

Autism Plus Limited

Autism Plus

Inspection report

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29 August 2018

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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

Autism Plus provides personal care to people with learning disabilities and autistic spectrum disorder living in the community in the Doncaster area. Support packages are flexible and based on people's assessed needs. At the time of our inspection the service was supporting 40 people.

This is an established service, which has supported people for a number of years. Recently, several small homes run by the registered provider and previously registered as residential homes, had been reorganised and reregistered, as supported living settings. This had increased the number of services managed by this 'care at home' service.

The service provides care and support to people living in their own homes and to people living in shared, 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's 'personal care' and support. Personal care means help with tasks related to personal hygiene and eating.

This comprehensive inspection took place on 23, 24 and 29 August 2018. We gave the service 48 hours' notice of the inspection visit because the location provides services in people's home and we needed to be sure that someone would be at the office.

At the last inspection in August 2016 the service was rated good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Autism Plus' on our website at www.cqc.org.uk.

At this inspection we found that evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our rating of the service has not changed since our last inspection.

There were four registered managers in post, covering three geographical areas. 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.

People's rights and choices and a positive approach to risk taking were promoted. This meant people could lead fulfilled lives. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any person who used the service. People were safely supported with their medicines. There were sufficient numbers of staff to meet people's needs and the registered provider had recently undertaken work to make sure staff recruitment checks were more robust.

The service supported people to maintain a healthy diet and people who required the involvement of health care professionals were assisted to obtain this. Staff told us they enjoyed working at the service. They received support, training and supervision to help them to carry out their support role effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People said they were treated with care, respect and dignity, and staff supported them in a way which met their needs. People's care and support was exceptionally personalised and this meant that people were at the centre of their care. We saw evidence that people's care and support was planned and reviewed with them.

It was evident that staff worked hard to provide people with the support they needed to have a good and active lifestyle that suited their individual and cultural needs. Staff were committed to the promotion of people's rights and supported people's diverse needs. People were supported to follow their interests and take part in activities they liked and that were socially and culturally relevant and appropriate to them. They received support to have access to the wider community, adult education and paid and voluntary work.

There was an effective and accessible complaints procedure. Additionally, people's views were actively sought and they were encouraged to comment and influence how the service operated. People, and those who were important to them, were routinely consulted about their satisfaction in the service they received. People's comments and ideas were used to develop and improve the service. There was an effective system to monitor the quality of service delivery and of staff performance. The quality of the care and support people received was continually kept under review.

The culture and ethos within the service was that of choice, rights and empowerment for people. This was achieved by encouraging people's involvement and ensuring they had access to information which supported and promoted their equality, diversity and human rights. Best practice guidelines were followed and staff were committed to the vision and values of the service. They had a comprehensive understanding of the legislation and policies that underpinned the approach of the service to people's care and support.

Further information is in the detailed findings in the full version of the report.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Autism Plus

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 registered 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.

The inspection included visits to the agency's office on 23, 24 and 29 August 2018. We gave the service 48 hours' notice of the inspection visit because it provides a service domiciliary care and supported living support to people. We needed to be sure that someone would be in the office. One adult social care inspector carried out the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. This including notifications submitted to us by the registered provider, and information gained from people who had contacted CQC to share feedback about the service. A Provider Information Return (PIR) had been sent to the registered provider for completion. This was returned within the timescale requested. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We requested the views of other agencies that worked with the service, such as the local authority commissioners, a specialist nurse and two social workers who had ongoing involvement with people who used the service. The feedback we received is reflected in and informed our report.

During our inspection we also met 10 people who used the service, some at their homes and others in their work environments. We spoke with staff and managers of Autism Plus including the four registered managers, two team leaders, several support workers, the nominated individual, two area managers, the head of Human Resources and the Occupational Therapist (OT) who is employed by the service.

We looked at documentation relating to people who used the service, the staff and the management of the service. We checked two people's care and support records including their person-centred plans, risk assessments, health and day to day records. We looked at three staff files, which included recruitment, training and support records.

Is the service safe?

Our findings

People told us they felt safe with the service they received. We saw that they were relaxed and happy in the company of the staff who were supporting them and with the members of the management team who visited with us. For instance, when asked one person if they said they felt, "Very safe." Another person told us, "The staff are nice" and other people referred to members of staff as their friends. Feedback from the health and social care professionals we contacted was positive. For instance, one social worker told us, "My experience of the service has been extremely positive. The individual I have been working with has complex autism and the staff have shown a real understanding of their needs."

People were protected from abuse and neglect. Staff showed a good awareness of safeguarding people. They knew who to report any concerns about abuse to, and who to approach outside the service if that was required.

Risk associated with people's care and support were managed well. It was evident that staff understood the support people needed and how to promote their independence and freedom, yet minimise the risks. People's support plans included detailed risk assessments. These were individualised and provided staff with a clear description of any relevant risks, along with guidance on the support people needed. People were supported safely by staff with managing their medicines.

Where the risk had been identified that people might display behaviour which may be perceived as challenging, there was clear guidance in people's plans to help staff to support people effectively. The staff we spoke with showed a good understanding of the people they supported and their needs in this area. The registered provider was also investing in training in Positive Behaviour Support (PBS). The PBS system involves trying to understand the person and the reasons behind their behaviour, to outline strategies that respond to the person's needs, to reduce or eliminate the use of restrictive practices and to implement a personalised system of support to improve people's quality of life. The occupational therapist employed by the service had undertaken extensive training to be able to train the staff team.

In the months prior to this inspection a quality monitoring team from one of the local authorities that commissioned the service had highlighted concerns about the level of staffing and a reliance on agency staff in one supported living setting. However, at the time of the inspection this had been addressed by the registered provider and we found that there were enough staff to meet people's needs in all areas of the service. Everyone we spoke with during the inspection confirmed there were enough staff available and the feedback we received from health care and social care professionals was very positive. For instance, one professional told us, "[The people who use the service] seem very happy with the staff and level of support in place."

Our review of staff records also showed the recruitment policy and process had been reviewed and strengthened because of feedback from the same local authority quality monitoring team. This was to ensure that a full employment record was available for each staff member and that the recruitment process followed safe procedures ensuring all checks, including all appropriate Disclosure and Barring Service (DBS)

checks, were completed before new staff started work. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable staff being employed in care settings.

Environmental risk assessments considered the safety of the individual and staff who were supporting them, in their home environments, as well as out in the community. People had Personal Emergency Evacuation Plans (PEEPs) which showed the support they required from staff if they needed to vacate their homes in an emergency, such as a fire. Staff understood their responsibilities in relation to infection control and hygiene. People took a part in the assessment and planning around their personal safety and welfare, although there was room to develop this further for some people, as they became used to their responsibilities as tenants.

Is the service effective?

Our findings

People who used the service expressed confidence in the support staff and felt they knew their needs and preferences. For instance, everyone we asked said their support staff knew them well. Feedback from the health and social care professionals we contacted was also positive. One social care professional we contacted told us, "I have found the staff to be very accommodating and they have been proactive with any information or tasks I have needed from them." Another social worker commented, "I have no concerns about care delivery."

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. The management team and staff completed training in the MCA and in consent. The staff we spoke with were aware of good practice guidance and records showed that people continued to be supported to make decisions using bespoke communication aids, accessible information and their support plans.

Autism Plus provides supported living within a community setting therefore, any decision to deprive a person of their liberty within the community must be legally authorised by the Court of Protection. We found that people's mental capacity to make decisions was assumed unless there was evidence to suggest otherwise. We saw that where people did not have capacity to make a particular decision, meetings were held with people, those important to them and health and social care professionals to make sure that any decisions were made in people's best interests. This was in line with the Mental Capacity Act (2005) Code of Practice.

Before the inspection there was some concern raised by health care professionals, in respect of the process followed by the registered provider in respect of some people's transition from residential care to supported living. However, we saw that the service had put a great deal of work into ensuring people and their families were involved in decision making about this and into making sure people's best interests were served. The registered provider had also worked collaboratively with people's new landlords to make sure guidance about people's tenancy agreements were provided in an easy read format. It was also evident that people had been provided with support and time they needed to help them understand the rights and responsibilities that came with their tenancies.

The service supported people to have a balanced diet and with any dietary requirements related to their choice, health and culture, values, or beliefs, such as vegetarianism. In their PIR the registered provider told us support was provided to each person with menu planning and people who were on a specific diet were supported by dietitians. People were involved in food shopping at local shops and supermarkets.

Two people told us they were involved in cooking their meals with support and encouragement from the staff. They told us they went shopping for the ingredients to make the meal they had decided on. Records we saw showed people were given good advice on healthy eating and healthy life choices. People had active

lives that included good levels of exercise.

Staff understood people's social diversity, values and beliefs and these aspects of their care and support were planned proactively in partnership with them, and appropriate health professionals and other outside agencies. People were supported to have access to healthcare services for support. We saw referrals were made to healthcare professionals when required, such as GPs, community nurses and psychology service. The service also directly employed an occupational therapist and speech and language assessor. The records we saw showed people were well supported with their health appointments.

The staff training programme for the service continued to ensure staff delivered a person-centred service. Many the staff had attained national vocational qualifications (NVQ) in care at level 2 and above and all the managers in the service were trained and qualified to NVQ level 5 and above. There was a focus on developing staff's learning and understanding related to people's specific needs. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

We saw that most staff had completed core training in moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene and first aid. Training was also provided in managing challenging behaviour, nutrition and health, epilepsy, equality and diversity, privacy, dignity and confidentiality, and the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Autism Plus had its own training department, as well as using external training sources. A staff training matrix was kept, which identified training completed and required. We noted from the training matrix that some staff had not completed their e-learning updates within the necessary timescales. The management team were aware of this and, to help address it, a training 'league table' had recently been established. The registered managers told us this had introduced some 'healthy competition' motivating teams to ensure they improved their position in the league.

Is the service caring?

Our findings

The people we spoke with told us they got on very well with the staff. For instance, when we asked one person if the staff were caring they said, "Yes, very caring and nice." One social care professional told us that when they visited people using the service they found, "Staff were friendly and cheerful."

The service's ethos, vision and values promoted people's rights to make choices and live fulfilled lives. This was reflected in the care and support people received from a committed and caring group of staff. Throughout our inspection, we observed staff demonstrating care and respect, and people were given time to express themselves fully. Staff knew people well and interactions were relaxed and cheerful. People told us they were treated with dignity and respect and they were involved in decisions about their lives and their support.

The service made particular effort to produce accessible information to help engage and involve people in planning their support and making choices and in communicating their choices. For instance, in preparation for this inspection the service produced an easy read letter, with happy and unhappy faces, to tell people about our inspection and ask if people wanted us to visit them in their homes. Staff also helped people with this by explaining and helping people with filling the forms in. We looked at one person's support plans with them. The information in their plans matched what they told us. Their plan was comprehensive and included their wishes, goals and aspirations.

The members of the team we spoke with showed regard for the people they supported and pride in people's achievements. It was evident that staff invested time in building positive relationships that supported people. From our conversations with staff it was clear that they cared for people, knew their likes and dislikes and made sure people's preferences for support were respected. One social care professional told us, "[Person's name] has recently become very poorly and from what I have seen, the staff team have shown real compassion and care in their work with [person]. I have been really impressed by the quality of care that I have seen there."

Staff told us of people's personal histories and things that were important to each person; this was in accord with the information in people's written records. One social care professional told us, "Some of the staff team have worked [in the service] for 20 years. This is all the time [person's name] has been there, which I think indicates a good standard of care and a consistency and which is rarely seen with providers."

People were supported to be as independent as possible and to have a presence and involvement in the local community. They had access to employment, education, social and leisure activities. People had packages of care that centred on them as a person. People had regular meetings with their keyworkers to discuss their plans. This helped people decide what they wanted to achieve, so there was a continued focus on developing people's independence and skills. People were also provided with information about advocacy services available in the area. Advocates can help people with learning disabilities to make decisions and get their views and wishes heard.

A human rights approach to supporting people's privacy and dignity was part of the culture of the service. People's individuality and diversity was respected and recognised by staff. People were supported to lead a life that reflected their preferences and interests. The registered provider was an equal opportunities employer and the team included staff from different backgrounds, cultures, genders and sexual identities. This, along with relevant training helped to make sure the staff team had a good understanding of, and valued people's diversity.

The management team protected people's rights in relation to how information about them was kept and used. For instance, the registered providers promoted awareness in the staff team about recent data protection legislation and this had been discussed in team meetings. People's right to privacy and confidentiality was proactively promoted by staff and people's written and electronic information were securely stored.

Is the service responsive?

Our findings

People who used the service told us they liked the staff, who they knew well. They said the staff knew their needs. We also received positive feedback from the health and social care professionals we contacted. One social care professional commented, "The two service users I went to see were out in the community when I called, which I always see as a positive and there seemed to be a full time table of activities in place for both of the young people."

People had a wide range of individual assessments tailored to meet the needs of people living with autism and learning disability. Each person had a person-centred care plan that was tailored to meet their needs, including those related to their disability, gender, ethnicity, faith and sexual orientation. The occupational therapist employed by the service also assessed people's needs and, where required, provided detailed guidance for families and staff to follow to support people's unique sensory needs.

It was evident that people were placed at the centre of their care and support, made to feel valued and involved in making decisions. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service. The members of the team we spoke with knew the people they supported well. They were enthusiastic when telling us about the ways they promoted people's opportunities to develop their skills and to lead fulfilled lives. They showed pride in the outcomes they supported people to achieve.

People received person centred care from staff who promoted each person's well-being and independence. Support plans detailed the support people required to maximise their independence and choice. The level of detail and presentation of information meant the person's personality; aspirations and goals were fully described. This showed a committed and proactive approach to making sure people were involved in their support planning, so that they felt involved and valued.

People continued to be supported to follow their hobbies and interests and take part in activities that they liked, and that were socially and culturally relevant and appropriate to them. This included having very good access to the wider community, adult education and work opportunities, as well as being involved in the day to day activities of daily living such as shopping and cooking.

People were supported to make and maintain their personal relationships and staff had a good understanding of who was important to the person, their life history, their cultural background and their sexual orientation.

The service continued to ensure that there was an effective and accessible complaints procedure. There were policies in place that ensured people would be listened to and treated fairly if they complained about the service. Records we saw indicated that complaints were taken seriously and investigated thoroughly. We saw a copy of the guide on how to make a complaint. This was in an easy read format with pictures to help people to understand and engage in the process. It was evident that people were actively encouraged to share their views and that their feedback was valued. Members of the management team explained this was

an important part of improving the service.

Is the service well-led?

Our findings

There were four registered managers in post, covering three geographical areas. They were line managed by two heads of service and supported in the day to day running of the service by several team leaders.

There was a clear vision and strategy to deliver good quality care and support. There was a positive culture and the management team promoted care and support that put people at the heart of their service. Staff provided care and support in a way which promoted people's independence.

Staff had been provided with training in an introduction to the REACH standards and formats for planning and record keeping had been introduced that were based on the REACH standards. REACH was designed to encourage quality support and include 11 voluntary standards, which are widely recognised across the UK in relation to supported living: I choose who I live with, I choose where I live, I have my own home, I choose how I am supported, I choose who supports me, I get good support, I choose my friends and relationships, I choose how to be healthy and safe, I choose how I am part of the community, I have the same rights and responsibilities as other citizens, I get help to make changes in my life. The service measured its self against these standards.

Quality performance, risks and regulatory requirements were understood and managed well. The registered provider told us in the PIR they had a quality assurance team and used information from a range of sources to assure themselves about the quality of care practice. This included, internal and external audits, survey feedback from people who used the service, their relatives, staff and other professionals, information from people's person-centred planning meetings and reviews, staff supervisions, staff observations and staff meetings.

There was an emphasis on the service learning and improving, with detailed analysis of complaints, safeguarding concerns and incidents and accidents. The documentation we saw showed the management team took steps to learn from such events, effectively sharing any learning with all staff and putting measures in place which meant similar events were less likely to happen again. Feedback we received from other professionals and the positive outcomes we saw for and with people indicated that overall, the service worked very well in partnership with other agencies.

A range of quality and safety audits were undertaken by the team leaders, registered managers and the heads of service to make sure the service delivered high quality care and support to people. The outcome of audits was discussed as part of staff meetings and supervision, to help make sure there was effective remedial action when necessary.

The quality assurance system had not been effective in a service in one geographic area in the months prior to this inspection and this had been picked up by the quality monitoring team from the local authority that commissioned the service in that area. However, at the time of this inspection all shortfalls identified had been addressed by the registered provider and the lessons learned had been shared throughout the service, to make sure similar shortfalls were not occurring in other localities. New, more robust audit tools had been

introduced, the registered provider's policies had been reviewed and updated and the management structure had been strengthened. Feedback from the local authority concerned was that the service had addressed the issues and had also arranged for an external auditor to inspect the service monthly for a six-month period to assist in improving the service further.

Members of the staff team we spoke with were clear of their responsibilities. Records showed there were good levels of constructive engagement with staff as supervision, training, meetings and discussion were used as an opportunity to explore and expand staff's knowledge and awareness of key legislation and used to underpin the visions and values of the service. Minutes of staff meetings showed staff were encouraged to express their ideas on how to develop the service. All the members of the management and staff team we spoke with felt people who used the service had a good quality of life and were well supported by the service. The support staff told us all members of the management team, including senior managers, were approachable and supportive. It was clear that staff were encouraged to be open and honest and there was a commitment to promoting equality and valuing diversity. There was diversity within the staff team and an organisational commitment towards ensuring equality and inclusion across the workforce.

There were good levels of engagement with people who used the service. For instance, they had the opportunity to influence the service they received through regular, accessible surveys, which encouraged people to have a say on the day to day running of the service. This was in addition to people's regular person-centred reviews. It was evident that the feedback gathered was used to improve the service. The person-centred approach in the service put people at the heart of their service. Promoting independence, health promotion and safe risk taking were part of the ethos of the care and support provided. People were involved in the development and review of their plans, setting goals for themselves which were kept under review. The registered managers and staff were committed to helping people continue to develop social and life skills and to make informed choices that would enhance their lives.