

Autism Care (UK) Limited

Wheelwright Square

Inspection report

5 Wheelwright Square
Great Gonerby
Grantham
NG31 8NS

Tel: 07958103419

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Ratings

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

Summary of findings

Overall summary

About the service

Wheelwright Square is a supported living service providing personal care to people who live in their own flats. 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. At the time of the inspection there was one person receiving personal care.

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

Processes were in place to safeguard people from potential harm. Risks associated with people's care had been identified, assessed and managed. Medicines were managed safely. Staff followed guidance related to COVID-19 and had received infection control training. There were enough staff to provide people with the care and support they were assessed for.

People's needs had been assessed prior to receiving support. Staff completed an induction programme and received training relevant to their role. Staff worked with other agencies to obtain timely care and treatment for people. Mental capacity assessments and best interest decisions were in place where required but needed further development.

People were supported to have maximum choice and control of their lives and staff did this in the least restrictive way possible and in their best interests; the policies and systems in the service supported.

Staff spoke about people they support in a caring way. The person communicated they felt happy with the support they received from staff. Staff respected people's dignity and privacy.

People had personalised care plans in place. Staff knew people's hobbies and knew how to support people in line with their interests. Information was accessible to people in different formats to aid communication. The provider had a complaints policy in place and the registered manager understood their responsibilities regarding this.

There were quality assurance checks in place to monitor people's safety and welfare. Staff felt the manager was approachable and were able to share their feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 03 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

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?

Good ●

The service was safe.

Details are in our safe details below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details our in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wheelwright Square

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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in '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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

As part of the inspection we spoke with the person receiving care. We had discussions with four staff, which included the registered manager, deputy manager team leader and a member of care staff. We reviewed a range of records. This included the persons care plan, associated risk assessments and Medication Administration Records (MAR). We looked at three staff files in relation to recruitment, training and staff supervision. We reviewed a variety of records relating to the management of the service, including staff rotas, complaints procedure and quality assurance records.

After the inspection

We spoke with one care and support staff by telephone. We continued to seek clarification from the provider to validate evidence found. We looked at the providers analysis of accidents and incidents, their staff training data and key policies and procedures.

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 newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider has systems in place to safeguard people from potential harm.
- Staff received safeguarding training and understood their responsibilities to keep people safe. One staff member told us they would report their concerns to the team leader and was confident they would be dealt with. "It would be very unlikely they would not be dealt but if for whatever reason they weren't, I would absolutely go to [name of registered manager]."
- One person told us, "Yes." When asked if they feel safe living in the service.

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

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risks of harm.
- Risk assessments were in place regarding people's health conditions. Descriptive actions were recorded on how staff could support people safely, in a timely way in the event of an adverse event.
- Specialist equipment and assistive technology was in place to keep people safe where risks had been identified in their care and support needs.
- Following incidents in the service, measures were put in place to reduce the risk of reoccurrence to keep people safe.

Staffing and recruitment

- The provider carried out safe recruitment checks on staff who worked in the service. This included obtaining references of character and carrying out a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This was to ensure staff were suitable to work with people using the service.
- There were enough staff to support people's needs. There were occasions where commissioned hours varied from week to week based on people preference on activities. The registered manager told us that commissioners were aware of this.

Using medicines safely

- People's medicines were managed safely. Staff completed daily stock counts of prescribed medicines. This was to identify any potential errors in a timely way.
- Medication Administration Records (MAR) were clear and showed people had received their medicine as prescribed. Information was available for staff to inform them of the reason for the medicine being prescribed and showed any potential side effects.

- Staff had received medicine training and had their competency assessed to ensure they were safe to administer medicines to people.

Preventing and controlling infection

- Staff received training in relation to infection control and wore personal protective equipment (PPE) in line with national guidance.
- Where people and staff were at higher risk of adverse effects of COVID-19, comprehensive risk assessments were in place which informed staff how to support people safely.
- Visitors who would be entering a person's flat were required to undertake a COVID-19 lateral flow test (LFT), have their temperature taken and complete a health questionnaire. Additional measures were in place in people's flats to protect them from the risk of infection. This included; hand sanitiser and clinical waste disposal bins.

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 for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's health, care and support needs were assessed prior to hours of care being delivered to them. This was to ensure staff could meet the needs of people safely.
- Care records reflected the support staff delivered to people in line with their assessed needs and preferences.
- Assistive technology was used to enhance people's care. Care records detailed how people used this assistive technology to alert staff should they require assistance.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role.
- The registered manager described the recruitment and induction process for all staff starting work in the service. All staff were expected to complete their full online training, prior to shadowing an experienced member of the team to get to know people using the service.
- Staff knew people well and were knowledgeable about their health and care requirements.

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

- People were supported with their nutrition and hydration needs. This included making referrals to specialist dietary teams where it was identified as required.
- We observed staff offering people choices of food and drink in line with people's preferences.
- In people's flats, there were adapted kitchen work surfaces to enable them to be as independent as possible in line with their abilities to prepare their own meals.

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 ensure timely and effective care was delivered to people. This included doctors and nurses.
- Where people had a long-term health condition, staff worked with specialist teams to ensure the health condition was well-treated.
- People's care plans contained a summary sheet which contained significant information should the person require emergency support from a health care professional. This contained information regarding their health and care needs, communication and preferences.

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.

We checked whether the service was working within the principles of the MCA.

- People's mental capacity had formally been assessed where appropriate in regards to specific decision associated with their care.
- Mental capacity assessments and best interest decisions were also completed for people who experienced fluctuating capacity so staff could support people effectively when it was necessary to do so. However, we found information of others involved with the persons care had not always been recorded. We raised this with the registered manager during the inspection who had a plan to ensure this information was recorded.
- Staff had received mental capacity training and they knew about the mental capacity of people they were supporting. One staff member told us, "Some people can make certain decisions and others can't. Its so important we still promote choice when we give care and support."
- People had information accessible to them in a way they could understand to aid decision making. For example, larger print, pictorial aids and staff using short and simple questions to offer choice.

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 for this newly registered service. 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

- During the inspection, one person communicated to us they were happy with their care and staff were good to them.
- We observed staff meaningfully interact with people about their support, hobbies and interests. People smiled and laughed with staff indicating it was a positive interaction for them.
- Whilst staff described people to us during the inspection, they continuously smiled and used positive language to tell us what it was like to support them. One staff member said, "[Person] is amazing, such a great sense of humour."
- People were supported to be open about themselves and staff respected people's wishes. This included protective characteristics, such as; sexual orientation, cultural beliefs and disabilities.

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

- People had been involved in making decision relating to their care. For example, we saw people had details in the care plans of dislikes, what made them feel anxious and how they might communicate potential feelings of distress. In addition, there was information about what the person would like the staff to do if the person experienced this to support them.
- The registered manager told us setting goals was important to people using the service and how staff worked with people to identify goals and how they could be achieved.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people to be independent and recognised people need protected time and privacy. For example, to engage in meaningful activities.
- We observed staff knock on people's front door prior to entering their home. This included asking permission if it was okay, we visited them during our visit.

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 for this newly registered service. 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

- People using the service had multiple care planning records. This included person-centred information about their health, care and well-being. This meant staff received a holistic view of people and were able to support them in a way they preferred.
- Care plans showed people's abilities and preferences were recorded. This included a 'positive profile' which shared information about how the person makes others smile, talents or gifts, what they are good at and their favourite people.
- People were encouraged to have choice and control regarding staff who support them. People completed a 'choosing my staff' booklet which highlighted things which were important to them when the management team were recruiting and deploying staff to support them.

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's individual communication preferences, abilities and support needs were detailed in their care plans.
- Staff knew how people were able to communicate and used these techniques to gather feedback, offer choice and interact meaningfully.

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

- People were supported to access the community, maintain personal relationships and continue to develop hobbies.
- Staff worked with people to set them goals which related to daily living activities and their current interests. For example; to decorate their own flat or to go on a trip. There was a plan in place which contained actions or preparation which needed to be taken to achieve the end goal.
- Whilst people lived in their own flat, there was a communal garden area where there was outside seating, a BBQ and outdoor games. This was to promote social inclusion in the immediate community.
- Staff knew people's interests well and we observed them using these topics to engage in meaningful communication with a person.

Improving care quality in response to complaints or concerns

- The registered manager understood their responsibilities in relation to acknowledging a complaint, investigating the concern and responding appropriately.
- The service had received no formal complaints. However, the provider had a policy in place on how to manage complaints if received. This was also available in an easy read format for people with different communication needs.

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 for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- There was a quality assurance process in place to monitor people's care, safety and welfare. These checks were undertaken on a daily, weekly and monthly basis. These included checks on the environment, safety equipment, medicine checks and food safety.
- The provider's quality team undertook regular audits at the service. Where improvement was identified, an action plan was created. People had received outcomes of the audit in different letter formats to suit the individual.
- There was an on call system in place which meant staff could contact the registered manager if they required support and advice.

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

- Staff we spoke with felt the registered manager was passionate about people's care and approachable.
- The team leader worked closely with both the deputy and registered manager to ensure they had full oversight of the day to day running of the service.
- Staff strived to ensure people lived a happy, healthy and comfortable life. We found evidence which showed staff and the leadership consistently followed up any concerns relating to people's health and well-being, acting as an advocate to ensure the most appropriate care and treatment was received.

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 able to describe their responsibilities in line with the duty of candour and gave examples of when this would need to be implemented.
- The management team demonstrated openness during our inspection and was response to any initial feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People using the service had previously been asked for their feedback and this information had been used to make improvements. However, there was no information which indicated people's feedback had been sought recently.
- The provider held 'Colleague Council' meetings, where staff member from each site represented the staff

team. Staff had the opportunity to express themselves and share feedback from their colleagues. There was an action plan about how these suggestions would be addressed.

- People were able to contact different staff in the organisation. For example, there were pictures and telephone numbers in people's care records for both the registered manager and quality manager.