

Autism Care (UK) Limited

The Croft

Inspection report

Heath Farm
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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 

Overall summary

We inspected The Croft on 30 September 2015. The inspection was unannounced. The last inspection took place in July 2014 and we found the provider was compliant with all of the outcomes we inspected.

The Croft provides personal care and support to people who live with complex needs related to the autism spectrum, and learning disabilities. The service can accommodate up to six people and there were six people living there when we visited. The Croft is part of a larger

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

There was not a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations

Summary of findings

about how the service is run. An experienced manager was in post, who had applied to be registered with us and was awaiting the outcome of the registration process. We refer to this person as 'the manager' throughout the report.

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

People were treated with care and thoughtfulness by staff who were trained and supported to carry out their job roles. Staff also helped them to stay safe in a way that minimised risks to their health, safety and welfare.

People's privacy was maintained and they were supported to engage in a range of personalised activities and social interests. They also had access to a range of appropriate health services and their nutritional needs were met.

There was an open culture within the home. There were enough staff, who were recruited appropriately to ensure people's needs, wishes and preferences were met.

People were supported to be as involved in their care as they could be and make their own decisions and choices wherever they could do so. Where people could not do this staff used the principles of the MCA effectively to ensure decisions were taken in their best interests and legal frameworks were followed.

The provider recognised that not all of the systems in place to enable people to express their views and raise concerns or complaints were effective for people who had different ways of communicating. They told us they were taking action to improve this.

Systems were in place to assess and monitor the quality of the service provided for people and actions were taken to address any issues arising from audits. The provider ensured that the care and support provided for people was based on up to date care approaches and took account of lessons learned from analysis of events and incidents.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported in a way that maintained their safety and well-being. Staff were appropriately trained and understood how to recognise and report abusive situations.

There were enough staff to ensure people's needs, wishes and preferences were met.

People received their medicines in a safe way.

Good



Is the service effective?

The service was effective.

People were supported to make their own choices and decisions where they could. Appropriate systems were in place and legal frameworks were followed in order to support those people who lacked capacity to do so.

People were supported to maintain good health and their nutritional needs and preferences were met.

Staff received appropriate training and support to provide the care people needed.

Good



Is the service caring?

The service was caring.

People were treated in a caring and thoughtful manner by staff who recognised and supported their individuality.

People's privacy was maintained staff understood the importance of keeping their personal information in a confidential manner.

Good



Is the service responsive?

The service was responsive.

People's care had been assessed and planned for in a personalised way that took account of the views of those who were important in their lives.

People benefitted from being supported to engage in a range of personalised activities and social interests that were meaningful to them.

There was a system in place to have complaints listened to and resolved.

Good



Is the service well-led?

The service was well-led.

There was an open and supportive culture within the home.

Systems were in place to assess and monitor the quality of the service provided for people.

Good



Summary of findings

The provider recognised that not all of the systems in place to enable people to express their views and raise concerns were effective and were taking action to improve this.

The Croft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 December 2015 and was unannounced.

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

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

People living within The Croft were not able to fully express their views about the services provided. Staff helped us to understand people's ways of expressing their feelings through their behaviours. We spent time observing how staff provided care for people to help us better understand their experiences. We also looked at two people's care records.

We spoke with the provider's local Service Delivery Director, the manager, a team leader, an acting team leader and three other members of care staff. We also had contact with a local authority representative and a visiting health professional. We looked at two staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

People who lived within The Croft were not able to manage their own safety needs. We saw that staff supported them in a way that maintained their safety and well-being. Decisions about people's safety were made using the principles of 'best interest' as set out by the MCA, 2005.

A clear protocol was in place to ensure people were helped to stay safe and records showed it had been used in an efficient and timely manner since we last visited The Croft in July 2014. On each occasion the protocol had been followed, the appropriate people had been informed and investigations had been completed.

Staff members demonstrated clear knowledge and understanding about how to keep people safe. They spoke about managing environmental issues, safe medicines practices as well as recognising potential or actual abusive situations. Records showed that staff received regular training about how to keep people safe.

Where people needed extra support with their behaviours to enable them to remain safe, there were detailed management plans in place which included the use of physical restraint techniques. Staff had been trained to use positive behaviour management approaches and approved physical restraint techniques prior to starting to work with people and the training was regularly updated.

Some of the provider's senior managers held recognised qualifications to enable them to provide training for staff in regard to behaviour management approaches. They also assisted staff to develop appropriate management plans for people.

Risk assessments and management plans were in place and reviewed regularly to take account of people's changing needs and circumstances. The assessments and plans were developed before people moved into the home and covered areas such as fire evacuation, behavioural

management and financial support. When incidents occurred staff completed detailed and timely reports which included analysis of the incident. Staff also had debrief sessions when necessary and changes were made to people's risk management plans as a result of the learning acquired.

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

There were enough staff on duty to meet people's needs. Duty rotas showed that at least the minimum numbers of staff the provider had assessed as being needed were achieved. On some days when people were supported to go out for social activities those numbers were increased. However owing to a number of vacant posts within the team staff worked extra hours to cover the shortfalls this created. The provider made use of their bank staff system and a consistent member of staff from a local agency. Records showed agency staff were appropriately trained to provide the support that people needed. The manager told us there was a recruitment programme in place as a result of the vacancies.

People's care plans gave details about how they liked to take their medicines and we saw that staff followed this guidance when administering their medicines. There was also information in people's care plans to show staff how to support them if they needed special medicines in an emergency or to help them remain calm. Staff told us, and records showed, that they were trained how to manage medicines in a safe way and in line with good practice guidance. Records showed that the manager assessed staff performance regularly to make sure they maintained their knowledge and skills in this area.

Is the service effective?

Our findings

People who lived in The Croft were not able to express their views to us about how effective they thought the service they received was. However, throughout the inspection staff demonstrated their detailed knowledge and understanding of how people communicated their needs, wishes and preferences. They followed care plans which described people's communication methods and how they expressed their feelings.

We saw an example of this when staff were supporting people with their lunchtime meal. Staff used a recognised sign language, words and gestures to ensure a person had the type of drink they wanted. The person's behaviour also indicated to staff that they wanted more food so staff used the same communication methods to establish which particular food the person wanted more of. The person displayed positive reactions, such as nodding and smiling, and was able to continue with their structured daily routine as a result of the effective communication with staff. Staff explained to us why it was important to support people in a consistent way and they understood the impact this would have upon people's lives if this was not done.

Staff received a comprehensive induction programme which included training in subjects such as fire safety, infection control and health and safety. We also saw they received training that was tailored to meet people's needs. An example of this was a person specific training pack that told staff all about a person's needs and preferences. It was accompanied by a training analysis to show what skills and knowledge staff needed to support the person appropriately. Training was also provided in subjects such as autism specific support, positive behavioural approaches and epilepsy management. Staff completed workbooks to guide some of their training such as medicines management, which allowed the manager to assess their understanding of the subject. Staff who worked in other parts of the provider's service such as administration and domestic services told us they received the same training as care staff which enabled them to work with people more effectively.

The provider had training frameworks in place for team leader roles and the registered manager role. The

registered manager training included an operational focus about how to provide and maintain a specialist autism service. The manager of The Croft had undertaken this training.

Staff understood their various job roles. The manager told us they had improved the arrangements for staff supervision and appraisal since taking up their post. We saw they had a schedule in place for each member of staff to receive regular supervision in line with the provider's policy. Staff told us they felt well supported by team leaders and the manager and felt able to discuss development opportunities within their supervisions sessions.

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.

Records to show the best interest decisions made on behalf of people were very detailed. They demonstrated that people such as family members, 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. The manager and staff understood the principles of the legal framework and records showed they had received training about the subject.

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 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. At the time of the inspection six people who lived within the home had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS.

The manager told us they were reviewing how they managed the storage of DoLS records so that they were more aligned to people's individual care plans. This meant

Is the service effective?

that people and staff had better access to the records. The manager had also introduced a tracking system to ensure all of the DoLS authorisations were kept up to date and in line with legislation.

Menus were available in a three weekly rotation with suggested options and choices for each meal. Staff told us the menus were flexible according to what people wanted to eat on the day. They were based on people's known likes and dislikes and healthy eating guidance. Information about what people liked and did not like was readily available in the kitchen area along with any of their special dietary needs. A range of food and drinks were available to suit people's tastes and we saw staff supported people to have drinks whenever they wished. Records showed staff had sought input from other professionals such as dieticians, in a timely manner wherever needed.

Staff knew about people's health needs and supported them to maintain a good level of health. Records showed when people had seen their GP or other health professionals, such as consultant psychiatrists, who were involved in their care. Health action plans were in place for people and showed that they had regular reviews of their health needs with involved healthcare professionals. Staff demonstrated their knowledge and understanding of how to support people with things like visits to the dentist. This included how they prepared the person for visits and reassured them afterwards. Staff were able to tell us how they recognised when people were not feeling well and how they would manage the situation.

Is the service caring?

Our findings

People who lived at The Croft were not able to express their views to us about the caring nature of the staff who supported them. However, throughout the visit we saw people readily responded to interactions with staff and sought them out when they wanted company. People displayed relaxed behaviour and body language when they were in the company of staff. We saw staff used caring and reassuring approaches to help people remain calm and enjoy their day.

Staff used sign language, gestures, touch and verbal reassurances to communicate with people. They supported them to make their own choices and decisions wherever they were able to do so. Staff consistently used phrases such as “Please” and “Thank you”, “What would you like” and “Can I help you with that” to demonstrate their caring and thoughtful approach. People were encouraged to choose the types of drinks and food they wanted and where they wanted to spend their time.

Staff supported people to maintain their privacy. Each person had their own bedroom, personalised to their tastes and needs, where they could spend time alone when they wished to. Staff ensured people were supported with personal care in the privacy of their bedroom or bathroom areas.

Records showed staff received training about how to support people with their diverse lifestyles and to ensure

people were treated equally. Staff recognised the importance of treating people as individuals and people’s care plans reflected this approach. We saw examples of this approach throughout our visit. Some people liked to eat on their own or in places other than the dining room. This was facilitated by staff. Each person had a different time that they liked to rise in the morning or retire to bed at night and again this was facilitated by staff.

We saw that people were being supported to use advocacy services whenever they needed to. Advocacy services are independent of the provider’s services and can support people to communicate their decisions and wishes. Information was available about this type of service and the manager recognised that people could not access them independently. The manager and staff also recognised the importance of advocacy services to ensure there was an opportunity for people to have an independent voice to represent their views.

People’s personal information was kept in the main office which was locked when no one was in the room. Some personal information was stored within a password protected computer. However, the provider had recently taken the decision to remove the office printer. We saw that people’s personal documents were now sent to a printer located in a public space of the administration office, which could compromise people’s confidentiality. The provider’s Service Delivery Director demonstrated that they had raised issues about this arrangement with the provider.

Is the service responsive?

Our findings

People had an individualised package of care. Care plans were based on comprehensive assessments that were specifically designed, and nationally recognised, to support people who live with autism and learning disabilities. Records showed that care planning and assessments were supported by best interest decision making and consultation with everyone who was important in the person's life.

General assessments, care plans and risk assessments were regularly reviewed and updated to ensure people's changing needs were responded to appropriately. A care planning process was also in place to support the development of people's skills and achievement of their goals. This was called a "12 week development plan." It gave people the opportunity to set shorter term goals and monitor their progress. The manager recognised that more work was needed to effectively support people to achieve their aspirations and goals and we saw they had an action plan in place to work towards this.

Each person had an individualised daily programme which included their preferred social interests and opportunities to maintain and develop their personal skills. We saw staff supported people in line with their daily programmes, for example during our visit one person was supported to visit

the dentist and another was supported to engage in their preferred activity of going for a walk. We saw that activity programmes were linked to people's 12 week development plans and other care plans which ensured they were reviewed regularly. We saw an example of where activity plans had been reviewed. This was related to the development of cooking skills. As a result of the review the provider had recently employed a cook which enabled staff to spend more time supporting people to engage in activities and interests that were more meaningful and important to them.

The provider had a policy in place to manage concerns and complaints. The manager and staff demonstrated that they knew how to use the policy to respond in a timely and appropriate manner to any concerns or complaints raised. This was demonstrated within records of the four complaints that had been raised since we last visited The Croft in July 2014. Results of annual surveys and the complaints record history showed that people's relatives and professionals involved in their care knew how to use the complaints policy. However, the manager and the provider's Service Delivery Director recognised that most people who lived within the home would not be able to use the complaints system effectively. They said they were looking at alternative and more appropriate ways to support people with this.

Is the service well-led?

Our findings

A new manager had recently taken up post within the home. Upon commencing their employment they had submitted their application to register with us in line with the requirements of the Health and Social Care Act 2008. They were able to demonstrate clear knowledge and understanding of the responsibilities of a registered manager. We found they had already started to make improvements in areas such as staff supervision and person centred planning arrangements. We saw the manager had taken time to get to know the people who lived there and demonstrated a good understanding of people's individual needs. There was a clear management structure within the home which included team leaders and a deputy manager. Staff told us there was an on-call rota for senior staff so there would always be someone available to support them in an emergency for example.

There was an open culture within the home that enabled people and staff to freely approach the manager, deputy and team leaders for support and to express their views. Staff were aware of the provider's whistleblowing policy and said they would feel confident to use it if there was a need.

Staff told us they thought the new manager was very supportive and they were confident the service would improve under their leadership. One member of staff told us, "[The manager] does incredibly well considering the amount of work he has to do. he still manages to support us. I am sure he will sort things." Another member of staff told us how supportive the manager and Service Delivery Director had been with a specific issue they had recently encountered.

Regular satisfaction surveys were carried out with people who lived within the home, their families, staff members and external support agencies. The manager and the provider's Service Delivery Director had recognised that not all of the current systems in place to enable people to express their views or raise concerns were effective, given people's differing communication methods and levels of mental capacity. They said they were exploring other, more suitable, ways to support people to express thoughts and views about their care.

Links had been developed with some parts of local community organisations such as the police and a nearby

military base. The provider's Service Delivery Director and the manager had recently provided training for local police officers to help them understand more about autism and learning disabilities. The manager said that this training had helped police officers to support people more effectively and help to keep them safe when there had been a need to do so.

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

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

Systems were in place to show how many hours staff were working over and above their contracted hours. Some staff told us they worked extra hours to ensure staff levels were maintained and that they were supported by staff from some of the provider's other registered locations due to staff vacancies. During the visit the manager and the provider's Service Delivery Director made improvements to their systems in order to monitor the well-being of staff more effectively.

Systems were also in place to regularly monitor the quality of the services provided. A quality assurance audit was carried out within the home regularly by a registered manager from another of the provider's registered locations. The senior managers from the provider organisation also carried out an annual quality and health and safety audit. The audits covered topics such as medication arrangements, health and safety arrangements and care records. The outcomes from all of the audit activities were combined into an action plan. The progress with the action plan was monitored by the provider's quality assurance department.

A new audit tool had recently been implemented, based on current research, called "All About Autism" (AAA). The aim

Is the service well-led?

of the audit was to show how the service provided was specific to autism and met the criteria for positive behavioural support. Central to the process was feedback from people who live in the home and others involved in their care so that the provider could work to continuously

improve people's experiences. The manager said that improvements to the ways in which they supported people to express their views and thoughts about their care would take account of the AAA audit tool requirements.