Autism Care UK (2) Limited

Autism Care Community Services (Yorkshire)

Inspection report

Rother Heights
Rother Crescent, Treeton
Rotherham
South Yorkshire
S60 5QY

Tel: 01142293450

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19 May 2016

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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

The inspection took place on 19 May 2016 and was announced. We gave the service 48 hours' notice in line with our current methodology about inspecting domiciliary care agencies. The service was last inspected in May 2015 and although no breaches were identified, the service was rated as 'requires improvement.'

Autism Care (UK) 2 Limited is based in Treeton Rotherham and is known as Rother Heights. The service provides personal care to people living in their own homes in North and South Yorkshire. At the time of our inspection there were five people using the service.

The service had a registered manager in post at the time of our inspection. 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. The provider had appointed a manager and they were in the early stages of applying to be registered with the Care Quality Commission. The registered manager had recently been promoted to area manager within the company. The manager's post had been filled but the person had not yet registered with the Care Quality Commission.

The provider had a policy to protect people from abuse. Staff had received training in this area and were knowledgeable about how to recognise and respond to abuse.

People received their medicines in a safe manner. We looked at records in relation to medicine and spoke with the management team. We found each person had a medication administration record (MAR) in place. Staff who were responsible for administering medicines were appropriately trained.

Risks associated with people's care had been identified and action had been taken to reduce the risk from occurring.

We spoke with relatives of people who used the service and staff and found there were enough staff around to ensure people's needs were met. Staff told us they worked well as a team and were able to respond to people's needs.

We looked at records in relation to training and spoke with the manager. The manager showed us where training had been arranged and booked to ensure staff were up to date with training in accordance with their company policy.

People were supported to make decisions about their care and their choice was respected. Care plans included information about people's likes and dislikes.

People received a nutritious and balanced diet. Snacks and drinks were offered throughout the day. We spoke with the cook who was knowledgeable about the different dietary requirements people had, and

provided meals to suit their needs and tastes.

People were supported to maintain good health, have access to healthcare services and received on going healthcare support.

We spoke with relatives and staff and found people received support from staff that were caring, kind and were passionate about person centred care.

We looked at some support plans belonging to people who used the service and found they were person centred and included the person's current needs.

People were supported to engage in social activities and interests of their own choice. This was agreed on a weekly basis and a timetable drawn up to ensure activities took place.

The provider had a complaints procedure which was also available in an easy read format. Relatives we spoke with told us they had never had to complain, but felt the manager would resolve any issues they brought to their attention.

We saw audits took place to ensure policies and procedures were being followed, and actions were identified where improvements were required.

We spoke with relatives of people who used the service and they felt they were involved in the development of the service and were able to contribute ideas.

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.

The service had a policy in place to safeguard people from abuse. Staff when how to recognise, record and report abuse.

We saw that people received their medicines in a safe manner.

The provider had a safe recruitment process

There was enough staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

We looked at records in relation to training and found they reflected the training staff received.

The service were meeting the requirements of the Mental Capacity Act 2005.

Relatives we spoke with told us people received sufficient amounts of food and drink to ensure a healthy balanced diet was provided.

Is the service caring?

Good

The service was caring.

We spoke with relatives who told us the staff were kind, caring and very helpful.

Staff knew how to respect people's privacy and dignity and were passionate about providing a service where the person was at the centre of their support.

Is the service responsive?

Good

The service was responsive.

Support plans were in place and reflected people's current needs

and how best to support them.

Social stimulation was provided to people on a regular basis which included visits to various places of interest.

The provider had a complaints policy, and people felt able to raise concerns and were confident they would be resolved.

Is the service well-led?

Good

The service was well led.

Audits were in place to ensure the service was providing a service which was in line with their policies and procedures.

Relatives and staff we spoke with felt able to make suggestions and contribute to the development of the service.

Staff felt supported by the manager and attended regular team meetings.

Autism Care Community Services (Yorkshire)

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 checked 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 inspection took place on the 19 May 2016 and was announced in line with our current methodology for inspecting this type of service. The inspection was completed by one adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked at the information sent to us by the manager on the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two relatives of people who used the service. We also spoke with two care workers, the registered manager and the new manager and both service managers who were responsible for the day to day running of the North and South Yorkshire services. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's care and support records including their plans of care. We saw the system used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with relatives of people who used the service and they felt that the service was safe. One relative said, "It is definitely a safe service and [my relative] is very happy with the carers."

The company had a policy in place to safeguard people from harm, which covered the types of abuse and how to prevent and report it. Staff we spoke with felt they would be able to recognise abuse and would report it without delay to their manager. Staff confirmed that they attended training in the subject, which was repeated regularly to ensure they were up to date. Staff told us they were confident that their manager would take this issue seriously and action immediately.

We spoke with the registered manager and the new manager and they both said they would log all safeguarding concerns on the person's personal file. They said they would look at any lessons learned with staff involved and reiterate the safeguarding policy and procedures.

We looked at three support plans and found they included risks associated with the persons care. For example, finance, falls, and medication. Risks identified if the hazard was a low, medium or high risk and support plans were in place to ensure care and support was provided in a safe manner. Risk assessments were reviewed regularly to ensure they were current and in line with the person's current needs.

We looked to see if people's medicines were managed in a safe way. We found the company had a policy and procedure which underpinned the process for storing, recording and administering people's medicines. The service had a medication protocol in place for medicines that were prescribed on an 'as and when required' basis. People's support plans included information regarding when medicine was required, what it was for and how people liked to take it. For example, one person required their medicine twenty minutes before their lunch.

We spoke with the service manager who told us they had received training in the safe management of medicines. They confirmed that medication administration records were available in people's own homes. These were audited to ensure they were correct and that people were receiving their medicines as prescribed.

The service manager told us that every member of staff who administered medication, were observed prior to completing the task alone. When the staff member and the manager felt they were competent, they were signed off to administer medicines on their own. Observations were repeated every three months to ensure a safe practice.

We spoke with staff and they told us there was enough staff available to meet the needs of people who used the service. One support worker said, "We work as a team and that's why it works so well." Another support worker said, "There is always enough staff."

We looked at recruitment files belonging to four staff and found the provider had a safe and effective system

in place for employing new staff. Files we looked at contained pre-employment checks which had been obtained prior to new staff commencing employment at the service. These included two satisfactory references and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Staff we spoke with confirmed that these checks had been carried out prior to them commencing work in the service. Staff also told us that the service provided an induction period and a mentor who supported staff through the process. The induction involved some training and some shadow shifts, where they worked alongside experienced staff.

Good

Is the service effective?

Our findings

Relatives we spoke with told us they felt the staff were knowledgeable about their role and could support their relatives well. Staff we spoke with told us they received plenty of training which was regularly refreshed. This was to ensure they were aware of any updates. One care worker said, "The training here is valuable and worthwhile. I always learn something new."

We saw records in relation to staff training and found that training was completed in areas such as first aid, safeguarding and health and safety. Training which required repeating in line with the company's policy, had been arranged and staff were booked on to complete the training. Staff told us they felt the training gave them the skills to do their job safely and appropriately. Staff also told us that they had the opportunity to identify their own training needs.

We looked at staff records and found they received supervision on a regular basis. Supervision was a one to one meeting with their line manager, which gave them the opportunity to discuss aspects of their role. Staff we spoke with found these sessions very useful and felt able to speak with their managers in an open and honest way. Staff also told us they had an appraisal on an annual basis which focused on their performance and identified training needs.

The Care Quality Commission is required by law to monitoring the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) are aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Through our observations and from talking with staff we found the service to be meeting the requirements of the DoLS. Staff were knowledgeable about this subject. We spoke with the manager who knew when to apply for DoLS for people.

Support plans we looked at contained information about people's capacity and clearly recorded the best way to support the person. One person's support plan stated that they had fluctuating capacity and to give the person the opportunity to be involved in decision making. It also stated that staff were to assume the person had capacity with each new decision, unless it had been assessed at the time that the person lacked capacity. Several communication tools were in place to ensure the person had every opportunity to understand the decision and to be able to communicate their preference. For example, easy read guides which included pictures to assist the person to choose. One regarding bathing showed a picture of a bath and gave the person the option to choose a smiley face in acceptance or a sad face if they declined. This showed the service was providing support which was in line with the MCA 2005.

Relatives and staff we spoke with told us that people were offered a nutritious and healthy balanced diet, but were also able to make their own choices. Where people shared accommodation, menus were drawn up to include people's likes and dislikes. Fresh fruit and vegetables were on offer and incorporated in meals or

as snacks throughout the day.

Where people required support in relation to food and nutrition, we saw support plans were in place to direct staff. For example, one support plan stated the person required lots of encouragement to eat and staff were to ensure a healthy balanced diet was offered. The person's food and drink preferences were also listed.

We saw evidence that people had access to healthcare professionals as they required. Support plans contained information about doctors' visits, dentist and optician appointments. Some plans included support from people such as the speech and language therapist. Relatives we spoke with told us that access to doctors and other healthcare professionals was done without delay when people required this type of support.

Good

Is the service caring?

Our findings

Relatives we spoke with told us the staff were caring and approachable. One relative said, "Care is very good and we are very pleased. [My relative] gets on well with all the carers and they are happy." Another relative said, "The staff are very kind and caring. They are very helpful and have got lots of patience."

Staff also told us that they were matched to people who used the service. This meant they supported people with similar interests and hobbies and views. This was in order to positively promote person centred care. For example, one person who enjoyed going out was partnered with a member of staff who also enjoyed outings of a similar nature. This meant that the care worker and the person could share a joint interest which was meaningful to the person.

The provider had a dignity commitment which had our key outcomes which were happiness, dignity, achievement and inclusion. This was in place to ensure people were happy, had their dignity maintained, could work towards achievements and be included in everything. This worked alongside the dignity challenge, which describes values and actions that respect people, such as zero tolerance to all types of abuse and respecting people's rights.

We spoke with the manager about privacy and dignity and they told us that following staff induction, they were performance managed to ensure they showed their commitment to the care and support of people. This also ensured their privacy and dignity was upheld and promoted at all times. Staff we spoke with could explain how they maintained people's privacy. For example, one care worker told us how they always asked the person if they could make a hot drink and use their kettle. This showed respect for the person's property and staff saw themselves as a visitor in the person's home.

Support plans we looked at contained a positive profile which included what the person liked and what made them happy. For example, one plan stated that the person enjoyed making others laugh. This was important to the person and helped them to feel included.

Staff we spoke with told us they involved families as much as they wanted and spoke with them about different aspects of the persons care and support. Relatives we spoke with felt part of the person's care and this was important to them. One relative said, "We are involved in meetings about [my relatives] care plan and we are able to contribute to the process."

Staff we spoke with told us there was a keyworker system in place which assisted staff to work closely with people to plan activities around their daily life. They also ensured appointments were maintained and that family birthdays were remembered and acknowledged. Keyworkers also completed reports on a regular basis which were sent out to the person's family and social worker.

Good

Is the service responsive?

Our findings

We spoke with relatives of people who used the service and they told us they felt involved in their relatives care. One relative said, "I am always involved in [my relatives] care plan and they contact me if it requires updating, we agree on the best option." Another relative said, "I can talk to staff about [my relatives] care and they listen and take note. They always involve me in [my relatives] care."

We looked at some support plans belonging to people who used the service and found they were person centred and included the person's current needs. For example, one person's support plan said they required communication which was clear and consistent. If the staff showed hesitation the person became unsure and would withdraw from communication. Support plans were reviewed regularly to ensure they were current.

Another support plan gave information regarding the person's vocabulary and certain words and phrases that the person used to communicate different things. Staff were aware of the plan and knew how to support the person. This prevented any frustration which may occur if the person did not feel listened to.

People were involved in activities and interests which appealed to them and had their own plan for the week, which care workers assisted them with. Some people enjoyed trips out to various places of interest and others enjoyed take-aways, meals out, cinema, and sports. Relatives we spoke with told us their relative lived a full and interesting life and engaged with activities in the community as well as events that took place within the service.

The provider had a complaints procedure which was available in an easy read format. We spoke with the management team about complaints and were told that they were logged and actioned in line with their policy and procedure. The manager also told us that complaints were also used to reflect on current practice and to identify ways to improve the service. Any lesson's learned from complaints were discussed with the appropriate staff members and seen as a learning opportunity.

Relatives we spoke with told us they were able to raise comments and complaints about the service and they felt they were listened to. Relatives also felt their concern would be actioned without delay and they would be informed of the outcome and asked if it was satisfactory. One relative said, "If I had to complain I would speak with the manager. I am confident they would listen and they would sort the problem out."

Good

Is the service well-led?

Our findings

Relatives we spoke with felt the management team were approachable and they could speak with them at any time. One relative said, "The service manager is very good, they are always keen to involve us and speak with us." Another relative said, "The service manager is really supportive, but all the staff are."

Relatives we spoke with felt there was a good management structure in place and felt they led the service well.

The provider had appointed a manager and they were in the early stages of applying to be registered with the Care Quality Commission. The registered manager had recently been promoted to area manager within the company. The manager's post had been filled but the person had not yet registered with the Care Quality Commission. The manager was supported by two service managers, one who covered North Yorkshire services and one who covered South Yorkshire services.

Staff we spoke with told us they were supported by the management team and there was always someone they could speak with for advice and support. The felt meetings were constructive and were able to contribute and feel valued. One care worker said, "The managers listen to us and take appropriate action when necessary."

We saw a range of audits which were in place to help the provider to maintain a satisfactory service and to highlight any concerns. Audits included medication, infection control, and maintenance. All audits included a comments section where issues could be identified and drawn in to an action plan. Action plans then identified the person responsible for ensuring the correct action was taken.

There was evidence that questionnaires were sent out to people who used the service, their relatives and professionals in order to seek people's views about the service. This was carried out every six months. We saw positive comments from people such as, "I love it here," and "It's very nice."