

Autism Plus Limited

# Autism Plus - Humber

## Inspection report

4-5 Bishop Lane  
Hull  
HU1 1PA

Tel: 01482714361  
Website: [www.autismplus.co.uk](http://www.autismplus.co.uk)

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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

Autism Plus provides care and support to people with learning disabilities, autism, and mental health problems, to enable people to live in their own homes as independently as possible. At the time of this inspection seven people were receiving the regulated activity personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Everyone we spoke with was positive about Autism plus.

We observed people and staff had developed good and caring relationships built on trust and mutual respect. The good outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had systems in place to safeguard people from abuse. Staff understood how to keep people safe. They recognised and reported any safeguarding concerns. Risk assessments were in place and medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

Staff were recruited safely and had the appropriate skills and knowledge to deliver care and support to people in a person-centred way. Some staff had worked at the service for a long time and this provided consistency for people.

Care plans contained relevant information about how to meet people's needs and were regularly reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice.

People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

There was a wide range of opportunities for people to engage in activities, secure voluntary work placements and follow hobbies and interests.

People were positive about the staff and told us their privacy and dignity were promoted. Preferences and choices were considered and reflected within records. Professionals spoke positively about the caring nature of the staff and the service provided.

People had access to a varied and balanced diet. Where required, staff monitored people's weights and worked with healthcare professionals to make sure people received medical attention when needed.

People and staff spoke positively about the registered manager. They felt able to raise concerns and were confident these would be addressed. Staff told us they were well supported by the registered manager and senior management team.

Checks of safety and quality were carried out to ensure people were protected from harm. Work took place to support the continuous improvement of the service and the registered manager was keen to make changes that would impact positively on people's lives.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 05/10/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 findings 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 are 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.

# Autism Plus - Humber

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors on the first day and one inspector on the second day.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with CQC. 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.

#### 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 the inspection

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

#### During the inspection

We spoke with four people using the service, six members of staff, the head of services, the registered manager, a new manager currently going through the registration process, a relative and three members of

the clinical team. We reviewed a range of documents. This included three people's care and medicine records. We looked at three staff recruitment and supervision records and documents relating to the management of the service and policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted three healthcare professionals; two provided feedback.

# 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Preventing and controlling infection

- Staff received, stored, administered and disposed of medicines safely. The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour and ensured people had regular medication reviews.
- Detailed protocols were in place to guide staff how to administer 'as and when required' medicines, also known as PRN.
- Staff followed good infection prevention and control practices. They used personal protective equipment to help prevent the spread of healthcare related infections.

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

- Accidents and incidents were responded to appropriately; trends and patterns were monitored and used for learning purposes. Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- The provider completed assessments to evaluate and minimise risks to people's safety and well-being. Risk assessments had been updated to reflect people's changing needs. People were supported to take positive risks and to be as independent as possible.
- Care plans clearly documented the support people required to stay safe and staff followed this guidance in practice.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.

Staffing and recruitment

- The provider operated a safe recruitment process. The service ensured there were staff available to meet people's needs safely. Staff confirmed there was always enough staff on duty.
- The registered manager described how staffing levels were considered during the assessment process and provided in line with people's assessed needs.

# 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; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs was comprehensive and included their physical, mental and social needs. Care and support was reviewed regularly.
- Care and support was planned and delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes.
- The staff had worked closely with landlords of the properties throughout the adaption of people's homes to ensure it could meet their needs.

Staff support: induction, training, skills and experience

- Staff received supervision and appraisal; they had appropriate skills and knowledge to meet the person's individual needs.
- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. The registered manager had systems in place to monitor which staff required refresher training and supervision.
- Staff were satisfied with the training they received. A staff member told us, "Yes, we have lots of training and additional training is available for any other areas or for our areas of interest." Staff felt supported by the registered manager.
- Professionals told us, "I have never had an experience when asking Autism plus to undertake a specific function that the staff have not done so." Another told us, "Staff have attended training and put into place the methods we have suggested."

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

- People's nutritional needs were assessed, and professional advice and support was obtained when needed.
- People were supported to maintain a healthy balanced diet; This had a positive impact on their health.
- People were protected from the risk of poor nutrition and dehydration and staff had knowledge of people's likes and dislikes.

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if and when people needed to access other services such as the hospital.
- When hospital admissions were detrimental to people's wellbeing, staff worked with healthcare



professionals to ensure alternative healthcare could be provided for people at home.

#### 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew what they needed to do to make sure decisions were taken in the person's best interests.
- Best interest decisions were made and clearly recorded.

# 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

- People were treated with kindness and they were positive about the caring attitude of staff. People told us, "The staff are my friends they want us to be happy." Another person told us, "I can call the staff at any time or the manager and they will take the time to talk to me and help me. I want to do well for them as well as for myself, they believe in me."
- Staff demonstrated a good knowledge of people's preferences and life histories; they used this knowledge to foster good relationships and care for people in the way they liked. Staff showed genuine concern for people.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to. Information about their diverse needs was available to staff.

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

- Staff supported people to express their views and be involved in making decisions about their care and support. People told us, "We have meetings to talk about things, what we want, if anything needs to change and we are listened to."
- People were directed to sources of advice and support or advocacy when this was required.
- Staff knew people's communication needs well and we saw people made decisions about how they spent their day. We observed staff respected people's wishes and their preferred routines.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Staff understood the importance of maintaining the person's dignity. A staff member said, "I always make sure their blinds are down when they go for a nap as they often get up in a state of undress and we need to support them to maintain their dignity."
- People were supported to maintain and develop relationships with those close to them, build social networks and engage in the community. As well as accessing community groups and facilities, people had voluntary work placements and one person had been supported to access paid employment.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information were stored securely.

# 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 received personalised care. Staff were knowledgeable about people's individual needs and had a good understanding of their preferences and interests.
- Professionals told us, "The service have been very responsive to thinking about how people can develop their autonomy, but not too fast or in too risky a way." Another commented, "The interactions I have witnessed have all been very positive and put people at the centre of all care delivery and the interactions have been appropriate to the needs of the individual and their rights."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information shared with people met their communication needs. Staff were knowledgeable about how people communicated and information such as complaints and surveys was provided in ways people could understand.

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 take part in activities they enjoyed in the local community, this included walking, going to cafés, community based groups, places of interest, visiting local pubs and football matches.
- People were supported to maintain their relationships with families and friends.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Where complaints had been made, they were responded to in line with company policy.
- People and families knew how to provide feedback about their experiences of the care being provided. The relative we spoke with told us they had never needed to complain.

End of life care and support

- Staff knew to respect people's religious beliefs and preferences at end of life.

# 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.

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

- People benefited from having a registered manager who was committed to providing good quality care. Staff told us they were felt well supported by the management team, who would respond immediately to any requests for support or advice.
- Staff were proud to work at the service and spoke passionately about the people they supported. Staff worked well as a team and felt committed to achieving positive outcomes for people. Staff understood the provider's ethos for the service and they worked as a team to deliver these.

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 displayed an open approach and listened to people, their representatives and staff when things went wrong. Staff performance was managed appropriately in line with the providers processes; this ensured standards were maintained in the service.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was organised and well-run and the registered manager understood their legal responsibilities to ensure regulations were being met. Staff turnover was low, and staff told us they enjoyed working at the service and felt valued. The registered manager was accountable for their staff and understood the importance of their roles.
- The culture of the service was open, honest and caring. The manager acted promptly to address any concerns.
- Systems were in place to ensure the service was consistently monitored and quality was maintained. Regular checks ensured people were safe and happy with the service they received.

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

- Meetings and reviews were held so people could engage with staff and management. There was a schedule of meetings for staff. People were made welcome in the office and visited on a regular basis.
- Records showed staff engaged with a range of health and social care professionals involved in people's

care and treatment. Information printouts were available when people were taken to hospital for emergency treatment or admissions. These provided up to date guidance on people's needs to assist nursing and medical staff.

- Professionals told us. "They are open and honest and do contact the CCG when there are issues they want us to be aware of and issues they want to work with us to resolve. In this case they have met people's needs really well in my opinion and they have worked really hard with us, as an external agency, to keep clear communication. They have been really reliable in coming to meetings and setting other meetings up for us to attend and this has no doubt benefitted the service user."

Staff involved the person and their relatives in day to day discussions about their care in a meaningful way. Difference was fully understood and respected.

- Staff were consulted and involved in decision-making and discussed people's changing care needs at team meetings. Staff were encouraged to contribute ideas and raise issues.
- Links with outside services and key organisations in the local community were well maintained.

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