Autism Plus Limited

Autism Plus - Rusholme

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

Summary of findings

Overall summary

Autism Plus - Rusholme is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Autism Plus - Rusholme is registered to accommodate two people with learning disabilities and autistic spectrum disorder. At the time of our visit one person was living at Rusholme.

This comprehensive inspection was unannounced, which meant those associated with the home did not know we were coming. It took place on 14 August 2018.

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

At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our rating of the service has not changed since our last inspection.

The home had a registered manager. 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 continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly. The service provided specialist care for people who at times, present behaviour that might challenge others. Everyone we spoke with, including external professionals, said the service was effective and provided individualised care.

Staffing levels ensured that people's care and support needs continued to be met safely and the staff recruitment processes in place had been reviewed and improved. Staff recruited had the right values and skills to work with people who used the service. Risks continued to be assessed and recorded by staff to protect people. Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary. The registered provider had formal systems in place to monitor or review that infection prevention and control was effective.

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 supported this practice. People continued to receive their medicines in a safe manner and received good healthcare support. People received a nutritious and balanced diet and their dietary needs and choices were met. Staff received the training they needed to deliver a high standard of care and support. They told us that they received very good quality training that was relevant to their work.

Staff were caring and kind. Staff respected people's privacy and dignity and promoted their independence. Staff were committed to providing care that was centred on people's individual needs. There continued to be a strong, person centred culture in the care and support team. Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual. It ensures the person is at the centre of everything the service does with and for them. This means that staff take account of the person's individual wishes and needs; their life circumstances and their choices.

Care and support plans provided detailed information about people so staff knew how they wished to be cared for in a personalised way. People were at the forefront of the service and encouraged to develop and maintain their independence. A varied range of activities were on offer for people to participate in if they wished. There was an emphasis on getting out into the local community. People were encouraged and supported to pursue their interests and hobbies. People were listened to and treated fairly if they complained about the service.

The registered provider continued to effectively monitor and audit the quality and safety of the service. The service had a culture which encouraged communication and learning. The health and social care staff we spoke with praised the quality of the service. People, their representatives and the staff were encouraged to provide feedback about the service and this was used to drive improvement. Staff told us they worked as part of a team and that Rusholme was a good place to work.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Autism Plus - Rusholme

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 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 14 August 2018 and was unannounced. The inspection was undertaken by an adult social care inspector.

We looked at the PIR, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We gained feedback from a Doncaster local authority representative, who had recently undertaken a contracts review of the service.

As part of this inspection we spent some time with the person who used the service talking with them and observing the support they received. This helped us understand their experience of the service.

We spoke with two support staff, the registered manager and the team leader. We also spoke with the nominated individual. After the inspection visit we spoke with one staff member on the telephone. We also spoke with a healthcare professional, a specialist community nurse who had visited the person who used the service regularly, and a close relative of the person, to gain their views of the service.

We looked at documents and records that related to people's care, including the care and support plans, behaviour strategy plans, risk profiles, a medical file, and a person centred plan. We looked at the systems in place for managing medicines, including the storage, handling and records kept. We reviewed records in respect of the management of the service, such as the quality assurance systems and staff recruitment, training and support and minutes of meetings. We looked at three staff personnel files kept electronically, including details of staff recruitment kept by the provider.

Good

Is the service safe?

Our findings

We spoke with the person who used the service and it was very evident that they felt safe and were relaxed in the presence of the staff. The person's relative said their family member's needs were met and the health and social care professionals we spoke with told us the staff managed risks well.

We saw that the systems, processes and practices in the service continued to safeguard people from abuse. Staff we spoke with knew how to recognise and report abuse. Staff told us the registered provider had a policy in place to protect people from abuse, they had received appropriate training and were aware of the correct procedures to follow.

People received a safe service because risks to their health and safety were being well managed. We looked at the care records for the person who used the service and these included risk assessments and support plans about keeping the person safe and covered all aspects of daily living. This promoted the person's independence and ensured their rights to freedom were respected. The risk assessments had been kept under review. The plans detailed the support the person required to maximise their independence and choice, including the management of behaviour that might challenge the service.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Checks on the fire and electrical equipment were routinely completed. Staff had been received health and safety training including participating in regular fire drills and fire training. Staff had been trained in infection control and helped the person to keep their home clean and tidy.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to the person had received training and their competence assessed. Medicines were stored securely. Arrangements were in place for medicines that required cool storage. The temperatures medicines were stored at were monitored and recorded and were within safe levels.

The registered manager told us staffing hours were used flexibly depending on the person's choices of activity in the community and any planned appointments. The registered manager told us there were sufficient staff to meet the person's needs, make sure they were safe and that their chosen activities took place. The person's relative told us they were unfamiliar with some of the staff as they were relatively new, because of some changes in the staff team. We discussed this with the registered manager who told us there were a very good, stable core staff team supporting the person and, despite some staff changes, this had made sure there was a consistent approach.

It was evident that staff worked well together as a team and the person's needs were met in a timely way. The health care professional we spoke with confirmed the familiar, core staff team had maintained consistency of approach and this helped the person who used the service to manage their own responses and behaviour.

The registered provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment. These included at least two references, and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

We looked at three staff's personnel files and found in two applicants had been required to complete a written application. However, one staff member had been recruited based on providing a curriculum vitae (CV). Some information about their work history was not on record. For instance, an explanation of gaps in their employment. We saw written evidence that this was covered during the applicant's interview. Further information provided by the registered provider showed that the recruitment policy and process had been reviewed and strengthened since the applicant had been recruited. The nominated individual also undertook to ensure that further remedial action was taken to ensure a full employment record was available for the staff member.

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

Good

Is the service effective?

Our findings

The person using the service received care and support that was effective. They told us and showed us in several ways that they liked living at Rusholme. The person's relative said their family member's health and nutritional needs were being met.

Staff worked collaboratively across services to understand and meet people's needs. Information was sought from health and social care professions to enable the service to plan effectively the care of the person. The care records we checked included clear details of the person's health needs and how these were supported. This showed that people's physical and mental health was looked after and promoted. Health and social care professionals' feedback was very positive. The community nurse we spoke with said, "The staff know [person] well and want to give them as much stability as they can."

Staff told us they felt supported by their managers and told us they continued to receive regular supervision sessions. These were one to one meetings with their line manager. Staff also continued to receive an annual appraisal, where their performance and development was discussed. The staff we spoke with were confident to speak with their line managers about any issues they might have.

For the most part, the person was supported by staff who had received appropriate training. Staff told us the induction new staff received was of a very high standard and included several days of training. Staff said the standard of the training they received through Autism Plus was very good. They told us they had received all the necessary core training, as well as other, relevant training to make sure they could meet the person's individual needs effectively.

We did find there had been a period when the number of staff in the team had decreased and new staff were recruited. To avoid the use of staff the person was unfamiliar with, staff had worked more hours during this period. This had helped to maintain consistency of support for the person using the service, however, it had meant that some training updates had slipped. We discussed this with the management team who were aware of the need to prioritise delivering training updates to the staff who needed them, now that new staff had been recruited and the pressures of staffing had eased.

The 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 interest and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA.

The registered manager and support staff were aware of their responsibilities in respect of consent and of

involving the person as much as possible in day-to-day decisions. There was also written evidence that best practice was followed in relation to any decisions made in the person's best interests.

We saw that people continued to be offered a nutritious and balanced diet, which met their individual and cultural needs and preferences. We saw a good variety of food and healthy was available. The person was encouraged to assist with preparing their meals. We looked at the person's care plan in relation to their diet and found this included detailed information about their dietary needs and the level of support they needed to make sure that they received a balanced diet.

We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. We found people's individual needs were met by the adaptation, design and decoration of the home. The home was decorated and furnished in a style appropriate for the person who used the service.

Good

Is the service caring?

Our findings

The person who used the service told us they liked the staff and they were kind. We also observed the staff to be kind and caring. External professionals gave positive feedback about the service. For instance, the community nurse said the move to Rusholme had been very beneficial to the person and there had been a noticeable improvement in their health and wellbeing. They told us the person went out into the community regularly, with staff support. They told us the person had a good relationship with the members of their staff team, some of whom had known the person for several years. The person's relative said they thought their family member's needs were met.

We spent some time in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards the person when they were providing support, and in day to day conversation. The interaction between staff and the person they supported was inclusive and it was clear from how the person approached the staff, that they were happy and confident in their company. The staffing numbers allowed the person to participate in activities in the community and met the person's needs and preferences.

There were good levels of engagement with the person throughout our visit. It was clear from conversations we heard between the person and staff that staff understood the person's needs; they knew how to approach the person and recognised when they wanted to be on their own. Staff we spoke with knew the person's history, showed concern for the person's wellbeing and described their needs and preferences in detail. They had a clear understanding of how the person wished to be addressed and supported.

The service had a stable core staff team, the majority of whom had worked with the person for some time and knew their needs and preferences particularly well. This continuity had helped the person in developing meaningful relationships with staff. Staff felt that they worked together as a good team which improved the quality of life for the person they supported. They were aware of the person's preferences and daily routines. Staff addressed the person by their preferred name when talking with them, using appropriate volume and tone of voice. An explanation was given to the person on why we wished to visit the home and their consent was sought before we visited. The person was proud of their home, which had been personalised with photographs and objects reflecting their interests.

We looked at the person's and support plans. The person's plan was very person centred and individualised. It showed who and what was important to the person, things they liked and their goals and achievements. A lot of the information was in an easy read format with lots of pictures to assist the person's understanding and participation. There was evidence of the involvement the person had with reviewing their needs, and this reflected the involvement of people close to them.

Staff we spoke with were very knowledgeable on how the person they supported communicated and responded to different communication methods. The person could communicate and make their needs known verbally and some, supplementary visual communication methods were also used to help the person to communicate and engage. People's religious, cultural and personal diversity was recognised, with

their plans outlining their backgrounds and beliefs. Although, there was room to improve the care planning information about how staff should support people in upholding and practising their beliefs.

We saw that care delivered was of a kind and sensitive nature and the person's dignity and privacy were respected. Staff training was provided to help staff to meet the person's specific needs and included the promotion of privacy, dignity and confidentiality. Staff we spoke with understood the needs of the person and were passionate about ensuring they received the best possible care and support. They explained how they tried to ensure the person was happy and achieved a positive state of well-being and a positive state of mind, so they could be as independent as possible.

The records also contained the information staff needed about people's significant relationships including maintaining contact with family and friends. The records indicated that arrangements were made to support the person to keep in touch with their relatives and friends to ensure they maintained those links. Information was also provided to people about local advocacy services. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

Good

Is the service responsive?

Our findings

The person who used the service received care and support that was personalised and they were supported to be involved in making decisions about their lives. The person's relative and the health and social care professionals we spoke with confirmed that staff were responsive to the person's needs.

Prior to admission to the home, detailed needs assessments were carried out. Following this initial assessment, care and support plans were developed. The care plan format provided a framework for staff to develop care in a very personalised way and the plans we saw were person centred and detailed. They included a personal history, individual preferences and the person's interests and aspirations. They had been devised in consultation with the person and their relatives. The person had their own easy read, person centred plan that was supported with pictures and their reviews were also summarised in in an easy read, pictorial format.

The plans fully reflected the person's physical, mental health, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The healthcare professional we spoke with told us the staff were very responsive to the person's needs. told us the person had previously been reluctant to go out into the community very often. However, as they settled into the home they went out into the community on a much more regular basis. This meant they could engage in a better range of activities.

We saw the person was supported to engage in a varied range of activities and hobbies. Activities they took part in were socially and culturally relevant and appropriate. The person told us they went out every day, when they wanted to and chose what they wanted to do. The person talked to us about the things they were interested in and liked doing, this included going out to the local shops and music. They sometimes chose to go to a local day service to have a cup of tea and catch up with their friends.

The service was following the Accessible Information standard (AI). The Accessible Information Standard is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. The person's assessments included specific details of their communication needs. The person had a helpful and informative communication profile and there was a strong emphasis on supporting them to communicate. The records we saw and information provided by everyone we spoke with showed the service was successful in supporting the person to express themselves.

Care and support records included examples of pictorial communication methods to ensure the person could understand, contribute and agree to their care and support. Information was presented in large print and included pictures and emoticons. We also saw the person's activity planner had pictures to assist the person to understand and make and communicate their day to day decisions. The staff we spoke with understood the person's needs and preferences, so the person had as much choice as possible. We saw staff interacted with the person in line with their care and support plans.

There was a complaints policy and this was available in an easy read format with pictures to help people to

understand and engage in the process. The person who used the service told us they would tell staff members if they had any complaints. They did not have any complaints to tell us about when we spoke. The person's relative said they had spoken to a manager about a concern that had arisen in the past and the complaints record we saw showed the registered provider took any concerns or complaints about the service very seriously and these were investigated thoroughly and promptly. It was evident that any feedback they received about the service was valued and used to ensure improvements were made where necessary.

Good

Is the service well-led?

Our findings

The service had a registered manager who was supported on a day to day basis by a team leader, whose role included working directly in the service alongside the support staff. The management team continued to demonstrate effective leadership. Their passion and enthusiasm for the service and their knowledge of and commitment to the people in their care and to the staff was evident.

The health and social care professionals we spoke with commented positively on the management of the service. They said the service was well run and put the needs of the person who used the service first. Staff we spoke with told us the management team were committed to providing care and support that was tailored to individual's needs, in a safe and homely environment.

People were involved and consulted about the quality and running of the service. From looking at the feedback from quality surveys completed by people who used the service and their representatives, it was clear that people's thoughts and ideas are acted upon. The relative we spoke with confirmed they had communicated with managers and staff in the service. They added that it could sometimes be difficult to get in touch with the support staff they knew, due to the shift work system the staff worked. They said they would like to receive more information from the service about the well-being of their family member. We discussed this with the registered manager who undertook to find ways to help the person's relative to get to know and build good relationships with the newer members of the support team.

There was a clear vision and strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering. Staff told us that they had regular staff meetings and felt able to raise issues and suggest ideas that could potentially improve the service. Staff were aware of their role and responsibilities and knew when to seek advice from their managers. They told us they were listened to and valued, and they felt they were part of a good team.

The quality assurance system continued to ensure that the management team had a good overview of how the service was operating and that the service was of good quality. Audits were regularly carried out in all aspects of the service. It was clear that timely action was taken to address any improvements required. It was evident that any learning from audits, events and feedback was shared with staff throughout the service and used to improve the service overall.

Information about people was kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

Feedback we received from other professionals and the positive outcomes we saw had been achieved for and with the person who used the service indicated that the service worked well in partnership with other agencies.