

# Autism Consultants Limited

# The Old Vicarage

## 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?

Good



Is the service responsive?

Good



Is the service well-led?

Good



## Overall summary

This inspection took place on 27 and 28 April 2015 and was unannounced. There were five people living in the service and one person in hospital at the time of the inspection. At the last inspection in September 2013 we found the service was meeting the regulations that we assessed.

The Old Vicarage provides accommodation and support to people living with Autism and Aspergers.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe and staff treated them with dignity and respect. People said they liked living in the service. Comments from people included, "it is very nice here", "I have learnt how to be independent" and "I have choices."

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation

# Summary of findings

of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Where necessary, people's capacity to make decisions about their lives was assessed and those people involved in the person's life had their views considered.

There were procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers on each shift were sufficient to help make sure people were kept safe.

People's care was personalised and reflected their choices and individual needs. These had been assessed and people had been involved with planning their own care. They took part in a range of activities and were supported to be independent where they wished. People were able to make complaints and felt listened to and valued.

The staff received support through supervision and appraisals to enable them to carry out the duties they performed. The provider used safe systems of recruiting new staff. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the service.

We found that medicines were managed safely and records confirmed that people received their prescribed medicines.

People had the support they needed to meet their health and nutritional needs.

There were systems in place to monitor the quality of the service and identify where improvements needed to be made.

# 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. Checks had been made on the safety of the environment. People's care needs had been assessed and there were plans to support people where they experienced risks.

The staff had training and information on recognising and reporting abuse. There were sufficient numbers of staff working at the time of our inspection to support people appropriately.

People were given the support they needed to manage their medicines.

Good



### Is the service effective?

The service was effective. Staff received regular support and training to ensure they could meet people's needs.

The provider acted in accordance with legal requirements to make sure people were not deprived of their liberty. Staff and those involved in people's lives made decisions in people's best interests when they were unable to give their consent.

People told us they purchased and cooked meals for themselves and for others living in the service. People were supported to be healthy and eat a balanced diet.

People using the service had access to healthcare services.

Good



### Is the service caring?

The service was caring. We saw staff talking and listening to people in a caring and respectful manner.

People and their relatives were involved in making decisions about the support they needed and were encouraged to share their views on the service.

Staff described to us the individual support people required and how they promoted people's independence depending on their needs and abilities.

Good



### Is the service responsive?

The service was responsive. People's individual needs had been assessed and they were supported to meet these needs. This included taking part in a range of activities and learning daily living skills.

People using the service or their representatives were able to raise concerns.

Good



### Is the service well-led?

The service was well-led. The people living in the service, their relatives and staff felt involved in making decisions about how the service was run. The registered manager was well respected and seen as approachable.

There were a range of checks and audits which identified any concerns. There was evidence that improvements had been made where a need had been identified, for example to the environment.

Good



# The Old Vicarage

## 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 28 and 29 April 2015 and was unannounced.

The inspection was carried out by a single inspector. Before the inspection visit we looked at all the information we held about the provider, including notifications of significant incidents and the last inspection report. Prior to

the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asked the registered manager to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people using the service. We also spoke with the registered manager and four care staff. We also looked at the care records for two people using the service, two staff records, the home's complaints records and other records relating to the management of the service, including audits carried out by the registered manager and care staff.

Following the inspection, we received feedback from one social care professional and a relative.

# Is the service safe?

## Our findings

People using the service told us they felt safe. One person told us, "I feel safe living here and I trust the staff." Another person said, "I would talk with staff if there was a problem." A third person commented, "Staff remind me about keeping safe and making sure I charge my mobile phone." Staff we spoke with were aware of how to respond if they suspected someone was abusing a person using the service. Staff knew about contacting external agencies such as the Local Authority or the Care Quality Commission (CQC). The provider had procedures on safeguarding vulnerable adults, including a whistle blowing procedure. These referred to the previous Regulations which the registered manager informed the provider about during the inspection so that these could be updated.

We saw risk assessments were in place and these outlined the identified risk and appropriate interventions were recorded to minimise the risks whilst promoting people's independence. We saw people's care plans included risk assessments which covered areas relating to the individual person, such as, walking in the garden, accessing the kitchen and a medicine risk assessment. We found on the first day of the inspection that staff had not reviewed all the risk assessments. This was addressed and documents were reviewed by the second day of the inspection.

Accident forms were completed for accidents/injuries and these were reviewed by the registered manager who would look for any trends if there was any pattern to accidents or incidents. We saw the forms were completed online and that there had been no incidents or accidents in the past three months.

The provider kept the service and equipment safe through the regular servicing of the equipment and carrying out ongoing maintenance of the building. We viewed a sample of records and saw there was an up to date portable appliance test dated August 2014 and fire equipment had been checked in February 2015. Other checks were in place to ensure water temperatures were at a safe level and a fire risk assessment had been carried out in January 2015 where the recommendations made were being addressed. Furthermore, there was a clear procedure for evacuation in the event of a fire. The staff conducted fire drills and staff told us about the different procedures to keep people safe if there was a fire.

We viewed the staff rota for a two week period. The service did not use external agency staff and shifts were covered by regular permanent or bank staff to offer consistent support to people using the service. One person told us "There were plenty of staff working." A second person said there were enough staff to talk with if they needed a chat.

Staff recruitment files were held at the provider's central office. However, the registered manager had written confirmation of the checks and information obtained before new staff were appointed. We checked two staff records to see if safe recruitment procedures were followed. Records confirmed that any gaps in application forms were checked and followed up, written references were obtained and verified along with evidence of the applicant's identity. Criminal record checks, including Disclosure and Barring Service checks had been carried out and were renewed every three years. This helped to ensure that only suitable staff were employed.

# Is the service effective?

## Our findings

People said they were supported by staff who understood their needs. One person told us the staff were “friendly” whilst another person said the staff were “helpful”. A relative commented, “staff were very approachable and most professional.”

Staff told us that regular staff meetings had not been taking place as the team had been small and regularly met during handover of shifts and received support at one to one supervision meetings. One staff member told us that there was “good daily communication” between staff. Two seniors were recently appointed and a general staff meeting had been arranged on the second day of the inspection and a meeting for senior staff was planned for later that week. Staff we asked told us that they did not feel there needed to be regular staff meetings as they all supported each other on a daily basis. Staff also communicated with each other using an electronic messaging system so that they could keep in touch with news about the service and for example see what tasks needed to be carried out.

The provider had recently introduced a reflective record for staff to complete each month. They then met with their line manager to talk through areas where they had worked well and identify if there were improvements to be made regarding how they carried out their roles and responsibilities. Staff said they received regular supervision and could go to the registered manager anytime as she was “approachable” and always available. The registered manager informed us that the annual appraisal forms had been given out to staff and these were due back soon so that meetings could then be set up. Staff confirmed they had received these forms and that each year they had an appraisal.

New staff received an induction and staff we spoke with all confirmed they had spent time shadowing experienced staff and reading the care files to become familiar with the service. The registered manager confirmed that the provider was aware of the new Care Certificate and that this would be incorporated into the provider’s induction. The social care professional told us that staff were “trained and knowledgeable.” Those staff we asked said the training was appropriate for the tasks they carried out. Training was mainly through e-learning and we saw that there was a training plan for 2015. This included courses on the

mandatory subjects, such as safeguarding adults, food hygiene and fire awareness. Staff also completed additional training where they needed this to help them to meet people’s specific needs. This included training on working with people with learning disabilities and autism and supporting people who may have particular behaviours that could harm themselves or others. One senior staff member had studied a leadership management course and all care staff had a qualification in social care.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager understood her responsibility for making sure staff considered the least restrictive options when supporting people and ensured people’s liberty was not unduly restricted. The registered manager had previously worked with the local authority and had submitted applications for authorisation where people’s liberty had been restricted in the service. The registered manager was aware of the need to inform CQC of the outcome of any DoLS application. One person told us, “I can go out and see family or friends whenever I want to.” A second person confirmed they left the service as and when they wanted to. They confirmed they informed staff when they left the service and would call staff if they were going to be late back to the service.

The majority of people living in the service were able to make daily decisions which were respected by staff. Where people were not able to make decisions about the care and treatment they received, the provider acted within the law to make decisions in their best interests. Records showed that the provider, where necessary, had consulted with relatives and professionals involved in people’s care to seek their views on what was in people’s best interests, a requirement of the Mental Capacity Act 2005. Decisions were specific based and staff consulted with the relevant people and professionals before a decision was made. Training had been arranged for staff on the Mental Capacity Act 2005 in June 2015.

People spoke with us about their meals. Everyone talked about going out to buy the food they needed and said they recognised if they needed help from the staff team in cooking a meal. Some people told us they needed time to practice cooking before they might be ready to live

## Is the service effective?

independently. People living at the service were responsible for planning, purchasing and preparing their own food. They had differing levels of support with this. People shopped for food on an individual basis and where possible, people were encouraged and supported to cook a main evening meal for everyone living in the service once a week, although people could choose if they wanted to eat a different meal. Staff had recorded people's dietary preferences and cultural needs.

Staff arranged for and supported people to access the healthcare services they needed. People were assisted in different ways to make sure their health needs were being met. Some people attended health appointments alone

and staff encouraged people to be as independent as they could be. Staff accompanied those people needing support to access healthcare in the community. A social care professional spoke highly of staff in relation to how they supported a person to access medical treatment. They confirmed that staff communicated well with them and family members. They told us the staff were proactive in planning and preparing the person to become familiar with the hospital environment with the aim to help the person overcome any anxieties they might have had. Records we saw confirmed that staff had supported people to appointments to ensure they maintained good health.

# Is the service caring?

## Our findings

People were complimentary about the staff. One person said they met with staff on an individual basis and shared news with them and heard updates about the service. One relative told us, that people living in the service were, “treated with the greatest respect, and that their family member had always been” well looked after and greatly gained in confidence over the years.” A social care professional commented, “I can see that staff go the extra mile which is important” and they confirmed staff spoke with people in a respectful manner. They also stated that staff pitched communication levels appropriate to the person’s level of understanding, which ensured that the person understood conversations and was able to communicate back to staff.

During the inspection, we saw staff treated people with kindness and patience. They were able to describe how they supported people and built up trusting professional relationships. A social care professional confirmed that staff had worked to develop an understanding of people’s needs.

Where people responded more to visual aids such as photographs and pictures then these were available so that people could understand what was expected of them and what was occurring each day. Staff photos were on the wall in the entrance hall to inform people of who would be supporting them.

People’s support plans included information about their interests and preferences. They took into account people’s preferences in relation to who supported them if they

needed help with personal care and if they had a particular faith and religion that they wanted to follow. People had contributed to their support plans where they were able so that they were able to say how they liked to be supported. One person confirmed, “I have been part of what is in my care plan and I can say if I do not agree with it.”

The staff were able to tell us about people’s individual interests, how they liked to be supported and the things that made them happy. Staff recognised the different abilities of each person living in the service and adapted how much support each person needed.

People had the opportunity to meet with their keyworker (a named member of staff) at least once a month to review how the person was doing and if they had any concerns or problems that needed to be addressed. We saw for one person who met their keyworker in April 2015 they had signed agreeing to the contents of what had been discussed. One person told us, “I meet with X when I need to.” Review meetings were also held for relatives to attend and one relative confirmed they attended these meetings to receive updates on their family member’s progress at the service. They confirmed that at these meetings suggestions were made to staff and these were acted upon.

The provider also encouraged people to provide their opinions about the service by completing satisfaction questionnaires. These were given to people, their relatives and professionals and were only recently being returned. They included positive comments including, “I am able to speak out and share my views”, “the manager is very kind” and “I would like eventually to be in my own flat.”



# Is the service responsive?

## Our findings

People we spent time with were happy with the support they received from staff. One relative said that the staff had “great patience and giving them (people who use the service) all their attention.”

A social care professional told us they had seen people’s care records and that, “they were all up to date and were in good order.” We looked at two people’s care plans. These contained personalised information about the person, such as their background, health, emotional and cultural needs. People’s needs had been assessed and care plans developed to inform staff what support and/or care to provide. Staff were knowledgeable about all of the people living in the service and understood what they liked to do. These were reviewed each month to ensure staff continued to have accurate and relevant information about people’s needs. The staff had helped people create goals for the future to help improve their skills and pursue their interests. There was an expectation that people would develop daily living skills to various degrees and that these would be set at a pace and level that suited their individual needs.

People took part in a range of activities depending on their skills and interests. Some people attended college, or spent time with staff going out in the community. People had friends they could socialise with and spent time with family members. Staff had arranged for people to use the

computer in the service if people wanted to talk with family using the internet. The service had a gym and a classroom for people to use if they wanted to use these facilities. One person said they went out to local places with another person who used the service and building social relationships was encouraged by the staff team. Staff assessed the risks and balanced this along with encouraging people to have the freedom to be independent where possible. People if they so wished could stay out overnight with friends or family which helped them gain further independence and take part in activities away from the service.

People told us staff listened to any concerns they raised. One person said, “I would talk with staff if I had a complaint.” Staff said they knew if people were unhappy about something and for those people with more limited verbal communication staff observed their body language or gestures to gain insight into how they were feeling. There was a system in place to respond to complaints which followed the provider’s complaints policy and procedure. General concerns were dealt with informally and the use of the formal procedures had not been necessary. The complaints procedure was displayed on the notice board by the front door so that it was accessible for people to see. There was also a comment box for people to post their views on the service. Future plans were for the re-introduction of house meetings so that people could also meet more formally in a group to express their opinions and to hear news about the service.

# Is the service well-led?

## Our findings

One person commented that the staff were “supportive”. A relative told us “The manager is very approachable and most helpful whatever the problems raised.” A social care professional commented, “The Manager is very approachable and appears to have a good understanding of the client’s (people who use the service) needs.” They also said the culture in the service was “caring” and “open”. We observed a positive and inclusive culture, where everyone was treated fairly. The provider produced a quarterly magazine for people so they could see updates about the services the provider was in charge of and read about changes that might affect them.

The staff told us they felt very supported and valued as a member of the team. They said the manager listened to their ideas and asked their opinion about the service. Staff confirmed they received feedback on their own performance and annually they were asked by the provider to complete a satisfaction questionnaire on working for the provider and in the service. The results of these were not available to see during the inspection. Staff were clear about their individual roles and responsibilities, for example, one staff member was in charge of overseeing the health and safety of the service and another member of staff was in charge of ordering and managing the medicines in the service.

The registered manager was an experienced professional having worked in social care for many years. She was able to tell us her visions and values for the service, which were about supporting people to gain confidence and skills and to access community resources as much as they could. Where possible people were helped to move on to their own accommodation when they had obtained sufficient life skills to live safely alone. The registered manager demonstrated a commitment to making sure they kept

their knowledge of working with people with autism and aspergers up to date and were due to attend a three day course in May 2015 on autism. They kept their knowledge of changing guidance updated by attending relevant events, training and using on line information. In addition, approximately four times a year the registered manager met with other managers of services to hear news and to share ideas about driving improvements in the service.

The registered manager and staff carried out a number of checks and audits to monitor the service. These included health and safety checks on different areas of the service. A member of staff explained how every two weeks they walked about the service with the maintenance person checking to see if any areas needing updating or fixing. We saw once work had been completed this was checked and signed off. Improvements to the environment had been identified and we saw some bedrooms being refurbished and new windows were being put in. Each year the registered manager considered what required attention and this was reported to the provider so that plans could be made to ensure the service continued to look homely and welcoming. A weekly report was sent to the provider which reviewed if there had been accidents or issues so that if necessary action could be taken to rectify any problems. There were no recent accidents or incident noted on the system so no action needed to be taken. Checks were also carried out on the vehicle the staff used to take people out and infection control checks were being introduced to inform staff of their duties when carrying out cleaning tasks.

The operations manager had last carried out a formal audit in January 2015 with the registered manager. They checked various areas of the service, for example, staffing and budgets were looked at along with any areas needing improving. We could see where action had been taken to address any shortfalls.