

Autism Care (UK) Limited

The Barn

Inspection report

Heath Road
Heath Farm
Scopwick
Lincolnshire.

LN4 3JD

Tel: 01526 322444

Website: www.autismcareuk.com

Date of inspection visit: 23 September 2015

Date of publication: 12/11/2015

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

We inspected The Barn on 23 September 2015. The inspection was unannounced. The last inspection took place in May 2014 during which we found the provider had met all of the outcomes we inspected.

The Barn provides personal care and support to people who live with complex needs related to the autism spectrum, and learning disabilities. Ten people were living at The Barn when we visited and one person currently had their own flatlet within the building.

The Barn is part of a larger site called Heath Farm, which consists of five other homes, an activity resource centre and a main administrative office. It is located within the Scopwick area of Lincolnshire.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

‘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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection six people who used the service had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS legislation.

People were safe living in the home and they were treated with dignity and warmth. They were supported to maintain their well-being by way of good access to appropriate healthcare services and by staff who paid attention to their nutritional needs. Staff understood how to identify, report and manage any concerns for people’s safety and welfare and were trained to manage their medicines safely.

Staff were appropriately recruited, trained and supported to provide individualised care and support for people. They delivered the care and support that people had been involved in planning and reviewing and which met their individual preferences and aspirations. The provider and the registered manager ensured approaches to care and support were based on up to date methods, current research and good practice guidance.

People were encouraged and supported to make decisions for themselves wherever possible. Staff used legal safeguards appropriately to ensure those who could not make a decision for themselves were protected. People were supported to maintain and develop their personal skills, learn new skills and enjoy social interests of their choice.

There was an open and inclusive culture within the home. People could voice their views and opinions to managers and staff and raise concerns or complaints if they needed to. The registered manager and staff listened to and respected people’s views and took action to resolve any issues. Systems were in place to regularly assess, monitor and improve the quality of the services provided for people.

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.

People were helped to stay safe and risks to their well-being had been identified and planned for. They received their medicines in a safe way.

There were sufficient numbers of staff available to help people keep safe and they had been trained to recognise and report any concerns.

Good



Is the service effective?

The service was effective

Staff received appropriate training and support to ensure they provided effective care for people.

People were supported to make decisions for themselves. When they could not do this legal safeguards were followed to ensure decisions were made in their best interests.

People were supported to enjoy a balanced diet in order to stay well and they received the healthcare support they needed.

Good



Is the service caring?

The service was caring.

People were treated with dignity and warmth by staff who understood and respected their rights, views and wishes.

They and their families were involved in deciding upon the care they received and staff provided that care in line with their preferences.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to changes in their needs and wishes.

They were supported to maintain and develop their personal skills and social interests.

There was a system for them to have their complaints listened to and resolved.

Good



Is the service well-led?

The service was well-led.

People benefitted from an open and inclusive approach to the management of the home.

They, their families and others involved in their care had opportunity to share their views and opinions about the services provided.

Systems were in place to monitor the quality of the services provided and identify any issues that needed to be addressed.

Good



Summary of findings

<p>The provider and the registered manager ensured that staff learned from incidents within the home and that current research and good practice guidance was used appropriately.</p>	
---	--

The Barn

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 was 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.

This inspection took place on 23 September 2015 and was unannounced.

The inspection team consisted of one inspector and a specialist advisor. A specialist advisor is a person who has up to date knowledge of research and good practice within this type of care service. The specialist advisor who visited this service had experience of working with people who live with autism and learning disabilities.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

Two people who lived at The Barn spent time speaking with us. Other people who lived there did not want to, or were not able to, tell us about their experiences of care. In order to gain a better understanding of their experiences we spent time observing how people were supported by staff. We spoke with the registered manager, three members of care staff and a visiting health professional. We also looked at two people's care records.

We looked at a range of other records related to areas such as staff supervision and appraisal arrangements, staff duty rotas, arrangements for managing complaints and how the quality of the service provided within the home was monitored and assessed. Records we looked at also included three staff recruitment files.

Is the service safe?

Our findings

People told us they felt safe living in The Barn. One person said, “I feel safe with staff who work with me, I trust them to sort out any problems.” Another person said, “I remain safe here thank you.”

A clear protocol was in place to ensure any concerns for people’s safety were reported to the right people at the right time. Records showed staff had used the protocol in an efficient and timely manner during recent months and they had worked with external agencies to resolve issues quickly. Contact details for external safeguarding agencies were displayed around the home for people and staff to use. Staff had received training and understood about how to keep people safe. Records showed training about this subject was updated regularly.

People’s needs had been risk assessed on admission to the home and were reviewed and updated as their needs changed. We saw, for example, people had personal emergency evacuation plans in place and arrangements for safeguarding their possessions and money. One person described what they would do if they had to leave the building quickly in an emergency which was in line with their risk assessment. The provider also had a plan in place to ensure people would be supported appropriately if the building could not be safely lived in because of damage.

Staff followed the provider’s policy when supporting people with their money. We saw, for example, staff checked receipts and recorded money taken out or brought back. Regular audits of people’s personal money were carried out by the registered manager and the provider and action was taken to resolve any identified issues.

There were clear risk assessments in place to show the support people required at times when their behaviours could be challenging. The plans were focused on helping people to lead a happy and settled lifestyle. Plans also contained clear and detailed information about the support people needed when they became anxious or upset, which included physical restraint techniques. Staff had been trained to use recognised positive behaviour management approaches, which included physical restraint techniques, prior to starting to work with people. This training was regularly updated.

During the visit we saw staff, on two particular occasions, quickly recognised situations that could have an impact on a person’s relaxed mood and lead to them becoming very upset. The staff took immediate steps to alleviate the impact and reassure the people. When incidents occurred detailed reports were written which included, for example, body maps of any marks or injuries. We saw that staff were supported where necessary following incidents and reports were reviewed to identify any lessons that could be learned or themes identified.

There were enough staff on duty to meet people’s needs, however owing to a number of vacant posts within the team staff worked extra hours to cover the shortfall this created. The provider also made use of their bank system staff and agency staff. Records showed agency staff were appropriately trained to provide support people needed. The registered manager told us there was recruitment programme in place as a result of the vacancies. Two people told us there were enough staff on duty to support them. One person said, “Some agency [agency staff] around but they are ok.”

Staff files showed that they were recruited based on information such as checks with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. Checks about their previous employment and their identity were also carried out references had been obtained from previous employers.

Staff dispensed and administered medication in line with the provider’s medication policy and good practice guidelines. They paid attention to infection control procedures throughout the process and demonstrated their knowledge of the medication people were prescribed. Administration records were completed in full. We saw staff also followed the provider’s policy and good practice guidance for the ordering, storage and disposal of medication. Staff told us they were trained in medication management and were regularly assessed by the manager to make sure their skills were maintained. A person who lived within The Barn told us, “I get my medicines on time, I know what I take and staff have explained to me why I take them.”

Is the service effective?

Our findings

Two people told us that staff understood what they liked and needed. One person said, “I wouldn’t change anything here, I am quite happy as I am.” Another person said, “Oh they know how to look after us thank you.”

Staff demonstrated a detailed knowledge and understanding of people’s needs and we saw they provided care in line with people’s care plans. They were aware of the responsibilities of their job roles and they told us they received training and support to carry out their roles.

The provider had training frameworks in place for team leader roles and the registered manager role. The registered manager training included an operational focus about how to ensure they provided and maintained a specialist autism service.

Records showed new staff received a comprehensive induction programme which included training in subjects such as fire safety, infection control and health and safety. We also saw they received training that was tailored to meet people’s needs. An example of this was a person specific training pack that told staff all about a person’s needs. It was accompanied by a training analysis to show what skills and knowledge staff needed to support the person appropriately. Training was also provided in subjects such as autism specific support, positive behavioural approaches and epilepsy management. Staff completed workbooks to guide some of their training such as medication management, which allowed the registered manager to assess their understanding of the subject.

Staff who worked in other parts of the provider’s service such as administration and domestic services told us they received the same training as care staff which enabled them to work with people more effectively. The registered manager had recently updated their own mandatory training so they were aware of the quality of training received by staff.

Staff and the registered manager told us they received supervision. They said senior staff were always available to provide support and guidance with any issues they may have. However, the registered manager told us that due to staff vacancies they had not consistently met the timing of supervisions set out in the provider’s policy. The registered manager had reviewed supervision arrangements to improve the frequency in line with their policy.

Staff demonstrated their understanding of the principles of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act, 2005 (MCA). Detailed information, including MCA assessments and DoLS authorisations, were in place. There was also very detailed information about decisions which had been taken in people’s best interests. This information showed that everyone involved with people’s care and support, such as family members, commissioners of services and social workers, had been consulted.

One person showed us the arrangements in place for providing a balanced diet. They told us, “They try to tell us what’s healthy but I don’t always want it. We always get what we want.”

Menus were available based on what people wanted; their known likes and dislikes and healthy eating information. Shopping for food was planned around what people had chosen for the menus and we saw a range of food and drinks were readily available for them. Some people could make drinks and snacks whenever they chose to and for those that could not they were offered refreshments regularly. Records showed that where people required the involvement of other professionals, such as dieticians, staff had arranged this in a timely manner.

One person said, “I go to the doctors for check-ups whenever I need to, staff help me get the appointments.” There were clear arrangements in place to monitor people’s health needs. Records showed regular reviews took place with health professionals such as local GP’s and other NHS services.

Care plans gave detailed instructions for staff to follow regarding people’s health needs. Staff demonstrated their understanding of those needs and how they should provide support in line with the care plans. Staff had received training about health needs such as diabetes and epilepsy.

The registered manager said they would review the format known as a Health Action Plan, which they used to plan people’s health support. This was because some sections of the format were not routinely completed as the information required was recorded in more appropriate sections of the person’s care file.

Is the service caring?

Our findings

Staff communicated with people in a way that respected their adulthood, their wishes and their views. We saw many examples of mutual respect and genuine caring between people who lived at the home and the staff supporting them. One example was a discussion about how to facilitate a planned outing as the home's vehicle was being repaired. Staff listened to a person's ideas about how to overcome the problem and supported them to take the actions they suggested. Another example was the support a person received when they had become upset. Staff made sure their dignity was preserved, they offered gentle encouragement and made changes to the person's emotional and physical environment to help them feel calm again.

One person told us, "Staff listen to your views and respect them." Another person said, "I get listened to." A health professional said about the home and the provider's other services on the same site, "It's a superb service, staff show great professionalism and passion." We saw a compliment received through a recent satisfaction survey which said, "What a difference you have made to our family."

One person was encouraged and supported to show us around the home and help us with our inspection. They showed us the staff recognition board so they and we knew who was working on the day of the visit, and which people they were working with. The person told us about house meetings where people "come in and out" when they choose to. Minutes of house meetings showed discussions took place about subjects like promoting independence, communication and activities. The person said they could get the information they needed from these meetings and from staff. They showed us where there was information about advocacy services and how to make a complaint

that they could use. They also told us about a meeting that the provider regularly held so people can give their views. They said one person represents the home and people's views at the meeting and "things do get done."

The registered manager and two people told us about their involvement in interviews for new staff. The registered manager said they were trying to get other people involved by looking at different ways for them to participate. People told us this helped them to have a say in who works with them.

There was a range of rooms within the home where people could go to for privacy and quiet space which included their bedrooms. One person had their own flatlet within the home so as to provide them with more privacy. The home was generally clean and tidy and people had been supported to keep their bedroom environment in the ways that suited them. The environmental risk assessment had identified that the general décor within the home was in need of updating due to things like scratched paintwork. An action plan was in place to carry out the work. The registered manager said they would be following advice from service commissioners with regard to improving the homely feel within the communal environment.

We saw that people's personal information was kept in the main office which was locked when no one was in the room. People knew where their information was and how to access it. Some personal information was stored within a password protected computer. However, the provider had recently taken the decision to remove the office printer. This meant that staff had to send personal information to the provider's administration office printer and then leave the home to go to collect it. We saw that the information printed out, including people's personal documents, was accessible to anyone who used the administration office. The provider's Service Delivery Director demonstrated that they had raised issues about this arrangement with the provider.

Is the service responsive?

Our findings

People's care and support had been individually designed to meet their specific needs. This was supported by a comprehensive and on-going assessment and care planning process. Up to date care plans described in detail the support that people wanted and needed and clearly showed where risks had been identified. A health professional said, "They [staff] know people very well and how to look after them. They don't call me for nothing; I know if they do they're responding to a problem."

Records demonstrated that people, where they were able to be, their families and involved professionals had been consulted throughout the assessment and planning processes. We saw an example where a person had put a sign on their bedroom door asking staff to follow their specific instructions about how to wake them. The person and staff told us this is what happened in the mornings. One person told us, "I'm involved in what happens; I let staff do my care plan then I check it. It says what I want it to like how I can plan my future."

Regular reviews of people's care and support were carried out. Records showed that the person and all of the people who were important to them were involved in the reviewing process. The registered manager told us how they organised reviews of care and support for one person to coincide with family member's visits from abroad. People's keyworkers carried out monthly care reviews, which included health needs, and the information was shared with involved parties such as families and commissioners of services.

As well as the more formal care planning process, the registered manager told us about the nationally recognised framework they used for person centred planning. This allowed people to develop their own plan, in whatever way suited them, to show their aspirations and goals for the

future and what they needed to achieve them. One person had completed a personalised plan in the form of a collage style poster and the registered manager said arrangements were in place to enable other people to develop personalised plans.

People and staff also used another process to support development of their skills and achievement of their goals. This was called a "12 week development plan." It gave people the opportunity to set shorter term goals and monitor how they were progressing. One person told us they were able to learn new skills such as going to football training and how to shop for food more effectively.

People had individual daily programmes for activities that helped them to maintain and develop their independence and enjoy interests and hobbies as they wished to. People told us they helped around the home with chores such as laundry, shopping, making drinks and meals and cleaning. They also told us they enjoyed and were supported with interests such as football and horse riding. We saw there were facilities available for one person to follow their interest in playing musical instruments.

People were supported to keep in contact with their families through visits, telephone calls and computer technology. Two people told us they were supported to visit their family when they wanted to and one of them was being supported to do so on the day of our visit.

A person said, "I know what to do to complain but I don't need to." Another person said, "Yes, yes it's easy to make a complaint." The provider had a complaints policy in place and there was an easy to read version of it within the home so that everyone could have access to the information.

Records showed there had been two complaints made in the previous 12 months. Actions to resolve the complaints had been taken in line with the provider's policy.

Is the service well-led?

Our findings

A person told us, “Everything is going well, the home runs smoothly.” Other people who lived in The Barn, staff members and a health professional spoke highly about the registered manager and the provider’s Service Delivery Director. They said both managers responded to issues in a timely and appropriate manner and were available for support whenever it was needed.

We found both managers were passionate about ensuring people’s rights and wishes were respected and protected. We saw people and staff seeking out those managers to discuss issues and express their views.

Regular satisfaction surveys were carried out with people, their families, staff members and others involved in their care. The responses had been evaluated and views and ideas had been responded to. A person told us, “I filled in forms about how I feel about the service.”

People’s care records showed a high level of interactive working with others involved in their care such as service commissioners and health professionals. We also saw that links had been developed with some parts of the local community such as the police and a nearby military base. Two people who lived in The Barn told us about their involvement in training sessions which the registered manager and the provider’s Service Delivery Director had organised for local police officers. They told us they helped the police to understand more about autism and learning disabilities so that they could support people more effectively and help to keep them safe.

The registered manager made sure we were informed in a timely manner about any untoward incidents or events within the home. This was in line with their responsibilities under The Health and Social Care Act, 2008 and associated Regulations. Records showed that they also informed other agencies involved in their care where appropriate.

Records showed that incidents or events were analysed by the registered manager and the provider’s Service Delivery Director to identify any trends or learning opportunities. Learning from the reviews was shared with staff by way of team meetings, operational memos and a regular operational briefing paper. We also saw that learning from our inspections of some of the provider’s other locations was shared through the operational briefing paper.

Another example of how events were analysed was with regard to the recent high turnover of staff. The analysis of exit interviews had identified a common theme and the provider’s local representatives were now working with the provider to address the issue. They also demonstrated they were working closely with local authority representatives to monitor and address the issues.

Due to staff vacancies within the team, systems were in place to show how many hours staff were working over and above their contracted hours. Some staff told us they worked “a lot” of extra hours to ensure staff levels were maintained. During the visit the registered manager and the provider’s Service Delivery Director made improvements to their systems in order to monitor the well-being of staff more effectively. Staff told us that the staffing issues were being managed as well as possible by the registered manager and the provider’s local representatives.

Systems were in place to regularly monitor the quality of the services provided. A quality assurance audit was carried out within the home regularly by the manager of another of the provider’s locations. The provider also carried out an annual quality and health and safety audit. The audits covered topics such as medication arrangements, health and safety arrangements and care records.

The outcomes from all of the audit activity were combined into an action plan. The progress with the action plan was monitored by the provider’s quality assurance department. We saw that some actions identified during the last audit cycle had been completed and others were in progress. The provider received regular feedback on the progress with action plans as was shown in the minutes of their meetings with local managers.

A new audit tool had recently been implemented, based on current research, called “All About Autism” (AAA). The aim of the audit was to show how the service provided was specific to autism and met the criteria for positive behavioural support. Central to the process was feedback from people who live in the home and others involved in their care so that the provider could work to continuously improve people’s experiences.