

Autism Care (Bedford) Limited

Autism Care UK (Bedford)

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 May 2016 and was unannounced.

The inspection was carried out by two inspectors.

Autism Care UK (Bedford) provides accommodation and personal care for up to nine people. The service supports people of a variety of ages, who have autism and learning disabilities. The service has a mix of self-contained flats and en-suite rooms.

At the time of inspection, eight people were living at the service.

There was a registered manager in post. 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.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient numbers of staff available to meet people's care and support needs

Effective recruitment processes were in place and followed by the service.

Medicines were stored, handled and administered safely within the service.

Staff members all had induction training when joining the service, as well as regular ongoing training.

Staff were well supported by the manager and had regular one to one time.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People were able to choose the food and drink they had and staff were able to support people with this.

People were supported to access health appointments when necessary, including doctors, dentists and speech therapists.

The staff supported people in a caring manner. They knew the people they were supporting well.

Where possible, people were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were supported to take part in a range of activities and social interests.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action needed to be taken.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS.)

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this

Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the registered manager and were able to see them when required.

People and their relatives were asked for, and gave feedback. Plans were in place to respond to this feedback.

Quality monitoring systems were in place and were effective.

Autism Care UK (Bedford)

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 inspection took place on 4 May 2016 and was unannounced. We carried out an unannounced inspection of this service on 4 November 2015. After that inspection we received concerns in relation to staffing numbers, staff training, care planning and pre assessment procedures. As a result we undertook a second comprehensive inspection to look into those concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Autism Care UK (Bedford) on our website at www.cqc.org.uk

The inspection was carried out by two inspectors

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also met with the Local Authority to seek current information they held on the service.

We spoke with five people who used the service, four support workers, a senior support worker, the acting registered manager who was going through the process of applying to become registered manager, the registered manager, and the area manager.

We reviewed four people's care records to ensure they were reflective of their needs, four medication records, five staff files, and other documents relating to the management of the service, including quality audits

Is the service safe?

Our findings

People felt safe within the service. One person said, "Yes I feel safe here." Everyone we spoke with made similar positive comments.

Staff demonstrated knowledge and understanding of the signs of abuse, what to look for, and the actions they should take if they felt that a person was at risk of abuse. A staff member told us, "I would report to the manager or senior staff. I would contact CQC if required." Other staff we spoke with had the same response, and records showed us that staff had completed safeguarding training. Information around safeguarding and whistleblowing was displayed in an area that both staff and people who lived at the service could see, and safeguarding alerts had been reported and recorded appropriately.

People had risk management plans in place that detailed risks specific to them and protected their safety. Staff we spoke with told us that the risk assessments were thorough and helped them understand people's needs. The risk assessments we looked at included support whilst out in the community, support with tasks around the service, eating and drinking and more, and offered clear guidance to staff on what the risks to a person were, and how to manage and respond to them.

The staff and the managers acknowledged that, due to the needs of the people who lived at the service, they can be presented with a challenging environment to work in. We found that incident and accident reporting procedures had been followed accurately, and any incidents had been recorded, checked over by the manager, and actions created where necessary. The staff we spoke with told us that they had grown in confidence due to extra training that had been put in place in order to respond and react to any incidents appropriately. We saw documentation to show that fire safety checks were regularly carried out within the service.

People thought there were enough staff on duty. One person told us "There are plenty of staff about." Staff members also confirmed that there were enough staff to meet people's needs. We found that opinions on staffing were consistent within the service. We saw that the manager had responded to a person's changing needs by increasing the amount of staff on shift. Our observations during the inspection confirmed that there were a sufficient amount of staff on duty, and people were being supported in the correct ratios that were documented in their care plans.

All the staff we spoke with told us they had been recruited into their roles safely and had to get two references and a DBS [Disclosure and Barring Service] check before starting work. The manager confirmed that no new staff members could start until all relevant checks had been completed. The staff files that we looked at confirmed that two references were taken and staff were subject to DBS and identification checks before starting.

People were supported to take their medicines safely. One person told us "I am happy with the support I receive to take my medication." We saw that some people were storing their medication within their own room, and others were stored in a central secure medication cabinet. We looked at Medication

Administration Record (MAR) charts and noted that they had been filled in correctly. We saw that a locked cabinet was used to store medication, and systems were in place to monitor stock and dispose of any medication. We saw that people had guidelines within care plans around the administration of medication. Training records showed us that staff had undertaken medication training including specific training on managing medicines outside of the home. Administration of medication was always supported by team leaders within the service.

Is the service effective?

Our findings

People received care that was given by staff that had appropriate training to meet people's needs. New staff were put through a training induction process before starting work within the service. All the staff we spoke with confirmed that they had a week long induction period which included mandatory training, reading care plans and risk assessments, and then shadowing other staff. All staff thought that their induction was effective and helped them gain in confidence before starting work. We looked at training records and this confirmed the induction procedures had taken place, and a monitoring tool was in place to keep track of staff members on-going training.

Staff were able to take part in regular training sessions to build on or refresh their knowledge in areas such as manual handling, fire safety, food hygiene and infection control. We saw that individualised training packages had been put together which focussed on a particular person who used the service, their needs, likes and dislikes. This enabled staff members to learn the specifics about how a person should be supported. One staff member said, "The training on each person is really good. I feel more confident in supporting [person's name] now that I have done it. We saw records that confirmed this training was taking place. Some training in things such as Mental Capacity Act and Deprivation of Liberty Safeguards, were backed up with workbooks and test sheets that the staff would go through with their supervisor as an extra way of learning about the subject and to show how it was put into practice.

Staff told us that they were all trained in Non Abusive Psychological and Physical Intervention (NAPPI). NAPPI training focusses on managing challenging behaviour, with an emphasis on positive behaviour support. The staff told us they felt this was important due to the high support needs of the people that lived within the service. One senior staff member said, "I am running regular practical top up training sessions in this area to support the staff learning." The staff we spoke with felt that they had gained in confidence within this field due to the extra support they were receiving.

Staff reported feeling well supported by the management team and that they were receiving regular supervisions. One staff member told us, "We have a service manager that works closely with us. Things have improved and I feel very supported in my job." The staff files that we looked at contained supervision notes that covered a range of topics about the service and the people being supported.

People told us that staff gained consent from them before providing any care and support. One person said, "Staff always knock before coming in and they check with me first before doing anything." We observed that staff gained consent from people and offered choices regularly. We saw that people were communicated with effectively could express their wishes. Their decisions were listened to and respected.

We checked whether the service was working within the principles of the MCA. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had policies and procedures in relation to the MCA and DoLS. Staff demonstrated a good understanding of how they worked in practice in line with the MCA and their responsibilities.

People told us they enjoyed the food that they were provided with. One person said, "Yes I like to cook. I am happy with the support I get. I like to cook things for the staff to try as well." The staff explained that some people were able to cook for themselves with support, and had their own kitchens to do so. Others who needed more support would have food prepared for them by staff. Files we reviewed showed that support plans around eating and drinking were present to guide staff.

The people we spoke with told us that they received support to attend medical appointments whenever necessary. One person told us, "Yes the staff can help me to appointments if I need it." The staff we spoke with understood the importance of efficient support with medical and clinical needs, and told us they regularly seek support for people where required. We saw evidence in people's files that showed access to medical professionals was happening, and staff were recording all relevant information.

Is the service caring?

Our findings

People told us that the staff treated them with kindness and compassion. One person said, "I like the staff, they are caring people." Other people we spoke with confirmed the warm approach from the staff. We witnessed a respectful and friendly approach towards people from staff on duty during the inspection. We saw staff interacted positively with people and gave them the time they needed to talk.

The staff we spoke with were knowledgeable about the people they were supporting and were able to tell us the specific details about individuals' preferences, what activities they do on particular days, and what their background and family were like. One staff member told us, "We are given the time and training to get to know people well, which helps us provide better care for people."

People told us that they were involved in the planning of their own care. One person told us, "Yes I get to be involved in decisions about me." We saw that some information was presented to people in an easy read format enabling them to understand. We observed that staff were communicating with people in a way in which they could best understand and have input themselves around their care. We saw that people had care plans in place that documented the individualised support that people should be receiving.

People felt their privacy and dignity was being respected. One person told us, "I have my privacy. This is my own flat and if I don't want staff in here then they listen." We saw that staff members had a respectful approach to the people living at the service and always spoke to people in a positive and warm way. The service had a nominated 'Dignity Champion' whose role was to identify both good practice and areas for improvement within the service. The person had monthly summaries of the work completed in this area that were shared with the rest of the team.

People told us that their relatives and friends were able to visit them whenever they wanted. One person said, "My family are not from around here, but I can have people visit me if I want to." We saw within people's files that a number of individuals enjoyed going to stay with family members regularly for weekends. We saw that people were able to personalise their own rooms and flats with décor of their choice. One person was able to show us around their flat with great pride and talk about how much they liked living there.

Is the service responsive?

Our findings

People told us that they felt the care they received met their needs. One person told us, "The staff know how to support me well." Staff told us that they had 'Keyworker' responsibilities. This involved creating a monthly progress report for people to share with family members if they wanted to. There was evidence in people's files that they took part in 'Talktime' sessions with staff, where they had the opportunity to talk on a one to one basis with staff and go over care plans and anything else they wanted to. People told us that they enjoyed having time with staff to talk.

We saw that people had personalised activity plans to meet their needs. One person said, "Two staff members take me out when I want to go out and about." We saw one person approached staff and requested a trip out that day to the shops. They were given a time and told that someone would be available to take them out. We saw that one person's records showed that staff were given advice from the person's family members in order to collate activity plans, as the person themselves did not always fully understand what opportunities were available.

People told us that they had care plans that helped staff support them correctly. A person told us, "I'm happy with what's in my files." We saw that people had detailed care plans that were updated and changed where necessary. Staff told us that they felt able to input to people's care plans and their input was listened to and taken on board. The care plans we viewed had detailed sections on people's likes, dislikes, family history, health care needs, emotional and behavioural support, activity plans, food and drink preferences, communication plans and more.

We saw that pre-assessments had taken place for people that had moved in to the service. We saw that one person had a transition where they had been able to visit with staff members from the previous service who could support the newer staff to learn about their needs. The service had chosen to increase the amount of direct staff support that the individual was receiving, to enable them to settle into the service. All staff had been allotted extra one-to-one time with their supervisor to provide extra support in learning about the individuals' support needs. We also saw that another person who had moved in was provided with a detailed pictorial guide that explained how the service worked, who the staff team were, and what their room was going to be like. We saw that the manager had requested and was waiting for clinical support for an individual who needed this input. The manager had increased the in house staff support for the person during this time. Refresher training in subjects that were relevant to the person's needs had also been provided for the staff team.

People we spoke with knew about the complaints procedure in the service, and told us they would tell a member of staff if they had anything to complain about. One person told us that they had no complaints but knew how to use the procedure if they did. The manager showed us a plan outlining their responses to any complaints that had been received and action plans around this.

Is the service well-led?

Our findings

The people we spoke with told us that they felt the service was managed well. They said they knew who the managers were and were comfortable in speaking with them. One person told us, "I can talk to the managers or staff whenever I want. They are nice people." The staff we spoke with felt that the management team were supportive and approachable. One staff member said, "I think they do a great job. I know that I can approach the manager and she will listen to me. I think we are very well supported."

We saw documentation that regular team meetings were taking place and a range of topics discussed. Staff felt that these meetings were worthwhile and allowed them a good forum for discussion.

The staff we spoke with all had good knowledge of whistleblowing procedures and were confident to use it if necessary. We saw that whistleblowing guidance and information was displayed for staff to see.

The manager acknowledged that the environment that the staff were working in could be challenging at times. We saw that work had been done to increase staff confidence and motivation within their roles including extra training, extra one to one meetings, and a 'staff of the month' competition to recognise staff achievements. All the staff we spoke with told us that they felt more confident within their roles and were positive about working for the service.

The service had recently employed a new senior member of staff with experience of working within a challenging environment. The senior staff member provided extra support for the staff team around caring for people with potentially challenging needs. The staff we spoke with told us they felt this addition to the management support they received was beneficial to them, increased confidence, and helped them improve the support they gave.

The manager was present on the day of inspection. We saw that people were happy interacting with them and were well listened to and supported by them. The service had a registered manager who was also the area manager and was in place whilst the acting registered manager went through the registration process to take over the position. The staff team also consisted of a service manager and team leaders on shift that were given extra responsibility including medication administration and providing extra support for the staff team.

There were systems in place to monitor the quality of the care provided and areas identified for improvement were recorded. We saw that people that used the service, and their family members had been consulted for their opinions by feedback questionnaires. The manager showed us how the feedback was received and responded to, in order to improve the quality of service being provided. Where areas for improvement were required we saw that action plans were formulated and responses provided to those that needed them.