

Personalised 4 Autism Limited

Personalised 4 Autism

Inspection report

Suite 403 K G Business Centre
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Northampton
Northamptonshire
NN5 7QS

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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

Personalised 4 Autism provides supported living to two people living in Northamptonshire. The service specialises in supporting people living with Autism.

At the last inspection in September 2015, the service was rated Good. At this inspection we found the service remained Good. At the time of our inspection the provider was operating from Suite 409 KG Business Centre, Kingsfield Way, Dallington, NN5 7QS and had submitted a statutory notification to change their registered location address accordingly.

People could be assured that they would be supported by sufficient numbers of staff that had been subject to robust recruitment procedures. People were protected from the risk of harm by staff that knew them well.

Staff had received the training; support and on-going supervision that they needed to work effectively in their role. People were supported to maintain good health and to have a balanced diet.

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.

Staff consistently treated people with dignity and respect and involved them in decisions about their care and support. People had detailed plans of care in place that were reflective of their support needs. These plans of care provided guidance to staff and supported them in providing consistently personalised care and support.

There was a visible and approachable management team in place. The provider and senior management team worked well together and promoted a person centred culture that was shared by the staff providing people's care. There was a strong system of quality assurance overseen by the provider that was effective at ensuring people consistently received the care they needed.

Further information is in the detailed findings below.

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 remained 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 ●

Personalised 4 Autism

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 announced comprehensive inspection took place on the 6 October 2017.

Before the inspection, the provider completed 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events at the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commission services from the provider.

During this inspection we spoke with one person receiving support, one person's relative and four members of staff including the registered manager and the provider.

We reviewed the care records of two people that used the service and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People could be assured that they would receive support from sufficient numbers of staff that had been subject to robust recruitment procedures. One person's relative told us "There are always enough staff in [Person's name] home when I go and visit them." All of the people receiving support required one to one support throughout the day and night. People had individual schedules to show which staff would be providing their support and we found that people consistently received the support that the provider had been commissioned to provide.

People continued to receive their prescribed medicines safely. Staff had received training in the safe administration of medicines and the provider had systems in place to monitor the administration of people's medicines. One member of staff told us "I had to have training and be watched by senior staff to make sure I could administer medicines safely before I did this on my own."

Risks to people had been assessed and action taken to minimise people's known risks. One person's relative told us "I have no worries about [Person's name]. I can go home or on holiday and know that they are safe. [Person's name] is much more settled now that they are supported by Personalised 4 Autism. I feel relaxed and can trust the staff to keep them safe." People had detailed plans of care in place to provide guidance to staff in maintaining people's safety. For example, people had plans of care in place to minimise their known triggers that led to behaviour that other people may find challenging. The staff we spoke to were knowledgeable about the steps that they should take when supporting people to maintain their safety. One member of staff told us "When we support [Person's name] we always have a bag with us with items in to provide that calm them if they start to become unsettled to reduce the likelihood of incidents occurring." We observed that there had not been any incidents of people become unsettled and displaying these behaviours.

People were protected from the risk of harm because staff were confident in recognising if people were at risk and knew how to report their concerns. One member of staff, "If I felt anyone was unsafe or had been harmed; I would tell the manager or the provider. I also know how to contact the council or CQC." The provider and senior management team had taken appropriate action in response to safeguarding alerts and had implement learning as a result of the investigations that they had completed.

Is the service effective?

Our findings

People were supported by staff that had the skills, knowledge and support they needed to provide effective care and skilled interaction with people. Staff had received training that was relevant to their role. One member of staff told us "It's brilliant here. I have had lots of training. I am doing my Diploma Level 2 in Health and Social Care now. I have also had training in Autism. It covered how to communicate with people who have Autism as well as what Autism is. It was very useful when I came to actually supporting people." One person's relative told us "From my observations the staff are very well trained. They know exactly what to do when they support [Person's name]. It's one of the reasons I trust the staff and feel relaxed when I am not with [Person's name] and I'm away." Staff had access to an ongoing programme of training and supervision to support them in working confidently and competently in their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. Applications had been made to the Court of Protection where people were being deprived of their liberty in their best interests. People's capacity to consent to their care and support had been assessed by the provider and their relatives, the professionals involved in coordinating their care and advocates involved in best interest decisions related to their care.

People were supported to eat and drink enough and to maintain a balanced diet. One person's relative told us "The staff make lovely food. [Name of staff] has just done new menus with [Person's name]. They always have lovely home cooked food. They cook [Person's name] a full English every weekend too. They love it." Staff ensured that people's meals were prepared according to their individual preferences and dietary needs.

Staff were vigilant of changes in people's health and made referrals to health professionals promptly. People had detailed health action plans to monitor their healthcare needs and to provide information to healthcare professionals during appointments and review meetings.

Is the service caring?

Our findings

People were supported by staff that knew them well and consistently treated them with dignity and respect. One person's relative told us "It's the same staff that work with [Person's name] which is important because it means that they get to know each other well. It was their birthday recently and the staff bought them a present and arranged a party for them which we went to." The provider ensured that people were supported by a stable staffing team to provide people with consistent care and support.

Staff described how they maintained people's privacy and dignity when providing support. For example, one member of staff told us "We support people with personal care and always make sure that this is done in private. We make sure that people's bathroom doors and curtains are closed for example. When we take people out into the community we also make sure that other people are not aware of what care people need and we interact with people discreetly."

People, their relatives and advocates were involved in developing their plans of care. One person's relative told us "I helped sort [Person's name] care plan. They worked hard with us to make sure it was right. Their keyworker did a really good job." People were allocated a key worker who was a member of staff that knew people well. Their role was to involve people in developing and reviewing their plans of care to ensure that people's care and support was consistently person centred.

People's feedback was sought and acted upon by the provider. For example, one person's relative suggested that they may like to have a DVD player in the lounge so that they could watch music DVD's. This person's relative told us "I had only suggested in passing about a DVD player but the next time I visited [Name of Provider] had bought a DVD player and it was in the lounge. I put a Kylie Minogue DVD on for [Name of person] and they loved it."

Is the service responsive?

Our findings

People's needs were thoroughly assessed before they received care. The provider also ensured that people had a personalised transition plan when they moved into their own home or started to receive support. This helped to ensure that people's experience of receiving support was successful, that staff knew what care people required and that they provided this in a consistently personalised way. One person's relative told us "Staff worked alongside other staff where [Name of person] used to live so that they got to know each other. They also organised short visits to their new home so they got used to it. It was a good, smooth transition that worked well."

People had detailed plans of care in place to provide direction to staff in providing their care. People's plans of care were regularly updated; one member of staff told us "The care plans are good. They tell us what we need to do. The people I support can't tell us how we should support them so the care plans are really important."

People were supported to lead busy and fulfilled lives and to become active members of the local community. One person's relative told us "The staff have mirrored what [Name of person] used to do in the day and what they enjoy. For example, they still go horse riding every week." People were supported to follow their interests and to partake in new experiences.

The provider had not received any formal complaints however, had a system in place to manage complaints and feedback from people. An accessible complaints procedure had been developed to provide information to people using the service. One person's relative told us "I have never needed to complain but if I ever suggest that anything could be improved they act upon it straight away. I would definitely feel able to complain if I ever needed to though."

Is the service well-led?

Our findings

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.

The provider and senior management team were accessible to people, their relatives and staff. We saw that people and their relatives were able to visit the office at any time and were made to feel welcome. People and their relatives felt comfortable in the presence of senior staff and senior staff clearly knew people well.

The provider promoted a person centred culture and aimed to "Offer a truly personalised service where you are in control and we work with you to agree the right support for when you need it most." Staff understood the providers' aims and shared the values of the service. Staff told us that the focus of their work was to provide personalised support to enable people to lead fulfilled lives.

There was a robust system of quality assurance overseen by the provider that considered all aspects of the service. Peoples' individual goals and aspirations that formed part of their plans of care were also monitored each month during board meetings chaired by the provider to ensure that staff focussed upon enabling people to achieve their personal aspirations. Quality assurance audits considered key areas of the service such as staffing levels, staff training, health and safety and medicines. We observed that where shortfalls were identified swift action was taken and that improvements were monitored closely by the provider.

The registered manager and provider were aware of their legal responsibilities to notify the Care Quality Commission (CQC) about reportable events that occurred at the service and had submitted the appropriate statutory notifications to CQC, for example, deaths, serious injuries, and other events at the service. The previous inspection rating for Personalised 4 Autism was displayed prominently within the office and on the providers' website.