of their file. This gave clear person-centred information and would be particularly useful to anyone new working with the person. Staff told us that if a person can't communicate verbally they would use different communication techniques such as PEC (Picture Exchange Communication Systems). They would also speak with people's family and friends, and professionals involved with the person's care in order to get as full a picture as possible of the person.

Everyone we asked said staff respected their privacy. Most people told us that staff listened to them and explained what they were doing. Staff we spoke to had a clear understanding of what treating people with dignity and respect meant, and how they implemented this in practice. A team leader told us "it's all about leading by example. If you want privacy and dignity for people, you must give it to staff and it passes down in their practice." Another member of staff gave us some examples of what it meant to them; "during personal care make sure there is a towel so they are always covered, make sure doors and curtains are closed. Personal information is locked away to protect privacy and confidential information. Knock on bedroom doors before entering and ask if it is OK to enter. "

Staff were aware of advocacy services and we saw information on people's care files about advocacy services and also information on how to complain. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf. Staff told us they had access to information on local advocacy services, "we ask people if they want an advocate and who they want." One person told us that staff act as an informal advocate for her and that's her choice.

People told us that staff supported them to attend medical and other appointments. One person said, "support staff help me at the bank." We saw on care plans that some people were supported by staff to attend annual health checks. Another person told us they were supported by staff to go to the gym. This was on the recommendation of their physiotherapist and nurse following a joint injury.

Good

Is the service responsive?

Our findings

During our last inspection on 15,16 and 18 July 2014 we found evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Respecting and involving people who use services. This is now covered by regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant. During this inspection, which took place on 19 and 20 August 2015 we found that people who used the service now had access to information such as knowing the names of staff in advance and were involved in the arrangements of their care workers.

Most people said they had a regular set of care workers that they knew and were happy with. They told us care workers were usually punctual and if they were going to be late they would ring or text.

Everyone we asked who used the service told us they had a care plan. Most people said they were involved in creating it and that it had been reviewed. Two people said the care plan was reviewed every six months. Staff told us that care plans were reviewed at least annually. One staff member said, "We look at them at least every year but if there are any changes we review straight away. When they are new into the service we do it more regularly until we get to know them."

All the care plans we looked at showed evidence of a review taking place, they contained a lot of information about the person and included risk assessments; general and situation specific, and hospital passports (information to be taken by people about them to assist hospital staff in helping them if they are admitted to hospital). They also contained information on how to make a complaint.

Everyone we asked said they knew how to make a complaint and who to talk to. People told us that this was normally the team leader. Staff told us that if it was a complaint they could resolve immediately they would do this and document the action they had taken in the complaints register at the office. We were told more serious complaints that couldn't be easily resolved would be passed to the manager to respond to. The manager told us he had introduced a system to record formal complaints and to date there hadn't been any.

The managing director told us he held 'question time' meetings for people who used the service and their families every three months. These were held at different venues and at different times to enable as many people to attend at least one meeting over the year. We saw written records of these meetings. Staff also told us that managers held 'cup of tea' sessions where people who used the service or their representatives could drop in for a chat with management.

The service undertook quality control telephone calls where team leaders speak to the person used the service or their representative to find out how things were going, for example asking if staff are turning up on time and doing what they are supposed to. A team leader gave an example of where a relative of a person using the service had difficulty contacting the office via the telephone. They were given direct dial numbers for team leaders and alternative office numbers to try if it happened again.

Staff told us they were responsive to any changes in behaviour of the people they supported. Where a person might not be able to verbally express the reasons for change staff said they would talk to family and friends to try to identify issues that might be causing the changes as it may have happened before. They said they looked for any triggers or patterns of behaviour, for example a person may start to become distressed at lunchtime every day and staff would look to see if anything different was happening at this time.

People told us and we saw on care plans that they were supported to undertake activities both at home in and in their wider community. Some people attended a day service at Autism Plus. One person told us they liked to bake while they were there. Staff told us they were hoping to find an art class for one of the people they supported as he really liked to draw.

Most people we spoke to were happy to sit down and talk with staff. Comments included, "I talk to relieve stress" and "I like to talk to staff about [my] problems." Some people told us that they used their support mainly for activities like shopping and attending community / social activities. One person said, "without them I wouldn't leave the house."

Good

Is the service well-led?

Our findings

At the time of our inspection there was not a registered manager in place, however the manager told us that he was in the process of applying for registration with CQC.

During our last inspection on 15,16 and 18 July 2014 we found evidence of a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Assessing and monitoring the quality of service provision. This is now covered by regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. The provider sent us an action plan, identifying actions to be taken and timescales for completion in order for them to become compliant. During this inspection, which took place on 19 and 20 August 2015 we found the service now had quality assurance systems in place to assess and monitor the quality of the service and evidence the provider had sought the views of staff.

Most people told us they had received surveys/ questionnaires from the provider in the past regarding the services they received, and had received letters telling them about organisational changes, for example the recent change of manager.

Team Leaders told us they had an informal meeting every morning to discuss any immediate issues or concerns. We were told actions were taken as a result of these discussions but these meetings were not recorded. Formal staff meetings did take place every month and we saw records of these meetings taking place.

Staff told us that they also met regarding individual people that used the service. This was to enable all the staff supporting the person to discuss any issues, concerns and improvements that could be made to the person's care and support

Staff told us they felt supported by management. Comments included, "Managers are very good , if I have any suggestions on how to improve the service they do listen and take action," "this organisation is so caring, it looks after its staff so well. We can go to any level of management within the organisation and they make time for you" and "I've found on the whole, it's a really good friendly company to work for. It's a brilliant company for staff and service users, everyone is cared for, it's not just a business, it's a caring company." We were given an example of how staff felt supported. They told us of a staff support telephone advice line that had been withdrawn, but after raising concerns about this with the manager the advice line was reinstated.

The provider had policies and procedures in place which covered all aspects of the service. However, not all had been reviewed within the last twelve months to check they were still relevant. We spoke to the managing director about this who told us they were in the process of updating the old policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and updates were covered as part of team meetings. Staff could also access them at any time online.

We saw that regular audits took place with action plans to address any issues raised. These included audits of daily call logs and MAR charts held in people's home as part of their care file. Managers undertook monitoring visits of staff working in people's homes. We saw recommendations were made to some staff after these visits, for example refresher training in a particular area. Accident and incidents were recorded and information held with the manager. This was so he could monitor any trends or patterns to these incidents and look to reduce the likelihood of them happening again.

The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this had happened.

We asked people who used the service if there was anything that would improve the service. One person told us that they thought staff should have more training about autism. Another person said, "Nothing, the service is priceless."

Nearly every person we spoke to said they would recommend the service to other people, two people told us they had already done this. Comments included, "Absolutely, the only service I have used that is flexible" and "they have a can do approach."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Not all care files held an accurately or fully completed mental capacity assessment. Not all best interest assessments and decisions were accurately or fully completed. Not all care plans were signed to evidence that the person or their representative had been involved in planning their care.