

Autism Care (UK) Limited

Autism Care Community Services (Milton Keynes)

Inspection report

121, Milton Keynes Business Centre
Foxhunter Drive, Linford Wood
Milton Keynes
Buckinghamshire
MK14 6GD

Tel: 01908698910

Website: www.autismcareuk.com

Date of inspection visit:

24 May 2023

25 May 2023

Date of publication:

21 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

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 Community Services (Milton Keynes) is a supported living service providing personal care to 4 people at the time of the inspection. Not everyone who used the service received personal care. 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

Right Support:

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 received care and support to maintain an environment that suited their needs and preferences.

Staff supported people to make decisions following best practice in decision-making. People were supported to carry out their daily living activities and pursue their hobbies and interests.

Staff supported people with their medicines safely and in their preferred way.

Right Care:

People received care that was person-centred, and dignity, privacy and human rights were promoted.

Staff communicated with people in ways that met their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service employed skilled staff to meet people's needs and keep them safe.

People's care plans reflected their needs and wishes and promoted their wellbeing. Risks that people may face were appropriately managed.

Right Culture:

The ethos, values, attitudes and behaviours of the management and staff team ensured people lead empowered lives.

People received good care and support because trained staff and specialists could meet their needs and wishes.

People and those important to them, including social care professionals, were involved in planning their care. The management and the staff team ensured people received support based on best practice, respect and inclusivity.

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

Rating at last inspection and update: The last rating for this service was requires improvement (18 March 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Autism Care Community Services (Milton Keynes) on our website at www.cqc.org.uk.

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 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 Community Services (Milton Keynes)

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

This inspection was carried out by 1 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 not a registered manager in post .

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 24 May 2023 and ended on 25 May 2023. We visited the location's office on 24 May 2023, as well as visiting two supported living locations. We made phone calls and emails to relatives and staff members on the 25th May 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and spoke with 2 people who were using the service. We spoke on the phone to 2 relatives of people who used the service. We spoke with 5 staff members, and the area manager. We looked at 3 people's care plans and risk assessments. We also looked at other documentation such as staff recruitment files, audits, and medicines records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection systems had not been effective in monitoring and mitigating risks to the health, safety and welfare of people using the service. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Risk present within people's lives were assessed to ensure that staff knew how to support people safely. This included assessments on how to support people who may have distressed behaviours, physical health risks, and environmental risks. For example, one person who was at risk of choking, had a suitable assessment of that risk, which included input from a relevant health professional.
- People had freedom, choice and control over their lives because risks were minimised where possible. Positive behaviour support plans were in place to help staff understand how people expressed emotion and distress, and support strategies suited to each individual.
- Medicines were administered safely by staff who were trained to do so. Medicine administration records we looked at were completed accurately, and people we spoke with told us they were happy with the support given. When medicines were required on an 'as and when' needed basis (PRN) appropriate documentation was in place to support this.
- Systems and processes were in place to ensure that accidents and incidents were recorded, and reviewed appropriately. This ensured that management had good oversight on any incidents, and could action support when required.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, systems and processes were not effective in ensuring all people using the service were protected from the risk of abuse and improper treatment. This placed people at risk of harm. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff were all trained appropriately in safeguarding adults, and knew the signs of abuse and how to report it. One staff member said, "Any concerns of abuse get recorded and reported immediately to my manager. I

know I can report to CQC and the council if I need to."

- Clear records were kept which documented any incidents and any safeguarding concerns. Action was taken to notify the relevant authorities when required to keep people safe.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient numbers of staff to ensure people were cared for safely. One person we spoke with told us, "It's 24-7 staff here for me. Loveliest thing is they stay with me, so I feel safe."
- Safe recruitment systems were in place. This included employment references, ID checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff supported people safely with infection prevention control and were trained in this area. Staff told us they had sufficient stock of any personal protective equipment (PPE). People told us that staff wore the PPE at the correct times, and generally helped them maintain a clean and tidy home for themselves.

Learning lessons when things go wrong

- Systems and processes were in place to discuss incidents and accidents, which were shared with the staff team so lessons could be learned.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives we spoke with told us they were treated with dignity and respect, and they got on well with the staff who supported them. One person said, "I wouldn't do anything without the staff. I'm really happy living here, I wouldn't change anything, or the staff." A relative of a person told us, "The staff are proactive and try very hard. They support [Name] really well, and know their needs."
- Staff we spoke with had a good knowledge of people's needs, and spoke about the people they supported in a positive manner.

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

- People and relatives told us they were involved in their own care planning and day to day decision making. One relative told us, "We are all involved in the care planning, and we are happy with the care plans." One person told us, "I can do whatever I want, the staff always ask me what I want. I'm involved in everything."
- Reviews of people's care took place to ensure both people and relatives could be involved in care planning where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People and relatives we spoke with all confirmed that staff were respectful of privacy and dignity when undertaking care tasks.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

At our last inspection, people did not always receive person-centred care which was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9

- People were supported to lead active lives, and take part in activity that was meaningful and enjoyable to them. People we spoke with told us about the regular activities they enjoyed doing, including playing pool and attending a daytime service focused around gardening. There was a clear plan of activity that was specific to each person, to ensure they were able to follow their interests and hobbies.
- Care plans we saw were personalised and contained clear information about the specifics of each person's care routines, as well as their likes and dislikes, goals and aspirations. One person told us, "One of my goals was to attend counselling, and I have been supported to do that." Staff told us about another person and the importance of having the right cultural food provided to them, and how that made a difference to their life.
- Short and long term goals were set out with people and worked on. For example, one person told us they were excited about an upcoming holiday they had booked, which staff would support them on. Another person told us about the support they were received to manage their anxiety successfully around visiting the dentist.

Improving care quality in response to complaints or concerns

At our last inspection, complaints were not acknowledged, investigated and acted upon in a timely manner. This was a breach of regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with

formally. We saw that when complaints were made, a detailed record was kept, and actions were taken to address issues promptly.

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 a variety of different formats, including easy read documents and the use of pictures and ipads for references.

End of life care and support

- At the time of inspection, there were no end of life care requirements within the service. People were able to have end of life care planning arrangements documented in their care plans if they wanted to.

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.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, systems and processes to see the effective running of the service were inadequate. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made across the service to ensure that no breaches of regulation had occurred, and people were being supported safely and effectively. Systems and processes were now in place to monitor and review all aspects of the service.
- Staff acknowledged that changes in management over time had created some inconsistencies but were happy they were being supported well by line managers that were in place. Staff also acknowledged the service had recently changed, with one supported living location no longer under the companies support, which they felt had a positive impact on the service.
- Staff felt generally well supported. One staff member said, "I have great support from my team leader, they are very knowledgeable."
- Audits and quality checks were in place across the service to make sure that any issues were found and acted upon. This included checks on medicine administration records, staff documentation, staff observations, and incident and accident records. We saw that prompt action was taken as required.
- Staff we spoke with told us they were regularly checked on and given the support they required.
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

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 management team maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The management team understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and

notifications about events which they were required to do by law.

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

- The support managers and team leaders at the service engaged with people and their relatives regularly formally and informally. This included regular phone contact, as well as questionnaires sent out to ask questions on the quality of people's care.
- Staff told us they were kept engaged by their team leaders, who communicated any updates with them promptly. They also had team meetings were held to formally discuss the service. We saw minutes of meetings which showed that issues were discussed such as training, documenting people's goals, and communication.

Working in partnership with others

- The management and staff worked with outside health professionals to help people achieve good outcomes. The management team were open and honest during our inspection, and receptive to feedback we gave.