

Autism Care (UK) Limited

Autism Care (Lincoln)

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

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

Autism Care (Lincoln) is a supported living service providing personal care to people who live in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there was one person receiving personal care.

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

Right support:

People were supported by staff who knew them well and who promoted their independence.

People were fully involved in making decisions about the support they received and worked with staff to reduce their experience of distress in order to keep safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain and develop meaningful relationships with people who mattered to them.

Right Care:

People received warm and compassionate support and developed trusting relationships with staff.

Support was personalised and promoted people's individuality and human rights. Support plans reflected people's strengths and life goals.

Staff were trained and understood how to support people to stay safe from harm or abuse.

Right culture:

The ethos, values, attitudes and behaviours of managers and staff ensured people led confident, inclusive and empowered lives. Staff promoted equality and diversity when supporting people.

There were systems in place to monitor the quality of the services provided and a culture of improvement was embedded in the service.

People and staff had opportunities to give feedback about the service and contribute their ideas for improvement. They felt listened to and were confident that any issues would be resolved in the right way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 3 November 2020 and this is the first inspection.

Why we inspected

This was planned inspection following registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Care (Lincoln)

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

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of 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 on 21 December 2022 and ended on 10 January 2023. We visited the service on 28 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 used all this information to plan our inspection.

During the inspection

During the inspection we visited the supported living setting and spoke with the person who receives support. We also spoke with a team leader, 2 care workers, the deputy manager and the area manager for the service. We reviewed a range of records including the person's support plan, risk assessments and medicine administration chart. We looked at 5 staff files in relation to recruitment, training and supervision. We also looked at records relating to staff deployment, quality assurance and the provider's policy statements.

After the inspection

We spoke with the registered manager, a team leader and a support worker by telephone. We continued to seek clarification from the provider and registered manager 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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported safely and protected from the risk of harm or abuse.
- Staff received training about how to keep people safe and there were up to date policies and information available to support them.
- The registered manager and staff understood their responsibilities to keep people safe and how to recognise and report any concerns of abuse.
- A person told us they felt, "very safe" with the support they received.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and assessed. Support plans were in place to minimise potential risk of harm.
- Staff knew people well and were able to recognise when they needed extra support to minimise the risk of emotional distress.
- Staff were clear about using least restrictive options to support people. A staff member told us how they always tried to understand what a person was communicating through their behaviour so they could minimise the root cause of any distress.
- People were involved in decisions about how risks should be managed. A person told us staff helped them to understand why certain situations may present a risk. This meant they were able to make informed decisions about how to keep safe.

Staffing and recruitment

- The provider's recruitment policy allowed for new staff to commence work before an up to date Disclosure and Barring Service (DBS) check was returned. This increased the risk of people being supported by staff who were unsuitable to work with vulnerable people. We found no impact on people in regard to this. However, the provider took immediate action to strengthen the policy in order to minimise the risk.
- The provider had centralised recruitment procedures in place. This included obtaining previous work references and DBS checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- There were enough staff with the right skills to provide safe support for people and meet their assessed needs.
- People were able to use their commissioned support hours flexibly. This meant support could be timed to meet people's chosen lifestyles.

Using medicines safely

- Systems and processes were in place to ensure people received their medicines in a safe way.

- Staff were trained to administer people's medicines as prescribed. They had their competency assessed at regular intervals to ensure they continued to safely administer people's medicines.
- Staff were aware of and followed the principles of STOMP (Stopping over-medication or people with a learning disability, autism or both). People's medicines were regularly reviewed with prescribers in line with these principles.

Preventing and controlling infection

- There was an up to date infection prevention and control (IPC) policy in place. The policy referred to current national guidance and best practice.
- Staff received training about IPC and demonstrated, for example, effective use of PPE (personal protective equipment) and hand washing procedures during the inspection.

Learning lessons when things go wrong

- Lessons were learned when things went wrong, and learning was shared across the organisation.
- Accidents and incidents were reviewed, and actions were taken to reduce the risk they may happen again.

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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they began using the service.
- Assessments formed the basis of personalised support plans which reflected people's diverse needs, wishes, goals and aspirations.
- People and those who were important to them were fully involved in assessments and planning and reviewing support plans.
- Staff understood the principles of CQC guidance referred to as 'Right support, right care, right culture' and were able to describe how this underpinned the support provided for people.
- Staff worked with other local services to help people access social and employment opportunities. A person told us how staff had supported them to access college courses and were helping them look for part-time employment.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role, including a comprehensive induction programme. A member of staff said, "I had a good induction; I learned a lot and was really well supported by the other staff; they were always there for advice."
- Staff told us they received training to support people with a learning disability and/or autism. One staff member told us how their understanding of people's support needs had been enhanced because people with a learning disability and/or autism helped to deliver training.
- Records indicated bespoke training was provided for people's individually diagnosed needs, for example a specific mental health condition. This meant staff were able to provide personalised and more meaningful support for a person.
- Staff received regular updates to their initial training to ensure their skills and knowledge remained current.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- At the time of the inspection no-one receiving a regulated activity required support to eat and drink enough to maintain a balanced diet. However, staff supported a person with cooking skills, which meant they could quickly identify if this need arose.
- Staff knew how to access specialist services to support people with eating and drinking if this was required.
- People were supported to access healthcare services whenever they needed to. This included specialist services such as psychiatry, psychology and behavioural support services.

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 MCA 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.

- Staff had received training and demonstrated their understanding of the principles of the MCA.
- A person told us staff sought their consent before support was provided, and staff respected any decisions they made to decline support.

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; Respecting and promoting people's privacy, dignity and independence

- A person told us, "This is my home now, I'm very happy here, the staff are the best I've had. I trust them." They went on to say how staff respected them as a person and "understand me."
- Staff demonstrated a passion and commitment to supporting people and spoke with and about people positively and warmly. A staff member told us it was "so great" to see people developing skills and confidence and moving on to living more independently.
- Speaking positively about the support they receive, a person told us, "I've been doing my own [personal care task] without help for the last week because I feel more confident."
- The provider's approach to supporting equality, diversity and human rights was embedded within the service. Staff were aware of how to support people with protected characteristics such as sexual orientation or cultural beliefs and demonstrated respect for people's diverse needs.

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

- A person said, "I can talk to them [staff] about how I feel and they listen." They went on to describe how they are fully involved in regularly planning and reviewing the support they receive.
- Support plans recorded how people wanted staff to support them and set out their preferences and life goals. An example of this was how a person wanted to be supported with a protected characteristic.
- Staff told us about the different forums available, such as support reviews, general meetings or surveys, so people had a range of opportunities to express themselves.
- People and staff were aware of how independent advocacy services could support people to express their views and make decisions. Information was available in the service about local advocacy services.

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; 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

- The provider's statement of purpose sets out their aim to ensure people are supported to take control of their lives and move towards greater independence. People's support plans reflected this aim in a personalised way.
- A person spoke with us about how they were near to fully achieving a goal with their personal care and required less support in other areas of their life than they had previously. They told us this was because staff had supported them to develop their coping skills and build confidence.
- People were supported to maintain and build upon relationships that were important to them. A person told us how they now enjoyed regular visits with a family member.
- People were supported to develop their social life in ways that were relevant to them. A person told us about the support they received to find and engage with local groups that offered opportunities to socialise with others who had the same protected characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available to people in different formats, such as easy read documents, to ensure everyone could access the information.
- Support plans recorded how people preferred to communicate and things that may impact on their ability to understand information, such as their emotional state.
- At the time of the inspection no-one receiving a regulated activity had specific communication needs. However, the registered manager told us bespoke training in methods such as Makaton or picture exchange card system (PECS) was available and this would be provided for staff before a person started to use the service.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and available, including in an accessible format.
- People knew how to raise concerns and complaints. A person told us they felt 'confident' that any concerns or complaints they had would be listened to and resolved.
- Staff understood their responsibility to report and record any concerns or complaints received by the

service. The registered manager understood their responsibility to investigate and respond to concerns and complaints in a timely manner and in line with the provider's policy.

- No formal complaints had been received by the service since their registration.

End of life care and support

- At the time of the inspection the service did not provide end of life care.
- The registered manager was aware of how to access specialist support services should this need arise.

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

- The registered manager and staff were passionate about providing personalised support which focused on delivering good outcomes for people.
- People were positive about how the service was managed and the support they received. A person told us, "I can't say enough good about [registered manager] and the staff, they help me so much."
- Staff were consistently positive about the inclusive culture within the service. A staff member said, "[Registered manager and deputy manager] are the best people I've worked for. Their door is always open, and they are all about improvement." Another staff member said, "There's always ways to improve and we can voice ideas and get listened to."
- The provider and registered manager regularly sought feedback from people, those who were important to them and staff by way of surveys, meetings, support reviews and supervision sessions. Outcomes were shared so people knew they had been listened to and action had been taken to address any issues they raised.

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

- Systems and processes were in place to monitor the quality and performance of the service. The management team and the provider's quality team carried out regular audits on topics such as medicines arrangements, the environment, support records and staffing arrangements.
- Where audits identified shortfalls in the service, an action plan was developed to ensure improvements were made. Action plans were regularly reviewed to ensure improvements were made in a timely manner. As mentioned in the safe section of this report, the provider took immediate action to address shortfalls with their recruitment policies we highlighted to them.
- The registered manager had a clear understanding of their responsibilities under the duty of candour and demonstrated an open and honest approach throughout the inspection.
- Staff were clear about their roles and responsibilities and felt supported in their work. A staff member told us, "We're treated well and respected by managers; they're always there to support us." Another staff member said, "We get regular supervision and staff meetings and support with any development or training needs."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked closely with external support agencies such as the local authority and healthcare professionals so people received effective and holistic support.
- Feedback from external agencies indicated the registered manager and staff were responsive and open to service improvement suggestions.
- The provider and registered manager kept up to date with national guidance and best practice to ensure people received high quality support.