

Autism Care (UK) Limited

The Croft

Inspection report

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Date of inspection visit:
15 November 2023
05 December 2023

Date of publication:
04 January 2024

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

About the service

The Croft is a residential care home providing personal care for a maximum of 6 people in one purpose-built house. The service provides support for people who live with autism and a learning disability. There were 6 people living at The Croft at the time of the inspection.

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.

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 were supported in a way which mitigated risks to their safety and welfare. They received their medicines safely and in the ways they preferred.

There were enough, safely recruited, staff available to meet people's needs.

There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents.

Right Care:

Support was person-centred and promoted people's dignity, privacy and human rights.

People had access to appropriate healthcare services and nutrition to support their health and well-being.

Staff were supported to develop the skills and knowledge they needed to support people effectively.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and staff ensured people who lived at The Croft led confident, inclusive and empowered lives.

There was a culture of continuous learning and development within the service which enabled people to experience meaningful lifestyles.

Systems were in place to monitor the quality of the support and services provided for people and address any shortfalls in a timely way.

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 (published 9 March 2022) and there was a continued breach of regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out a focused inspection of this service on 11 January 2022. A continued breach of legal requirements was found. The provider completed an action plan to show what they would do and by when to improve governance.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Croft 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 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.

The Croft

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

The Croft is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Croft is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

Inspection activity started on 15 November 2023 and ended on 5 December 2023. We visited the service on 15 November and 5 December 2023.

What we did before the inspection

We reviewed the 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

Not all of the people who lived at The Croft were able to fully express their views and experiences, so we observed the care and support they received. We also spoke with 5 family members, the registered manager and the deputy manager, 1 team leader, 2 support workers and an operations manager. We reviewed a range of records relating to the management of the service, including staff recruitment records policies and procedures were also reviewed. This included 2 people's care records and multiple medication 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.

Preventing and controlling infection

- Staff had completed infection, prevention and control training and for the most part followed best practice throughout the inspection. We observed an instance of nail polish being worn to work, which the registered manager dealt with immediately.
- The environment was clean and the registered manager ensured regular infection, prevention and control audits were completed which identified areas for improvement and the actions taken.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Staff had received training and demonstrated their understanding of how to keep people safe and report any issues of concern.
- Safeguarding incidents had been reported, recorded and investigated. Referrals to relevant professionals had been made to reduce the risk of re-occurrence.
- Relatives told us they felt their loved ones were safe living at The Croft. One relative said their loved one was, "Absolutely safe."
- Risks associated with people's needs had been identified, assessed and actions put in place to mitigate the risk. For example, management plans were in place to mitigate the risks posed when people became distressed and due to particular health conditions.
- We observed staff following risk management plans effectively throughout the inspection.

Staffing and recruitment

- Staffing levels were sufficient to ensure people's assessed needs and commissioned support hours could be met.
- Safe recruitment procedures were in place. This included obtaining references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information held on the Police National Computer, including details about any cautions or convictions. This helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely and in line with current guidance.
- The principles of STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) were followed.
- Clear protocols for medicines given as and when needed (known as PRN) were in place which showed how people indicated their need for the medicines. This meant people received their medicines in a consistent

and person-centred way.

- Medicines were administered by staff who were trained and received regular checks and direct observation of their practice to ensure medicines were administered safely.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong.
- Accidents and incidents were reviewed and investigated by the management team. Appropriate actions had been taken to reduce the risk of re-occurrence.
- The registered manager shared learning with staff through team meetings and supervision.

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.

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our last comprehensive inspection the provider could not always evidence that everyone who was important to a person had been involved in making decisions in their best interest. At this inspection records clearly showed that relatives and health and social care professionals had been consulted.
- Assessments in line with the MCA had been completed and were regularly reviewed.
- DoLS applications had been made where appropriate and there was a clear process to ensure that once approved they remained accurate and up to date.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed using nationally recognised tools and records showed they were regularly reviewed.
- Staff told us they were kept up to date and there was good communication about people's changing needs.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed they received a comprehensive induction and on-going training programme. A newer staff member said they were, "Learning a lot" and enjoying the shadowing opportunities during their induction.
- One member of staff said of the positive behaviour support training they received, "We're taught very

clearly how to de-escalate [distress] in the least restrictive way; communication is the key to managing people's distress."

- Staff received regular supportive supervision sessions which they said were useful in developing knowledge and skills. A member of staff told us how they had been able to develop their skills and progress within the provider organisation because of the support and encouragement from the management team.
- Relatives told us they thought staff were well trained and understood their loved ones very well.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a range of healthcare services such as GP's, psychiatry, dentists and opticians.
- Staff ensured people received appropriate immunisations to protect them against common illnesses such as seasonal flu and COVID-19.
- Some people found it distressing to engage with healthcare professionals. The registered manager told us how they were working closely with a local GP practice to develop a more person-centred approach to on-going health monitoring.

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

- People were supported to maintain a balanced and healthy diet.
- Records showed staff had worked with healthcare professionals, such as speech and language therapists when issues had arisen with people's nutritional needs.
- Staff had a clear understanding of people's dietary preferences and records showed these were incorporated into menu planning. We saw staff were introducing people to more culturally diverse foods to increase the range of foods they could choose from.
- People gave us 'thumbs up' or expressed their enjoyment of the lunchtime meal using their own method of communication.

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

- The Croft was purpose-built to accommodate the needs of autistic people and/or people with a learning disability.
- There was ample communal space if people chose to socialise and each person had their own private and personalised space when they wanted to relax away from others.
- Since our last inspection more homely décor had been introduced through a carefully designed programme of sensory desensitisation. We saw this was a continual process carried out at people's own pace. This enhanced people's comfort and dignity and reduced the distress they may experience from a changing environment.

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 comprehensive 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.

Respecting and promoting people's privacy, dignity and independence

- At our last comprehensive inspection we found the provider did not always promote people's privacy and dignity. We made a recommendation about the vigilant use of positive behaviour support plans to make improvements.
- At this inspection we saw staff actively promoting people's privacy and dignity. For example, people who chose not to wear clothes at home were supported to do so in their private spaces to minimise the impact on others. Support plans were clear about how staff should support people with this choice.
- People were supported to maintain and develop their independence. Positive risk taking was carefully managed to ensure people remained safe whilst developing new skills.

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

- At our last comprehensive inspection we found the provider did not always support people to express their views and decisions in a positive way.
- At this inspection we saw staff actively encouraged people to express their views in a positive and meaningful way. Staff clearly understood how people communicated their views through physical expressions and actions and they responded in a way which reassured people they were being listened to.
- As well as being guided by people's physical expressions and actions, staff encouraged people to express themselves using various other methods, for example, picture-based systems, signing or objects of reference. We saw people used these methods in their own ways and staff demonstrated their understanding of each person's preferences.
- The registered manager spoke about the need to continually develop the ways in which people were supported to communicate their views and opinions. This was to ensure people were as involved as they could be in deciding how they wanted to be supported.

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

- People were supported by staff who showed them warmth, kindness and respect.
- Relatives told us their loved ones were treated with kindness and well supported. One family member said, "[Loved one] is so well supported, there's a proper family type atmosphere."
- Staff demonstrated a clear understanding of people's diverse needs and protected characteristics as set out in the Equality Act, 2010.

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 comprehensive inspection we found the provider did not always provide a responsive service due to insufficient staff levels.
- At this inspection there were enough staff to ensure people received responsive support that met their needs.
- Support plans were detailed and clearly recorded what was important for people. There was a focus on maintaining and further developing meaningful lifestyles in line with the person's choices and preferences.
- People were supported to engage in daily activities which had meaning for them and that they enjoyed. Staff encouraged people to explore new activities so as to increase their options and experiences. A relative told us, "There's much more activity now, [loved one] goes out a lot more which they like."
- People were supported to maintain relationships with their relatives. Relatives told us they were supported to visit their loved ones whenever they wanted and they felt very involved in their loved ones lives. Where relatives were unable to visit The Croft, staff supported people to meet up with them in different locations or used video links.

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.

- People's communication needs had been assessed and detailed support plans had been developed to guide staff practice. We saw staff provided information for people using their preferred methods of communication and in line with support plans.
- The provider had systems in place to support people who preferred information to be presented, for example, as pictures, signs or symbols.

Improving care quality in response to complaints or concerns

- In the main, where people were unhappy with anything they expressed this through distressed reactions or other non-verbal methods. We observed how staff were very quick to identify and take action to calmly resolve any potential dissatisfaction with their support.
- Relatives told us they knew how to raise complaints or concerns and felt assured issues would be dealt

with appropriately. One family member said, "Staff respond well and quickly to any concerns raised."

- Information about how to raise complaints or concerns was available in a variety of formats so everyone was able to access them.

End of life care and support

- The provider had systems in place to support people at the end of their life.
- No-one required this type of support at the time of the inspection. However, the registered manager described how they were working with families to ensure people's wishes were recorded.

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 requires improvement. 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.

At our last inspection the provider had failed to ensure robust systems were in place to respond to and resolve identified issues within the environment. This was a continued breach of Regulation 17 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.

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

- Since our last inspection the provider had carried out required refurbishment within the service and ensured maintenance and repairs were carried out in a timely manner. This meant people lived in a more comfortable and safe environment which upheld their dignity.
- Governance systems were effective in identifying and addressing shortfalls within the service. For example, a recent infection prevention and control audit had identified issues with flooring in one part of the building and plans were in place to resolve this.
- Systems for reporting and recording incidents within the home had been effective. The registered manager demonstrated clear oversight of all incidents and was able to show how learning from analysis of trends had helped towards a marked reduction in people experiencing distress. This had in turn led to a significant decrease in the use of restrictive practice, including the use of calming medicines.
- There was a commitment to continuous learning and development. The registered manager told us about a situation in which some staff had noticed a minor change in their approach had led to a more positive outcome for a person experiencing distress. This learning was shared with the team quickly in order to maintain consistency for the person. One staff member said, "We get debriefs for good and bad situations; the objective is to improve people's lives so it's important to learn from every situation."
- Staff told us there was clear management structure within the home. They knew who to report concerns to and told us they felt confident any issues would be resolved quickly.
- Staff said the management team were very supportive. One staff member said, "[Registered manager] is very supportive; [they] listen and respect everyone." Another staff member told us, "[Registered manager, deputy manager and team leaders] are really good; very supportive and approachable."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive and open culture within the home. We saw people freely engaging with staff and enjoying their company. Staff clearly knew how each person expressed their needs, wishes and preferences and used this knowledge to ensure people retained control of their daily lives.

- Without exception, relatives told us how the culture within the home had improved since the registered manager and deputy manager had taken up post. One relative told us the atmosphere was so positive and "100%" better now.
- Care records demonstrated how people were supported to achieve goals and aspirations.
- The registered manager and staff team worked with external professionals to ensure people were supported in a safe and person-centred way. Information we received from partner agencies was positive about how the staff team worked with them to enhance people's lives.

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

- Throughout this inspection we saw staff effectively supporting people to be involved in all aspects of their lives.
- Relatives told us they were encouraged to share their views about their loved one's support and the services provided. One relative said, "We get surveys so we can make our views known; any ideas or suggestions are always taken on board." Another relative told us about being involved in people's support reviews saying, "They make every effort to involve us."
- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.