

Autism Plus Limited

# Ings Plus

## 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Ings Plus is a supported living service providing personal care to eight people in six addresses. Support is primarily provided to people with learning disabilities and autistic people. People live in individual or shared houses within the community. 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.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

The provider's quality assurance systems were not always effective in identifying and addressing issues.

People had a choice about their living environment and were able to personalise their homes.

People were supported to have the maximum possible choice, control and independence and they had control over their own lives. People chose how to spend their day and staff encouraged people to make their own decisions.

People were supported by staff to pursue their interests. One person told us about their interests and future goals. Another person told us about their training delivery course, they were proud of their achievements.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Staff communicated effectively with people. Staff told us how best to communicate with people and how to adapt to enable people to participate fully in the conversation.

People accessed specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had been recruited safely and all relevant pre-employment checks had been taken.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Documents were printed in easy read formats and each person had a communication passport.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right culture

The provider had restructured the management team. As part of the changes, local managers were more visible. This helped reduce the risks of closed cultures. The management team were passionate about creating a culture where people's wishes, needs and rights were at the heart of the service.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff told us their main reasons for working was to enable people to be independent and live fulfilling lives.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. People were actively encouraged to be involved in the community. The location of the homes were within an easy walk of local amenities.

#### Rating at last inspection

The last rating for this service under the previous address was Good (published 2 October 2019).

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

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have made a recommendation in relation to governance systems.

#### Follow up

We will 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Ings Plus

## 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

Two Inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in their own homes so 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.

The service had a manager registered with the Care Quality Commission. 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 24 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.

Inspection activity started when we visited the locations office on 5 July 2022 and ended on 8 July 2022.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals 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 took

this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We visited four addresses and met with five people who used the service to get their feedback about the care provided. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We also met with eight staff including, care staff, team care manager, manager and operations manager.

We reviewed a range of records. This included five people's care records and numerous medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

Following our visit, we spoke by telephone with the relatives of two people who used the service about their experience of the care provided. We also spoke with two health professionals. We continued to seek clarification from the provider to validate evidence found.

# 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.

### Learning lessons when things go wrong

- Learning was shared through discussions and handovers between staff and at staff meetings.
- There was a system in place to report and record incidents and accidents. These were analysed to identify trends, make changes and improvements to prevent recurrence.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People told us they felt safe living in the home and with the staff who supported them. One person said, "Yes, I am safe here." Another person said, "They [staff] are always there when I need them."
- People and those who matter to them had safeguarding information in a format they could use. Certain policies were written in an easy to read format, these used pictures to show people how to make a complaint and raise concerns.
- The provider had an out of hours on call service to provide guidance and support to staff.

### Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in making decisions about how to keep safe. We saw a person discussing risks and contributing towards a risk assessment for an activity with the staff team.
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated. These plans are important to ensure people would be moved safely if there was an emergency, such as a fire.
- The provider had assessed and recorded risk and needs to keep people safe. They had reviewed care plans to ensure comprehensive risks assessments linked to all aspects of a person's life.

### Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them.

### Using medicines safely



- People's medicines were managed safely. Staff received medicines training and their practice was assessed to check they were competent to manage medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- People received support from staff to make their own decisions about medicines wherever possible.
- Medication Administration Records (MAR) matched the correct quantities of medicines and medicines were stored safely in line with manufacturer guidance.

#### Preventing and controlling infection

- Staff protected people against the risk of infection. They had received training in infection prevention and control and told us they had been kept informed of government guidance on infection control practices since the COVID-19 pandemic had started.
- Staff had access to personal protective equipment (PPE) such as face masks, gloves and aprons. Staff confirmed there was enough PPE, and were able to explain how to put on and take off their PPE correctly to keep people safe.
- Staff were aware people were living in their own homes and could make decisions during the COVID-19 pandemic. There was a positive focus on informing people about risk, while enabling them to make their own decisions.

# 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 care and support plans were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People and staff reviewed plans regularly together.
- There were clear strategies to enhance independence. One person told us about their role in delivering autism training to staff. Another person told us about their future plans and told us how they were going to achieve their goals.
- People's care plans contained a range of assessments related to their physical, mental and emotional wellbeing. Care plans included relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us, "I am very much supported and have regular supervisions."
- Staff could describe how their training and personal development related to the people they supported. Staff told us, "We so much training on offer and more importantly we have training specific to people's needs which means we can support people better."

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

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person told us they were going to prepare their own dinner. They showed us the products they had chosen, bought from the local shop and showed us the recipe book they use to make these decisions.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. One person informed us they were trying to lose weight and had cut down on 'unhealthy choices.'
- People's right to make unwise decisions related to their food and drink consumption was respected. Their care plans guided staff to remind people of the dangers of what could be seen as unwise choices and the impact on their health.

- Mealtimes were flexible to meet people's choices. People could prepare their own meals or have staff prepare them. People told us they could choose to eat out or receive a takeaway.

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

- People personalised their personal rooms and flats. People were included in decisions relating to the interior decoration and design of their home. One person told us they had been involved in choosing the paint colour for the redecoration plan and had chosen another picture for the wall.
- The design, layout and furnishings in a person's home supported their individual needs. There was open access to a well-maintained garden space, areas to sit quietly, areas to enjoy social activity and areas to prepare food and drinks.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff worked well with other services and professionals. One healthcare professional said, "[Staff names] have been very proactive working with the local authority and [the person's] family to ensure that the [person's] needs are met.

#### 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 acted in people's best interests when they lacked the capacity to make decisions for themselves. If people lacked the capacity to make informed decisions, appropriate procedures had been followed to ensure decisions were made in people's best interests. This included consulting others involved in people's care, such as families and health and social care professionals.
- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented in people's care plans.

# 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

- We observed people were relaxed with the staff who supported them. People chose to sit with staff in kitchens having a cup of tea. We observed people approaching staff to sort problems out.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person said, "I get anxiety and when this happens the staff calm me by talking and giving me reassurance and this makes me feel better, they have my back."
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "Staff know my family member as a person and know how they react to things."
- People were supported to maintain their independence. Support tasks were written in a way that people could be involved as much as they wanted to be or were able to be. The management team completed assessments to ensure risks related to people's homes and lifestyle choices were minimised and they were safe.

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people.
- People said they felt comfortable to talk with their staff and the management team if they had any concerns about the care they received.
- Staff supported people to express their views using their preferred method of communication. Staff described the different signs a person used to make decisions about their care.
- People were supported to access independent, good quality advocacy.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff routinely sought paid or voluntary work, leisure activities and widening of social circles for people they supported.
- Staff knew when people needed their space and privacy and respected this.
- People had confidence their privacy would be respected. We asked one person if they could show us their bedroom. They replied, "No, thank you. It is private." This demonstrated people understood their rights to privacy.

# 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, which met their current and changing needs. Records were written in a person-centred way with the involvement of the person and their families when appropriate. Care records were regularly reviewed, and this was confirmed by documentation we looked at.
- People learnt everyday living skills with staff who knew them well. We saw people being encouraged to complete daily tasks of living such as cooking and shopping.
- People were supported to understand their rights and explore meaningful relationships. One person had friendships with people living outside of the service. Staff supported the person to maintain their friendships with calls and outings.

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.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to promote valued communication and when people were trying to tell them something.
- Support plans had a communication needs assessment and detailed where people had communication needs and what staff should do to ensure the person understood them. Different communication methods had been explored such as picture exchange, symbols, Makaton to promote engagement.
- If people needed additional support with communication, staff had sought the input of specialist professionals. For example, staff had made a referral to a speech and language therapist for one person as they recognised the person was finding it difficult to express their feelings.

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

- Staff recognised how the pandemic had impacted on people's mental health and made them feel isolated. One staff member told us, "Activities have been limited due to COVID 19, but not now. We support people to the cinema, bingo, shopping trips and days out to the seaside."
- Staff provided person-centred support with self-care and everyday living skills to people. People were supported to use public transport and to take responsibility for cleaning their own spaces. One person told us they liked to be independent and clean their own house.

- People were supported by staff to try new things and to develop their skills. One person had been supported to work on a voluntary basis alongside the estate's manager completing health and safety checks.

#### Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed. Easy read and pictorial images were used to aid understanding and support people to understand their right to complain.
- People told us they would feel comfortable talking with staff if they had any concerns or complaints and felt they would be listened to. One person told us, "If I had a complaint, I would just pull the staff to one side and tell them about it, if not I would use my 'passway' document which tells me where to go to make a complaint."

#### End of life care and support

- At the time of the inspection, the service was not providing care to people at the end of their lives.
- The provider told us should anyone's health deteriorate end of life care would be discussed with the person or their next of kin. The provider told us they would further develop people's end of life care plans.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- An effective system was not always consistently operated to monitor the quality and safety of the service.
- Where improvements to the service had been identified through quality auditing, action was not always recorded. For example, action plans did not always include the action required, expected date for completion and who was responsible for completion.

We recommend the provider reviews their system and process for capturing and recording actions identified through quality audit monitoring.

- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and infection control.
- Themes and trends were identified through systems currently in place.

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

- There was a culture in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People told us their views and wishes about their care were listened to and respected. We heard examples of how the support staff provided had resulted in positive outcomes and achievements for people.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered manager had reported notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had team meetings and one to one supervision.
- Systems were in place to capture people's views and feedback. A relative told us "I can always speak to [manager] and the other colleagues."
- People were able to attend residents' meetings where they discussed changes within their homes, activities, achievements, goals, as well as the menu's.
- People had regular review meetings with their staff and relevant professionals to review all areas of their support plans ensure any barriers to leading a full life were avoided.

#### Working in partnership with others

- The provider told us how they send out questionnaires to professionals to gather feedback on the service provided. Although, these were not often completed and returned. The provider is considering new and innovative ways to gather feedback from professionals.
- Visiting health and social care professionals told us how the provider works with them in partnership. They positively reported how the provider is proactive when sharing incidents and concerns.
- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.