

# Autism Care (UK) Limited

## The Croft

### Inspection report

Heath Farm, Heath Road  
Ashby De La Launde  
Lincoln  
Lincolnshire  
LN4 3JD

Tel: 01526322444  
Website: [www.autismcareuk.com](http://www.autismcareuk.com)






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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The Croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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 provides accommodation for people living with a learning disability. The home can accommodate up to six people. At the time of our inspection there were six people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the company we refer to them as being, 'the registered persons'. At the last inspection the service was rated, 'Good'. At the present inspection the service deteriorated to 'Requires improvement'.

The quality assurance systems in place were not effective as they did not always identify where improvements were required or lead to the action required to ensure good quality care. For example, the provider had not ensured that there was sufficient staff on duty.

Medicines were managed safely. Where people were unable to make decisions for themselves arrangements had been made to ensure decisions were made in people's best interests.

People received person-centred care. There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Background checks had been completed before new staff had been appointed.

There were arrangements to prevent and control infections and lessons had been learned when things had gone wrong.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives and to maintain their independence. Staff supported them in the least restrictive ways possible and the policies and systems in place supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be involved in making decisions about

their care as far as possible. There was a positive culture in the service that was focused upon achieving good outcomes for people. People had been supported to access activities. People had access to lay advocates if necessary. Confidential information was stored securely.

Information was provided to people in an accessible manner.

The registered manager recognised the importance of promoting equality and diversity.

The provider had taken steps to enable the service to meet regulatory requirements. The provider had put in place arrangements across their services to involve people, in the running of the service. There were arrangements in place that were designed to enable the service to learn and innovate and for working in partnership with other agencies to support the development of joined-up care. People's concerns and complaints were listened and responded to in order to improve the quality of care.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service has deteriorated to Requires Improvement

There were insufficient staff to consistently cover shifts.

Risk assessments and plans to manage risks were in place.  
Arrangements were in place to safeguard people from situations in which they may experience abuse. Appropriate recruitment checks had taken place.

Medicines were managed and administered safely

### Is the service effective?

**Good** 

The service remains Good

Staff received effective training and support dated.

People were supported to eat and drink enough to maintain a balanced diet. Where people had specific dietary requirements staff ensured their needs were met.

People were supported to live healthy lives by receiving on-going healthcare support. people had access to a range of health professionals.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible.

### Is the service caring?

**Good** 

The service remains Good

Staff treated people kindly and staff interacted with people in a positive manner.

People were treated with dignity and staff ensured their privacy was protected.

People had access to advocacy services.

### Is the service responsive?

Good ●

The service remains Good

People received personalised care. Assessments had been completed before people came to live at the home and care plans were regularly reviewed.

Care records included information about people's likes and dislikes and how they preferred their care to be provided.

Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard.

People were supported to access a range of activities.

### Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement

Regular checks on care were carried out however actions to improve quality were not always dated or completed. A refurbishment plan was in place but actions were behind schedule.

There was a positive culture in the service.

The registered persons had informed CQC about reportable events and had suitably displayed the quality ratings we gave to the service at our last inspection.

# 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 5 June 2018 and was unannounced.

The inspection was carried out by an inspector and two specialist advisors. The specialist advisors had expertise in governance and the care of people living with a learning disability. Following the site visit an expert by experience contacted relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance the care of people living with a learning disability.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we spoke with the registered manager, two members of care staff and the area manager. Following the inspection we spoke with two relatives by telephone. We also looked at three care records and records that related to how the service was managed including staffing, training and quality assurance.

# Is the service safe?

## Our findings

The service was rated good at the last inspection and this time it deteriorated to 'Requires Improvement'.

There were insufficient staff to ensure the required number of hours were covered in order to cover shifts. The provider had not consistently ensured there was enough staff on duty to provide safe care to people. Allocated staffing for this unit was 928 hours per week however when we reviewed the staffing rotas for a month we found there was an average of 50 hours per week short even with staff working overtime and agency cover. The registered manager told us this impacted on the ability to offer people external activities and access to the community.

The registered manager said that staff retention was poor mainly due to the high level of people's needs. We saw that staff tended to move around different services that the provider managed. They said this meant they were not always able to provide the 'nice bits' for example, trips out. The registered manager stated that opportunities for people to participate in social activities had been somewhat restricted due to staff shortages but that it was hoped that current staff recruitment strategies would help address this in the future. For example, recruiting for the location specifically.

A relative told us, "There are not enough staff, to get a decent wage it seems the staff have to complete a great deal of overtime. I don't know how the lack of staff effects [person], but if I arrange an outing with [my relative] and it is agreed, often, especially if one particular staff member is off duty, the unit call me and say not enough staff to go out."

Another relative told us, "There is a constant turnover of staff. There are some good staff but they get moved about and have to use staff from the other units." They told us at their last visit they had only recognised one member of staff and they visited regularly. Due to the lack of consistent staffing there is a risk people would not receive care that was appropriate to their needs.

We examined records of the background checks that the registered persons had completed when appointing new members of care staff. We found the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Staff confirmed that those responsible for administering people's medicines had received training and competency checks of their skills to administer medicines safely were regularly completed. Accurate records were maintained of medicines that had been given and checks were made on each shift to ensure the responsible member of staff for had appropriately signed these. Protocols were in place for 'as required' (PRN) medicines. There was evidence of appropriate stock control measures to ensure medicines were in date and safe to use. People's medicines records contained details of allergies and sensitivities to any medicines. Daily temperature checks were completed to ensure medicines were stored within

recommended levels. Records of potential issues of concern (such as medication refusals) were maintained to enable the service to monitor and take action.

We saw evidence of people being supported to maintain their feeling of safety. Relatives also told us they were confident that their family members were safe. A relative told us, "The staff keep [name] safe I feel they handle [person] well. I am happy with the way behaviour management is managed."

We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. For example, risk assessments were completed for issues such as bathing, choking, transport and safety outside the home. Risk assessments were reviewed and evaluated monthly. This included measures that had been taken to help people avoid preventable accidents. For example, arrangements were in place to protect people in the event of situations such as fire or flood.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse both internally and externally to the service, so that they could take action if they were concerned that a person was at risk. They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.

Staff told us they were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they were able to tell us about these. We observed staff monitoring people's behaviours and sitting with people, providing one to one support to ensure they were understood and prevent them becoming distressed. When people demonstrated signs of possible distress, staff spoke to them positively and provided sensitive reassurance. Staff confirmed they had completed a minimum of 2 days intensive Non-Abusive Psychological and Physical Intervention (NAPPI) training and were not able to work in the home until they had undertaken this. The registered manager advised that owing to the complex needs of people accommodated in The Croft support staff undertook an additional day course on NAPPI.

We observed staff following appropriate infection control measures, for example, wearing gloves when preparing food or delivering personal care. People told us they felt the home was clean. Suitable measures were in place to prevent and control infection. A recent audit had been carried out and we saw actions which were required had been completed. Staff had received training and understood how to prevent the spread of infection.

## Is the service effective?

### Our findings

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed the registered manager had established what assistance people required before they were admitted. Initial assessments had also considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were confident the staff knew what they were doing and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the Care Certificate which sets out common induction standards for social care staff. One member of recently recruited staff said they had undertaken induction training and had found this to be "Really helpful." Another staff member told us the registered manager was, "Very supportive and could always them ask any questions." They explained that staff were happy to show them how to care for people and provide advice.

In addition, staff had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way and where people had specific needs arrangements had been put in place to provide training to staff, for example, training about autism and epilepsy. The provider also encouraged staff to study for nationally recognised qualifications in care and management.

Arrangements were in place for staff to receive one to one support and yearly reviews. Staff told us they had received regular support and supervision. This is important to ensure staff have the appropriate skills and support to deliver care effectively.

People were supported to eat and drink enough to maintain a balanced diet. Drinks and snacks were available to people throughout the day. A menu was in place and we saw people chose what they wanted to have for lunch. We observed one person indicating they did not want what had been provided for them and saw a member of staff quickly obtained an alternative to ensure their wishes and preferences could be met. Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these.

People were supported to live healthy lives by receiving on-going healthcare support. Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. The registered manager told us that the home had good relations with the local GP practice. Support staff worked closely with a range of external professionals to ensure people's needs were planned for and met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. They demonstrated that people such as family members, advocate, 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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. We found where people were subject to DoLS the appropriate arrangements had been put in place.

The environment was very basic and in need of decorating. This was noted in the infection control audit carried out in March 2018. For example, some damage to furniture was evident although we were informed that this was caused by a person living at the service. A refurbishment plan was in place however most of the significant work had not commenced as indicated on the plan. A relative told us, "Things don't get done. Some refurbishment promised last financial year, but not completed." Sensory equipment had been provided and people's rooms had been personalised to reflect their preferences and wishes. There was use of specialist windows to ensure people's privacy was respected. One person had their own area to live in due to the nature of their complex needs. Where people required specialist equipment and furniture this had been provided.

## Is the service caring?

### Our findings

We observed staff interacted with people in a positive manner giving them time and space to respond to any prompts and information requests. This ensured individual wishes and choices could be met and that people were happy and safe. People's care files contained use of easy read information to help people participate in decisions and understand what was written about them. Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, information was provided in words and pictures to assist people. There was evidence people's communication needs had been assessed and we saw use of specialist autism principles in use by staff. For example, (TEACCH). This is a nationally recognised approach which recognises people's individual strengths and learning abilities and facilitates learning through a visual and structured approach.

Most people had family, friends or representatives who could support them to express their preferences. For people who did not have this support the provider had access to local lay advocacy resources. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes. We saw evidence of the involvement of advocates. For example, an advocate was involved in making a decision about the provision of a holiday. The advocate stated "I think this is an excellent proposition."

People's privacy, dignity and independence were respected and promoted. People were called by their preferred name and records also referred to people by this. Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, knocking on doors and asking people if they required support before providing it.

We found that suitable arrangements were in place to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

## Is the service responsive?

### Our findings

We found that people received personalised care that was responsive to their needs. Assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person and their relatives about the care they wanted to receive and had recorded the results in an individual care plan. This helped staff to understand people's needs and wishes. Care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Where people's needs had changed this was detailed in care records. A relative told us, there is due to be a review we all just have to arrange a time. In the past if I speak about something the staff always listen to me'.

Information was included in the care record to inform staff about what was important to people. For example, information about people's family. We observed details of people's likes and dislikes were included in personal profiles about them. This helped staff to personalise their care and focus on activities that people enjoyed. For example, one person's file explained what made people smile about them, together with information about their talents and likes such as horse riding, jigsaw and arts and crafts. Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. For example, information was presented in words and pictures to assist people to understand it.

Arrangements were in place to provide a range of activities on a daily basis. People had individual programmes however these were flexible according to people's preferences on the day. We observed people had access to transport so they could go out on visits. A range of activities were provided to enable people to have opportunities for social interaction.

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. Furthermore, the registered manager recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual or transgender. Arrangements were in place to support people who could not communicate verbally. Staff told us that communication training was developed around individuals to ensure it met their needs and facilitated effective communication. We observed staff used different techniques when they communicated with people, for example gestures and pointing to objects.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. There had been eight formal complaints received since our last inspection. At the time of our inspection there was one ongoing complaint. A complaints policy was available to people and their relatives in different formats in order to make it more accessible. Regular meetings were also held to facilitate people to be able to raise concerns. When we spoke with relatives they told us they would be happy to raise concerns if they had any.

At the time of our inspection there was no one receiving end of life care. However, we saw records included plans for completion should people's needs change.

## Is the service well-led?

### Our findings

At our previous inspection this domain was Good. At this inspection we found the domain to have deteriorated to 'Requires Improvement'.

Regular checks were carried out on a range of issues such as health and safety, by the registered manager and also by an independent external assessor. However, we observed that actions agreed from the checks did not always have a completion date to ensure action was taken. The checks did not always achieve improvements. For example, a refurbishment plan was in place but actions were behind. This meant the home was not maintained to a good standard. The environmental issues had also been identified in an audit carried out in March 2018 and the actions required identified.

Records showed that the registered persons had regularly checked to make sure that people benefited from having all of the care and facilities they needed. These checks included making sure care was being consistently provided in the right way, and staff had the knowledge and skills they needed. Despite this we found issues had not been consistently addressed. For example, ensuring sufficient staffing hours were available and refurbishment had not taken place.

There was a registered manager in post. A relative told us they did not think the registered manager had sufficient involvement in the home because they were responsible for two units. They also said they felt staff were not supported by the provider and things did not happen. They gave examples of issues they had raised about the environment but as yet the issues had not been addressed.

There was a positive culture in the service that was focused upon achieving good outcomes for people. Staff told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe. Staff had been invited to complete an annual questionnaire anonymously to encourage their involvement in the service provision. Where staff worked a substantial amount of additional hours we saw welfare checks had been carried out with them to prevent the additional work was not affecting their wellbeing.

We found that people who lived in the service had difficulty engaging in the running of the service. However, people who lived on other parts of the providers services were involved. For example, people were involved in the recruitment of staff. We observed on the day of inspection interviews were being held and two people were involved in these. Another person provided training to staff about living with autism. Regular house meetings were held and staff received feedback regarding issues in the home. In addition, the provider had established annual meetings with nominated staff.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included linking with local organisations such as the local authority to introduce improvements. Two-weekly meetings were in place to review care and referrals, we observed other professionals and services such as Primary care services and therapists were involved in these meetings. The service worked closely with external staff from the Behaviour Support Team to ensure

appropriate support was provided to people.

Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents and injuries. The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.