

Vision Beyond Autism CIC

Vision Beyond Autism

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Vision Beyond Autism is a domiciliary care agency providing personal care and support to children and young adults with autism. 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. At the time of the inspection three younger adults were receiving support with personal care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People benefitted from an exceptionally caring, kind and compassionate service. We received overwhelmingly positive feedback about the quality of care from relatives and professionals involved in people's care. Staff promoted a strong person-centred culture and were motivated to deliver care that met and exceeded expectations. A social care professional commented "It's phenomenal what they've achieved."

Staff went above and beyond to make sure people lived a fulfilling and meaningful life of their choice and were as independent as they could be. Staff went above and beyond to support people to complete tasks and secure work placements. Each person was supported to follow a comprehensive programme of activities and programmes each day to increase their independence.

Each person was supported by a small team of staff who knew them well. Staff had an excellent understanding of people's communication needs and supported people with their comprehension. Staff were skilled at anticipating people's emotional needs and supported people to use strategies to reduce their anxiety levels.

People's privacy and dignity was protected and considered at all times. Staff fully understood people's preferences, wishes and choices. They worked together with people, their relatives and professionals involved in their care to achieve the best possible outcomes for people.

People were supported to be a part of their local community. Staff supported people to access a wide range of facilities and worked with staff at these facilities to increase their understanding of autism.

People were supported in such a way that allowed them 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.

Staff were well supported in their role with appropriate training and supervision. Staff had also received specialist training to meet the specific needs of the people they supported.

There were systems in place to monitor the quality and safety of the service people received, identify shortfalls and bring about improvements. Risks to people had been robustly assessed and measures were put in place to mitigate any risks identified, whilst still respecting people's freedom.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted person centred care and transparency within the service.

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

Rating at last inspection

At our last inspection, the service was rated "Good." (Report published 30 June 2017).

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Outstanding ☆

The service was exceptionally 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.

Vision Beyond Autism

Detailed findings

Background to this inspection

The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 January 2020 and ended on 31 January 2020. We visited the office location on 31 January 2020.

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. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager and two directors of the service who were also relatives of people who received a service. We also spoke with two team leaders, two support workers, two relatives and one social care professional. We visited one person at home, looked at their records and spoke with the staff providing their care and support. We reviewed two people's care records, three staff files in relation to recruitment, and staff training records. A variety of records relating to the management of the service, including policies and procedures, accidents and incidents and complaints were also reviewed.

Is the service safe?

Our findings

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

This question was rated good at the last inspection at this inspection it has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been assessed and plans were in place to guide staff on how to mitigate risk while maintaining people's independence.
- Staff received training in using restraint. Physical intervention was rarely used, and only by staff who had been trained in its use. The provider monitored any interventions to ensure they were used appropriately and only as a last resort.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe with the staff who supported them. One relative told us "Staff know my loved one really well. They are safe with them. I'm not worried when I'm away and they are with staff. I know my loved one is in completely in safe hands."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff were confident to share concerns with the registered manager and senior staff.

Staffing and recruitment

- Sufficient numbers of safely recruited staff were employed to meet people's needs.
- People were supported by a consistent group of staff who knew them well. There was good continuity of care. Staff absences were covered by members of the staff team who knew the person.

Preventing and controlling infection

- There were arrangements to reduce the risk of infection.
- Staff had completed infection control and food hygiene training and knew how to reduce the risk of the spread of infection.

Using medicines safely

- Staff did not administer people's medicines. There were systems in place for staff to be trained to administer medicines if the need arose.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This question was rated good at the last inspection at this inspection it has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and planned for in detail before they started to use the service.
- Care and support was planned, delivered and monitored in line with people's individual assessed needs.

Staff support: induction, training, skills and experience

- Staff were suitably trained and competent to carry out their roles.
- Staff received a detailed induction which included working alongside experienced staff until they felt confident to work unsupervised. Staff received specialised training in autism, positive behaviour support and applied behavioural analysis to meet people's specific needs.
- Staff received regular formal support through fortnightly supervision meetings, team meetings and appraisals.

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

- Staff worked well with other professionals involved in people's care to ensure people's needs were met.
- A social care professional was very positive about the outcomes for one person and commented "I'm delighted with the service, they are really moving the client on."

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

- People's nutritional needs were met.
- People were supported to choose and prepare their own meals.

Supporting people to live healthier lives, access healthcare services and support

- Relatives told us they organised for their loved ones to receive support from healthcare services when required. Staff supported people to attend healthcare appointments and followed any advice they provided.
- Staff checked on people's well-being and told us they would report any concerns about people's health to their manager and the persons family.
- Staff explained they were on hand to prompt one person if they needed support with their oral care.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were truly respected and valued as individuals and empowered as partners in their care. There was a strong person-centred culture which achieved positive outcomes for people. A staff member told us "People make their own choices. They need choice; need to be living their own lives." A social care professional told us "I can't speak highly enough of them. They are head and shoulders above other services."
- Staff in all roles were highly motivated to provide support that was exceptionally compassionate, kind and exceeded expectations. A relative told us how when their loved one had become distressed a senior member of staff had responded by making an unscheduled visit to the person's home to offer them and their family support. They commented "They were very supportive and stayed to make sure my relative was ok. They know my relative that well, my relative accepted their support and they could help them."
- A staff member told us people choose how they spend their time, they commented "People are involved in everything to increase their independence. I get such a sense of purpose working here, I couldn't have wished for a better job; I love it I honestly do." Another staff member told us "I like working here, I love it absolutely love it. I like that it's a small company and everyone is so invested."
- Staff knew people exceptionally well and they had built strong open and honest relationships with them and their families. Staff had great insight into people's backgrounds and personality traits. We observed staff supporting one person in their home showing patience and understanding when listening to them. The person was relaxed and happy in the company of staff and enjoyed chatting about their plans and it was evident that the person had formed a trusting and caring relationship with them. A social care professional told us, "They have a fully collaborative approach. They are ambitious for my client, what they can do and what they can achieve."

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

- Staff were exceptional at helping people to express their views and understood their views, preferences, wishes and choices. People were supported to make choices important to them in a way that people understood. Staff used a wide range of tools to communicate with people according to their specific needs and preferences. Support books had been developed containing pictures to help people understand and communicate the choices they made throughout their day. Relative's spoke very highly of the support their loved one's received with their communication and comprehension which had greatly improved with input from staff.
- Staff worked with people on their comprehension, so they can understand how to ask for what they want

and need and ask for help which has reduced their anxiety. As a result, one person recently asked for help for the first-time which staff said was a really positive step for them. Previously the person would not have known how to express themselves which would have made them feel anxious and resulted in an escalation in their levels of distress.

- Staff were particularly skilled in supporting people to make decisions including planning what they were going to do, how they were going to do it and for how long. This helped to alleviate people's anxiety levels. One relative commented "Brilliant staff that support my relative. My relative needs this support to function. They wouldn't be able to function and lead a life without this support. They need things broken down, so they can understand it. VBA [The service] have been a god send. We are very happy don't how we would manage without them".

Respecting and promoting people's privacy, dignity and independence

- Respecting people's privacy and dignity was at the heart of the service's culture and values and truly embedded into practice. People and staff were respected, listened to, and felt their voice mattered.
- Staff were highly skilled and anticipated people's needs and recognised signs people were becoming anxious and distressed. The strategies they used to support people manage their anxieties were effective. One social care professional told us "My client's behaviours have reduced. There were lots of settings they would be distressed but not now. They feel confident with staff and they are confident in what they are doing". A staff member told us they never helped people to do things but provided them with the tools they needed to do things for themselves. They told us one person they supported was, "Most happy when independently doing tasks. This is evidenced by behaviour which increases in line with level of prompting."
- Staff had a comprehensive understanding of people's needs when they transitioned from services for young people. They made sure that people and their families were closely involved in planning their support for when they left school and found creative ways of meeting people's individual needs. Through the support provided people had gained independence in daily routines, such as dental hygiene, personal appearance, cleanliness and cooking. Staff explained how they supported one person to lay the table by breaking it down into steps for them. Once the person had learned this skill they successfully secured a work placement in a café. The same methods were used to support another person who likes to organise items to secure work a placement in a shop. A third person who feels most comfortable with repetitive tasks was supported to secure a work placement at local stables. Being able to work at these placement has increased people's confidence and reduced their anxiety levels.
- A relative told us their loved one had been supported into two job placements which were working well and commented "It's made my year so far this means what they do is working and going in the right direction for what we want for the future. My relative is really happy to go to work and happy with the staff." A social care professional told us "I'm delighted with the service, they are really moving the client on. They've made phenomenal progress."
- An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Staff explained people were supported to have private time and this was planned into their day. When supporting people to learn and practice how to attend to their own personal care for example how to have a shower or have a bath, people wore bathing costumes to protect their dignity.
- Staff have worked with the community to increase the public's understanding of autism and protect people from anti-discrimination within the local community. The staff worked with staff at local businesses to ask they speak to people not the staff and now they do. People have been supported to know how to ask for things themselves when out in the community. This has increased their independence and enabled them to become more integrated into the community.

Is the service responsive?

Our findings

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

This question was rated good at the last inspection at this inspection it has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were empowered to make choices and have as much control and independence as possible. Support plans contained information and guidance for staff about people's whole life to make sure their needs and preferences were met. These plans were regularly reviewed with people and their relatives, so they remained relevant and up to date.
- Support was responsive to people's individual needs and wishes. People were supported to participate in activities, hobbies and interests that were meaningful to them.
- People were supported to maintain their relationships, meet new people and try new experiences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their support plans. Staff were aware of these and were well-supported to understand and meet these needs through their learning and development. Staff had in depth knowledge of the support people needed to communicate effectively and worked with them to improve their comprehension.
- Relatives confirmed staff communicated with people in ways they understood. Information was available in different formats to aid people's understanding.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to people and their families. Complaints had been responded to and resolved to the complainants satisfaction.
- A relative told us they would feel comfortable raising any concerns and was confident they would be listened 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 the last inspection this key question was rated as good. At this inspection the rating has remained the same. This meant

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- There was a strong emphasis on providing person centred care and supporting people to live the life of their choice and to be as independent as possible. A social care professional told us "They are supporting my client to do everything for themselves. Maximising their independence as far as possible." A member of staff commented, "One of the best things is supporting people to make their own decisions for the best possible quality of life."
- People received care and support which was personalised and improved outcomes for them. One staff member told us "Each person has a team of their own staff that support them, the staff are all passionate about the support we provide". A social care professional commented "It's quite amazing what they've achieved."

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

- There was a strong leadership team and the organisation's structure provided clear lines of accountability and responsibility. The leadership team met regularly to discuss all aspects of the organisation.
- Effective quality monitoring systems were in place to continually review and improve the service.
- The provider had oversight of accidents, incidents and complaints and information was shared with the management team to ensure the correct action was taken.

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

- The service regularly sought feedback from people, their family members and other professionals involved in their care. This ensured everyone had a voice and contributed to decisions about the support people needed.
- There was an open and transparent culture at the service. The registered manager understood the duty of candour and was open and honest with people and relatives. Staff spoke highly of the support they received and felt the management team were approachable and open to suggestions. One staff member commented "Anything I need; any queries or extra support are always put in place for me."
- The registered manager had a good understanding of their regulatory requirements, making appropriate notifications to the CQC and external safeguarding bodies.