

Autism Care (UK) Limited

# The Barn

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The Barn is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for people living with a learning disability. The home can accommodate up to ten people. At the time of our inspection there were ten people living in the home.

At the time of our inspection there was not a registered manager in post but an application for the manager to be registered with CQC was in progress. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the company we refer to them as being, 'the registered persons'.

At the last inspection the service was rated, 'Good'. At the present inspection the service remained 'Good'. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. However improvements were required in the 'well led' domain. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Medicines were managed safely. However, we found that staff had not followed their medicines policy when completing medicine records.

Where people were unable to make decisions arrangements had been made to ensure decisions were made in people's best interests.

Suitable quality checks were being completed and the provider had ensured that there was enough staff on duty. In addition, people told us that they received person-centred care.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Background checks had been completed before new staff had been appointed.

There were arrangements to prevent and control infections and lessons had been learned when things had gone wrong.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives and to maintain their independence. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was stored securely.

Information was provided to people in an accessible manner. People had been supported to access activities and community facilities. The manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care.

There was a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been involved in the running of the service. The provider had put in place arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service has deteriorated to Requires Improvement</p> <p>Actions to improve quality were not always dated or completed. Checks on the quality of the service were not consistently effective.</p> <p>A refurbishment plan was in place but actions were behind.</p> <p>A registered manager was not in post at the time of our inspection but one has subsequently been registered with CQC.</p> <p>There was a positive culture in the service.</p>	<p><b>Requires Improvement</b> ●</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 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. This was a comprehensive inspection.

This inspection took place on 5 June 2018 and was unannounced.

The inspection was carried out by an inspector and two Specialist Advisors. The specialist advisors had expertise in governance and the care of people living with a learning disability. Following the site visit an expert by experience contacted relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance the care of people living with a learning disability.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we spoke with two people who lived at the service, two members of care staff, the area manager and the manager. Following the inspection we spoke with one relative by telephone. We also looked at three care records and records that related to how the service was managed including staffing, training and quality assurance.

## Is the service safe?

### Our findings

The service was rated good at the last inspection and this time it remained 'Good'.

We observed the medicine round and saw people were given their medicines safely and according to their preferences. Medicine administration records (MARs) were completed according to the provider's policy. Medicine front sheets were in place and included information about allergies and how people liked to take their medicines. However we observed where written amendments had been made on two occasions these had not been signed and dated according to best practice. This meant it was not possible to check if records were accurate. Information to support staff when administering as required, (PRN) medicines, was available to staff to ensure people received their medicines when they needed them.

People told us that they felt safe living in the service. We saw evidence of people being supported to maintain their feeling of safety. Relatives also told us they were confident that their family members were safe. We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to manage the risk of scalding when making a hot drink. Arrangements were in place to protect people in the event of situations such as fire or flood.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse both internally and externally to the service, so that they could take action if they were concerned that a person was at risk. They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they were able to tell us about these. Medication Administration Records of five people were mapped to care records and incident reports and revealed that PRN medicines to manage complex behaviours tended not to be utilised to manage challenging behaviour.

The provider had ensured there was enough staff on duty to provide safe care to people. Staff said they thought there was sufficient staff although seven staff had left since January 2018. The manager told us they had put in place arrangements to ensure there were sufficient staff to support people. A member of staff

told us, "We have a good staff team." A relative told us, "There are always enough staff on duty when I have been there."

We examined records of the background checks that the registered persons had completed when appointing new members of care staff. We found the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

People told us they felt the home was clean. Suitable measures were in place to prevent and control infection. A recent audit had been carried out and we saw actions which were required following the audit had been completed. Staff had received training and understood how to prevent the spread of infection.

## Is the service effective?

### Our findings

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed the manager had carefully established what assistance people required before they were admitted. Initial assessments had also considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were confident the staff knew what they were doing and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the National Care Certificate which sets out common induction standards for social care staff. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs arrangements had been put in place to provide training to staff. For example, training about autism and epilepsy. The provider also encouraged staff to study for nationally recognised qualifications in care and management.

Arrangements were in place for staff to receive one to one support and yearly reviews. Staff told us they had received one to one support and had found this useful. This is important to ensure staff have the appropriate skills and support to deliver care appropriately.

People were supported to eat and drink enough to maintain a balanced diet. Drinks and snacks were available to people throughout the day. A menu was in place however we saw people chose what they wanted to have for lunch. Staff told us they often cooked different meals for each person according to their wishes. A board was available for people to write their choices on.

Where people had specific dietary requirements we saw these were detailed in care records and staff were aware of these. For example one person required a healthy diet because of health issues.

People were supported to live healthy lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. The manager told us that the home had good relations with the local GP practice.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in

place a decision in people's best interests. They demonstrated that people such as family members, advocate, service commissioners and social workers were involved in the discussions. People's care plans recorded the types of decisions they could make for themselves and the support they needed when they could not do so.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found where people were subject to DoLS the appropriate arrangements had been put in place. At the time of our inspection there were four people subject to a DoLS.

Where people required specialist equipment and furniture this had been provided. However we saw that there were areas of the home which required refurbishment and maintenance. For example the fencing in the garden area required repairing and decorating was required in some areas of the home.

## Is the service caring?

### Our findings

People and their relatives were positive about the care they received. A person told us, "Everything is fine in The Barn." Another person told us they liked living here. They said they chose the colours of their walls when the home was decorated. A relative told us, "[Family member] always seems happy and settled and willing to return to the unit, I find the staff to be helpful and approachable."

People told us staff were considerate. Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. For example, one person preferred not to live in a group setting and a separate living area had been created for them. Another person found orientation of days difficult so staff supported them by using a calendar to communicate specific dates.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Staff told us about a person who was unable to communicate verbally but they were able to understand their wishes from their actions. For example, they would put their meal in the bin if they did not like it and staff would offer an alternative. Another person preferred to have a late breakfast and lunch and this was facilitated for them.

Most people had family, friends or representatives who could support them to express their preferences. We noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

We observed people were encouraged to remain as independent as possible. For example, a person was supported to make their own snacks and drinks. Care records detailed what support was required.

People's privacy, dignity and independence were respected and promoted. People were called by their preferred name and records also referred to people by this. Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, knocking on doors and asking people if they required support before providing it.

We found that suitable arrangements were in place to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

# Is the service responsive?

## Our findings

People said that staff provided them with all of the assistance they needed. We found that people received personalised care that was responsive to their needs. Assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person and their relatives about the care they wanted to receive and had recorded the results in an individual care plan. This helped staff to understand people's needs and wishes. Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Where people's needs had changed this was detailed in care records. A relative told us, "I have been once to the review but all that is done by other family members."

Information was included in the care record to inform staff about what was important to people. For example, information about people's family. We observed staff speaking to people about their past life experiences and families.

Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. For example, where a person used an alternative name we saw the care record was written using that. Information was provided in a variety of formats to assist people to understand it.

Arrangements were in place to provide a range of activities on a daily basis. People had individual programmes however these were flexible according to people's preferences on the day. We observed people had access to transport so they could go out on visits. In addition staff were in the process of obtaining bus passes for two people in order to increase their access to facilities in the community. We observed people had been supported to have an annual holiday if they wished.

The manager told us they celebrated individual events such as birthdays and Easter and were planning a party for the royal wedding.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. Furthermore, the registered manager recognised the importance of appropriately supporting people if they identified as gay, lesbian, and bisexual and transgender.

Arrangements were in place to support people who could not communicate verbally. For example, care records detailed how staff should communicate with people. Staff told us that communication training was developed around individuals to ensure it met their needs and facilitated effective communication. We observed staff used different techniques when they communicated with people, for example writing things down and gestures.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. There had been no formal complaints received since our last inspection. A complaints policy was available to people and people were aware of this. Regular meetings

were also held to facilitate people to be able to raise concerns. When we spoke with people they told us they would be happy to raise concerns if they had any.

At the time of our inspection there was no one receiving end of life care.

# Is the service well-led?

## Our findings

At our previous inspection this domain was Good. At this inspection we found the domain to have deteriorated to 'Requires Improvement'.

Regular checks were carried out on a range of issues such as health and safety, by the manager and also by an independent external assessor. However we observed that actions agreed from the checks did not always have a completion date to ensure action was taken. Records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. These checks included making sure care was being consistently provided in the right way, and staff had the knowledge and skills they needed. However checks had not consistently identified issues. For example, we observed where written amendments had been made in medicine administration sheets, these had not been signed and dated according to best practice. This meant it was not possible to check if records were accurate. This issue had not been identified when checks had been carried out.

A refurbishment plan was in place but actions were behind. This meant the home was not maintained to a good standard. The issues had also been identified in an audit carried out in March 2018 and the actions required identified.

There was not a registered manager in post. The manager had submitted their application to register with CQC as registered manager. Following our inspection the provider confirmed there was a registered manager in post.

People and their relatives told us that they considered the service to be well run. There was a positive culture in the service that was focused upon achieving good outcomes for people. Staff told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. Staff had been invited to complete an annual questionnaire anonymously to encourage their involvement in the service provision. Where staff worked a substantial amount of additional hours we saw welfare checks had been carried out with them. This ensured the additional work was not affecting their wellbeing.

In addition, we found that the registered persons had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements. Regular house meetings were held and staff received feedback with regard to issues in the home. In addition the provider had established annual meetings with nominated staff. However when we spoke with staff they were unaware of when these meetings were held.

We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. For example people were involved in the recruitment of staff. We observed on the day of inspection interviews were being held and two people were involved in these. Another person provided training to staff about living with autism. Regular house meetings were held with people who lived at the service and staff to discuss the running of the home.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included linking with local organisations such as the local authority to introduce improvements. Two-weekly meetings were in place to review care and referrals, we observed other professionals and services such as Primary care services and therapists were involved in these meetings.

Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents and injuries. The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.