Autism Care (UK) Limited

The Paddocks

Inspection report

Heath Farm
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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

Overall summary

We inspected The Paddocks on 15 October 2014. The inspection was unannounced. The last inspection took place on 17 February 2014 during which we found there were no breaches in the regulations.

The Paddocks provides care and support for up to seven people who experience learning disabilities and needs within the autistic spectrum. It forms part of a larger complex of homes provided by Autism Care (UK) Limited, in the Scopwick area of Lincolnshire. Seven people lived at the home; six of whom were at home during the inspection.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection five people who used the service had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS.

People told us or indicated through sign language that they felt safe living at the home and they liked living there. There were systems and arrangements in place to make sure people were kept safe and had their rights protected.

There was an open and inclusive culture within the home which enabled people to be a part of decision making processes, develop as individuals and lead a life that was meaningful to them. We saw examples of people being supported with kindness, respect and dignity throughout the inspection.

Although some people had different ways of communicating the provider, manager and staff had put systems in place to ensure that everyone was able to contribute to their care and support in any way they could. People benefitted from access to appropriate healthcare services and good nutritional arrangements.

The provider and manager ensured that everyone who was important in people's lives were involved in their care and support and able to contribute to the development of the services they provided.

People were supported by staff who knew and respected them as individuals and were trained to use support methods that were nationally recognised as good practice. Staff were encouraged to express their views and opinions and supported to continually develop their skills in line with national guidance about good practice.

There were arrangements in place to continually assess and monitor the quality and effectiveness of the services provided for people. The arrangements enabled the provider and manager to take appropriate actions to develop the services and learn lessons from events that took place in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safe living in the home. Staff understood how to identify and report any concerns for people's safety.

Risks to people's health, safety and well being had been managed in an appropriate way.

There were enough staff on duty to support people's needs and the manager regularly reviewed staffing levels.

Good

Is the service effective?
The service was effective.

People were supported to develop their independence and to maintain lifestyles that were meaningful to them by staff who were appropriately trained and supported to carry out their roles.

Arrangements were in place for people to have a nutritious diet and receive appropriate healthcare whenever they needed it.

Staff understood the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant they could take appropriate actions to ensure people's rights were protected.

Good

Is the service caring?
The service was caring.

People were happy with the way staff provided support for them. They were encouraged to express their views and choices in ways that were suitable for them.

People were treated with kindness and respect and their diverse needs were supported.

Good

Is the service responsive?
The service was responsive.

People, and everyone who was important to them, were involved in developing and reviewing how their support was provided.

There were arrangements in place to ensure people had the opportunity to engage in activities, interests and hobbies that were meaningful for them.

Arrangements were in place to manage concerns or complaints about the service. The arrangements took account of the different ways in which people communicated.

Good

Is the service well-led?
The service was well led.

People were encouraged to express their views and be involved in the development of services. Staff were well supported by the provider and the manager and enjoyed working at the home.

Good

Summary of findings

The manager actively supported people in their daily lives and maintained a current understanding of their needs and up to date guidance about good practice. This enabled them to be more effective in leading the staff team.

Appropriate arrangements were in place for monitoring and improving the quality of the services people received.

The Paddocks

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 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.

This inspection took place on 15 October 2014 and was unannounced.

The inspection team consisted of an inspector and a specialist advisor. A specialist advisor is a person who has up to date knowledge of research and good practice within this type of care service. The specialist advisor who visited this service had knowledge about the care of people who experienced learning disabilities and autism.

Before the inspection, we asked the provider to complete a 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.

Before the inspection we spoke with two social care professionals who worked with people who lived at the home. We also looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

People were not always able to fully express their views about the services provided. However, we spoke with two people and two other people were unable to tell us about their care. Therefore we spent time observing how people were supported to help us better understand their experiences of their care. Two other people were able to indicate some of their views using Makaton sign language. Makaton is a language programme using signs and symbols to help people to communicate.

We spoke with three staff members, the registered manager and the provider's representative.

We looked at two people's care records. We looked at four staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

One person we spoke with said, “I’m safe here, I like it.” Another person said, “Very safe.” One person indicated to us that they felt safe by using a Makaton sign.

Social care professionals we spoke with told us they thought people were safe living at the home and staff managed any risks to people’s safety in an appropriate way.

There were effective systems for making sure concerns about people’s safety were managed appropriately. Records showed that staff received regular training about how to keep people safe and they confirmed this when we spoke with them. They also told us about how they would identify and report any concerns about a person’s safety, which demonstrated they were up to date with, and used the provider’s policies and national guidance.

Records we looked at before the inspection showed the provider reported any concerns for people’s safety in a timely way. The reports gave clear details about the concern and showed what immediate actions the provider had taken to protect people.

People’s care records showed risks to their safety and welfare had been assessed and planned for. There were individualised management plans for areas of risk such as fire evacuation, participation in community based activities and developing personal support skills. Records showed people’s families and health and social care professionals had been involved in making decisions about risk. Support plans recorded where decisions about risks had been made in people’s best interests.

Where appropriate people had a support plan to show staff how to manage their behaviour so as to reduce risk to themselves and others. Support plans were based on nationally recognised methods and included clear instructions about how to use specific physical restraint techniques where necessary. The plans demonstrated that people were supported in a way which aimed to prevent challenging situations occurring wherever possible. Incident records showed that where situations arose the least restrictive options for managing behaviour were used.

There were enough staff on duty to meet people’s individual needs. Some staff were allocated to work with people on an individual basis throughout the day as indicated in their support plans and required by the stakeholders who funded their placements at the home. Duty rotas for the previous month showed that at least the required number of staff had been on duty to meet people’s needs. The provider had a system to ensure that if the right levels of staffing could not be achieved for any reason, there would be cover available from their pool of bank staff. Duty rotas showed the manager had made use of this system.

The manager told us about a situation in which a person’s needs were changing and increased staff support would benefit them. The manager and other stakeholders were working together to ensure the right levels of staff support were available for the person.

There were policies and procedures in place to ensure people received their medicines in a safe way. The PIR showed two medicines errors had been reported in the last 12 months. Incident reports showed the errors had been managed in an appropriate way.

Records showed, and staff told us, they were trained to administer medication in a safe way and their skills were reassessed by the manager every three months. Staff described how medicines were ordered, stored, administered and disposed of in line with national guidance on the safe use of medicines. Staff also demonstrated their understanding of how to manage medicines which had special guidelines about their storage and use. We saw appropriate records were kept about these and other medicines.

People’s support plans gave information about what medicines people took, why they took them, what side effects to look out for and how people liked to take them. There was also detailed information about how staff should administer medicines the person only needed to take in specific circumstances, for example, when they were very anxious. Records showed people’s medicines were reviewed regularly by either their GP or a specialist doctor, such as a psychiatrist, to make sure they remained effective for the person. We saw staff administer medications and they did so in line with national guidance and the person’s wishes.

Good

Is the service effective?

Our findings

Two people indicated they were happy living at the home by using Makaton signs. Another person told us, "The staff help me with everything."

Staff received a varied training package to help them meet people's needs. This included an induction programme based on nationally recognised standards. We saw one member of staff completing a work book about keeping people safe and supporting people with autism as part of their induction. They told us the work was assessed by their supervisor which helped them to develop their skills.

Other training staff received included management of behaviours, professionalism and culture and equality and diversity. Staff told us they were also encouraged to undertake various courses leading to nationally recognised care qualifications. Training sessions about good practice were also provided. For example, one session was about how the outcomes from a national investigation into the care of people with learning disabilities would be used to improve practice within the home.

Staff told us and records showed they received regular supervision and an annual appraisal. They said the sessions helped them to review their practice and plan for further training.

Staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that the manager and staff had received training about the subject. At the time of the inspection five people had their freedom restricted to protect them from risk and care records showed the manager had acted in accordance with the Mental Capacity Act 2005, DoLS. For example, we saw a person who was not able to make a decision about a restriction to their lifestyle was visited by a statutory advocate in order to help with the assessment of a DoLS application. This meant that people could be assured that their rights were protected.

People were provided with a choice of nutritious food. We saw menus were based on people's likes and preferences.

Two people told us they enjoyed the food and could choose what they wanted to eat. Two other people indicated that they enjoyed the food by using a Makaton sign. Staff encouraged people to make their own choices for drinks and meals and supported them to prepare their choices. The timing of meals was guided by people's individual daily routines and people had individual support with their meals. For example, one person chose to have a bath at lunchtime and delay their meal. Staff supported the person to do this.

Where necessary people were regularly weighed to monitor any changes in their weight that might cause concern so that staff could take action at an early stage. We saw an example where concerns about a person's nutritional intake had been referred to their GP and the person was receiving prescribed supplements.

People were supported to maintain good health. Each person had a healthcare plan and a booklet called "All about me." The booklet was designed to go with the person when they needed healthcare input such as a hospital appointment. It showed how the person communicated, what their emotional responses were likely to be and what support they required. This enabled people to receive a consistent approach from everyone who supported them.

Staff demonstrated an awareness and understanding of each person's healthcare needs. For example, they explained how they monitored and managed a person's epilepsy needs and we saw this was in line with the person's care plan. Records showed that the manager and staff made timely and appropriate referrals to healthcare professionals such as psychiatrists.

People had access to healthcare services such as their GP, dentist and optician. Care records showed people were supported in an individualised way to access these services. For example, one person was supported through TEACCH methods to understand when a visit to the dentist would be happening and where in their weekly routine it was placed. This helped to reduce the person's anxieties about the appointment.

Good

Is the service caring?

Our findings

One person told us, "I like all the staff, they look after me." One person indicated using a Makaton sign that the staff looked after them well.

Social care professionals told us they felt staff treated people with respect and as equals. They said staff communicated with people appropriately and gave people time to respond.

The relationships between people who lived in the home and staff were positive and caring. People approached staff with confidence; they indicated when they wanted company and when they wanted to be on their own and staff respected their choices. When people spent time with staff the communication between them was relaxed and friendly.

There was a comfortable atmosphere within the home and staff demonstrated they knew the people they supported. For example, we observed two situations in which people showed signs through their body language of increasing anxiety. Staff responded immediately to these signs and gave comforting support through gentle voice tones and touch which helped the people to calm quickly and resume their daily routines.

People were supported to be as independent as they were able to be. Staff encouraged people to help prepare meals and drinks; supported them to undertake their own personal care and decide what activities they wanted to do.

People's diverse needs were planned for. Support plans contained clear information to help staff understand how to support people to meet their cultural and spiritual needs. For example, how to support a person to observe their religious beliefs regarding their healthcare needs. The plans also gave staff guidance about maintaining respect and valuing the person's views and wishes.

Staff ensured that people had their privacy and dignity maintained. For example, we saw staff supported people to carry out personal care in private areas such as bathrooms and bedrooms. We also saw staff encouraged people to communicate about their personal needs out of earshot of others.

The PIR showed the manager and provider had begun work to train an identified staff member as a "dignity champion." This member of staff would be responsible for identifying areas of good practice and areas for improvement in relation to dignity and respect for people. During the inspection we saw the manager had also begun to implement specific support plans so staff were clear about how to maintain people's dignity.

Information people needed to make decisions and choices was available in a variety of ways. For example, we saw information presented in symbols, photographs and words. We also saw staff used people's preferred methods of communicating to explain information to them.

The information available to people included information about advocacy services. This meant that where people did not have the capacity to make their views, choices and wishes known they would have access to independent support to help them do this.

Good

Is the service responsive?

Our findings

One person showed us where their support plan was and pointed at pictures they recognised; they indicated using a Makaton sign that they understood what the pictures meant to them.

Social care professionals told us about how one person's life had improved since they went to live at the home. For example, they told us they had seen improvements in how the person was able to communicate their needs and wishes. They said the manager and staff responded positively to their recommendations and suggestions. They told us staff would always try new approaches to supporting people when their needs changed and they kept support plans up to date and accurate.

We saw staff used nationally recognised methods to help people communicate their wishes, preferences and views. The methods included Makaton sign language and a picture based method called TEACCH. This method enabled people to express their wishes about their preferred routines and understand events in their life such as going to see their GP or going on holiday.

Staff supported people to use these methods in a way that took account of their individual levels of understanding and ways of learning. For example, we saw a person was supported to choose a drink using Makaton signs when they became anxious. We saw the person's anxiety was reduced as a result of the support methods used.

People's support plans were focused on them as an individual and the support they required to maintain and develop their independence. There was information about their personal strengths, needs, likes and preferences. Information was presented in meaningful ways for people such as symbols or photographs.

Plans included what outcomes were expected for the person as a result of the support provided. We saw the expected outcomes were used as a basis for the regular support plan reviews which took place. Each support plan indicated the level of capacity the person had to be involved in the planning and development of the plan and clearly demonstrated where decisions had been made in their best interests. We saw that everyone who was important in the person's life was consulted about the plans. Advocacy services were also available to people if they needed someone to help them express their views. This meant people would be able to have their views about their support represented in a clear way.

People were supported to maintain contact with their family through visits, telephone calls and emails. The manager told us people were supported with transport to visit their family if they needed it. One person told us, "I go and see [my relative], I like that."

The PIR showed the manager and provider were in the process of identifying a family representative to help improve the ways people are supported to have contact with their relatives. We saw the process they were following during the inspection and the manager told us they expected to start the project in full during January 2015.

People had individual daily routines and activities set out in their support plans. These were in line with their known likes and preferences and aimed to maximise their independence. We saw people engaged in planned routines such as personal care and activities such as swimming, and going for walks. Where people had specific interests or hobbies staff made arrangements for them. For example, one person had been supported to plan for Halloween by growing their own pumpkin. Another person had a personal tutor who visited the home to deliver learning which would enable them to gain a vocational qualification. Two people used Makaton signs to indicate that they were happy with the activities they engaged in.

The PIR showed that the deputy manager had developed a new way of monitoring the outcomes of the activities people undertook. The records reflected people's mood and levels of engagement during activities. This enabled staff make a clearer assessment of whether the activities suited the person's known preferences and whether they were offered at the right time for the person.

There was a complaints procedure in place which was available in picture and symbol formats.

Each person had a keyworker who regularly spent time with them to make sure they were happy with the support provided. The keyworker also supported the person to raise any complaints or views they had. One person told us, "I tell the staff when I'm not happy. They sort it out."

The manager told us, and records showed there had been no complaints raised in the previous 12 months.

Good

Is the service well-led?

Our findings

People told us or indicated using Makaton signs that they liked the manager and the staff. One person said, "[The manager] does a good job."

Social care professionals told us the manager and staff were welcoming of ideas and views and made every effort to include and co-operate with appropriate professionals, such as doctors and care managers, to ensure people's needs were met.

The provider's representative told us the home was accredited by the National Autistic Society (NAS). They said the provider's services had recently been a part of a pilot scheme for a new, more detailed, accreditation process. Accreditation with the NAS means the provider is seen as competent to provide specialist support for people with autism and uses up to date methods and approaches to provide that support.

An annual survey had been carried out in July 2014. It gathered views from people, their families and involved stakeholders about the services and support provided. The summary report of the survey showed that there were no issues raised which required actions and the response from all of those involved was positive. Alternative communication formats were available to help people to take part in the survey and staff supported people to take part where they were able to.

The manager and staff were approachable and supportive of the inspection process and understood the aims of the inspection process. Staff understood their roles and responsibilities within the home. The manager demonstrated their knowledge of current good practice guidance and showed us the training they had undertaken.

Staff told us the manager was available for guidance and support when they needed it and encouraged them to develop their skills. Staff also told us the provider had arrangements in place for support when the manager was not available. One staff member said, "I love my job, it's a family atmosphere here."

The manager was active in supporting people who lived at the home as well as the staff team. For example, the manager helped people to reduce their anxieties in line with their support plans and helped people prepare for their planned activities. This meant that the manager maintained a current understanding of people's strengths and needs and could guide staff about the way they supported people more effectively.

The manager constructively coached and advised staff about support approaches throughout our inspection. This demonstrated to us that they actively motivated staff to develop their skills, knowledge and support practices.

The provider had a system in place which gave staff recognition for innovative practice. One member of staff had recently been awarded "Employee of the Month" for developing a more person focused activity recording tool.

Staff told us they were encouraged to express their views or any concerns they may have. They said they felt their views were respected and action was taken about any concerns they raised. They demonstrated their awareness of the provider's whistleblowing procedure and said they would use it if necessary. We saw in records that staff had used the provider's whistleblowing procedures appropriately and where concerns had been raised the procedures had protected the staff from any discriminatory responses.

There were arrangements in place to regularly assess and monitor the quality of the service provided within the home. The provider had employed a quality manager to ensure the processes were consistent across all of their services and learning could be shared. The processes included regular audits of areas such as complaints, medicines management and record keeping. The quality manager reviewed the outcomes of the audits and developed and monitored the progress of action plans for improvements.

The provider also held 'quality circle' meetings. The records of the meetings showed people who used the service and staff discussed current practices and policies and suggested ways in which they could be improved.

Accidents and incidents within the home were reported to CQC in a timely manner. Reports we saw during the inspection were clear and recorded actions taken and the outcomes for people involved. The PIR showed the provider was implementing a new electronic reporting system so that they could analyse any trends and learn lessons more effectively.