

BEAM ABA Services Limited

BEAM ABA Services

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Beam ABA Services provides personal care and support to children and young adults who have a learning disability up to the age of 31. They specialise in supporting children and young people with autism. At the time of our visit BEAM ABA provided care and support to 25 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were eight children and adults receiving personal care at the time of the inspection. Most of this care was provided in London but care was also provided in Birmingham.

BEAM ABA is a specialist provider which aims to improve the lives of children and young people who have complex behavioural needs using the evidence based practice of Applied Behaviour Analysis (ABA). ABA refers to interventions that are developed from a scientific discipline called behaviour analysis. Typically, these interventions aim to build skills and help to replacing inappropriate behaviour with an alternative. BEAM ABA uses intensive ABA techniques provided by highly trained care staff and through a detailed assessment from which a behaviour plan is developed. Work with children and young people is tracked using specific data collection applications. This allows any changes in behaviour to be analysed and behaviour plans modified at short notice. They also provide support for family members and teachers within school to enable children and young people to take part in family life, school and activities within the community.

People's experience of using this service and what we found

None of the children and young people receiving personal care were able to communicate verbally. We visited one family home to observe and we spoke with other family members. All the family members we spoke with said that Beam ABA Services involvement meant that the quality of life of their loved ones and the whole family had improved.

BEAM ABA used an initial assessment tool which was exceptionally effective in recognising and addressing people's needs. The assessment completed by highly trained Beam ABA consultants aimed to gather information on how people managed their needs in their usual environment, their home, school and the community they lived in. Gathered data was used to formulate detailed behavioural plans. The plans were used by allocated staff to help people to develop basic life skills and reduce behaviours that challenge. Behavioural plans were prepared in collaboration with family members and were reviewed at intervals suitable for each person's needs. This helped people to become as independent as possible and participate in their family life more.

Staff continuously supported people to develop. BEAM ABA used a progressive online software which allowed staff to promptly exchange information about people and to gather data about the effectiveness of interventions they provided. Based on extensive observation of people staff proactively suggested new support ideas to ensure people received care that was all-rounded and effective. Staff were dedicated and

engaged their own initiative and creativity to provide the most effective support to people. Because of staff interventions people were able to do things that were often difficult to do for people with Autism, behavioural difficulties and other special educational needs. This included meeting developmental goals which were similar to their age group, accessing activities in the community, participating in lessons at school and meeting their basic self-care needs. External professionals confirmed staff went over and above to ensure people lived a good life. This helped people to be an integral part of the community they lived in.

A further part of the service was supporting children and young people to express their views, so their voice was heard. Staff supported people to communicate their needs to teachers at school. Children and young people were supported to make their own decisions with the use of various electronic aids, and when possible to say what they wanted and how they wanted it. This was done gently, respectfully and with the belief that people could speak for themselves. Staff were highly enthusiastic about progress made by people. Many of them told us this was the main reason why they continued in their professional careers with Beam ABA. Family members thought staff were excellent in communicating with people and supporting people with development of their communications skills.

Another key part of BEAM ABA's service was supporting families in developing relationships with their loved ones. This was achieved by the provision of specialist training for families on ABA techniques and through ongoing dialogue with family members on the best ways of supporting people both at home and in community settings such as schools.

BEAM ABA's approach involved the provision of care from highly skilled and well trained staff. Staff had regular training. It included certified and degree level qualification in using ABA techniques and other accredited trainings. Families thought staff skills and experience played an important role in progress and development achieved by their relatives. One family member said, "It's very reassuring to me that many of the staff have degrees in autism and applied skills to work in the field. I've always been impressed with the calibre of the staff." Staff had regular supervision and observations by senior staff and managers at the service. We saw that supervision focused on the observation of staff and their skill at following the ABA techniques.

Staff were caring and always ensured that people's rights had been met and their diversity had been respected. Family members and staff told us most of the personal care provided included prompting children and young people to do things for themselves. For example, going to the toilet and washing hands afterwards. The data we were shown detailed the hours of input taken to build children and young people's skills. One person's plan included five years of input and we could see the progression from one personal care skill to another.

The service worked closely with other professionals so that people could receive effective and consistent support in various settings. These included working with health and social care professionals, school and community staff and other professionals working in locations visited by people who used the service. Consequently, it was easier for people to become a part of the community they lived in.

The service provided safe care to people. There was a safe recruitment process in place to protect people from unsuitable staff. Staff understood how to recognise abuse and they knew what action to take if they thought people were at risk of harm for others. Medicines were managed safely. Risks to health and wellbeing of people, staff and the public had been assessed. Staff were provided with guidelines on how to minimise these risks.

People were supported to have enough food and drink that met their dietary requirements. Staff were helping people to develop skills, so they could participate in meals and drinks preparation and as much as

possible to be independent in meeting their nutritional needs. When needed people were supported to have access to health professionals to ensure their health needs had been met with no delay.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a clear managerial and staff structure at the service and each employees' role and responsibilities had been clearly defined. Staff were effectively supported and encouraged to participate in service development. The regulatory requirements had been met. The service dealt with complaints promptly and according to the provider's policy.

The BEAM ABA mission and vision, to improve the lives of young people with complex behavioural needs, was evident in their structure and governance. The service had a range of quality assurance systems in place to carry out continuous review of staff skills and outcomes for people who used the service. The service carried out continuous improvements to ensure they learnt from accidents and incidents and when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (published 12 April 2017).

Why we inspected: This was a planned inspection based on the previous rating. The overall rating for the service has changed from Good to Outstanding. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

BEAM ABA Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector, one specialist advisor and one Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We spoke with four relatives of people who used the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual, the registered manager and one senior consultant who was also responsible for staff professional qualifications. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We visited one person and we observed how one staff provided intervention to a person using the service

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from three professionals who regularly worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Family members gave consistently positive feedback about the safety of their relatives with staff supporting them. Relatives told us, "I am very confident and know he is in safe hands" and "I feel very safe with this service. I have never felt safer with another organisation".
- The service had a safeguarding children and adults' policy and procedure guiding staff on what action to take if they thought people were at risk of abuse.
- Staff received safeguarding training and they had a good understanding of how to protect people from harm and abuse. One staff told us, "I believe all service users I work with are effectively safeguarded from abuse. Having received safeguarding training, I am aware of the safeguarding protocols should I believe someone to be at risk."
- The registered manager had investigated all safeguarding concerns raised with the service. They worked with external professionals to ensure safeguarding concerns had been looked into and that lessons had been learnt so such situations did not happen again.

Assessing risk, safety monitoring and management

- Risk to health and wellbeing of people using the service had been assessed. Risk assessments had been personalised and gave staff detailed information on how to minimise identified risks. We saw risk assessments associated with people's health conditions, eating, equipment used and visiting the community.
- When people presented behaviour that may challenge, staff were provided with detailed guidelines on how to minimise possible risks to the person, staff and members of the public.
- Risk assessments were done consistently across all seen files and had been regularly reviewed. Where risks had changed, and an issue of concern was identified, an action plan was put in place to ensure the newly identified risk was minimised.

Staffing and recruitment

- Family members spoke highly about the quality of staff recruited to work with people who use the service. One relative said, "They are rigorous in their interviewing to make sure they have the right person for [my relative]. It needs to be a specific kind of person to work with [my relative] and they usually get that right."
- There was a safe recruitment process in place to ensure people were protected from unsafe staff. Employment checks included criminal record checks, a full employment history, and professional qualifications. All new employees were required to have a least one year of experience with children and young adults with learning disability, autism and special educational needs. Qualifications had been verified.

- Relatives told us staff were usually on time and they never missed a call. They told us, "If they have been delayed they always call to let us know and it's only about 10 mins. It's rare they are late. There is never any anxiety about it. Over [number of] years it's been less than five times."
- Each person using the service had a team of staff allocated to work with them. Rotas had been prepared in advance so that each staff knew when they were due to work and planned absences could be covered. In case of sudden staff absence only members of each person's individual support team were asked to cover the visit. The service had not used agency staff. Such approach ensured only appropriately qualified, experienced and staff familiar with people and their families supported people. A staff member told us, "We would not replace a usual worker with an unfamiliar face. We would make changes on our rotas to ensure people are visited by staff who they know well."
- There was an on-call system in place to respond to sudden staff absences and to support staff during their shifts. Rotas provided on-call staff (managers and consultants) with information on who the members of each person's team were. This ensured appropriate staff cover could be arranged adequately and promptly.

Using medicines safely

- Medicines were managed safely. One family member told us, "[My relative] gets his medication on time. Staff are very good at letting me know if they are running short. They keep the medication locked away and they record on charts when it has been given."
- There was a medicine management policy in place which gave staff guidelines on how to manage and administer medicines to people safely.
- When people were supported with medicines, this had been reflected in their care records. This included what medicines they were prescribed, where medicines were stored and who was responsible for administration.
- When staff administered medicines, this had been recorded on medicines administration records.
- Staff had received appropriate medicines training. This included emergency medicine prescribed to help a person during an epileptic seizure.

Preventing and controlling infection

- Staff received training in effective infection control practice. Staff were provided with personal protection equipment (PPE), such as gloves, as well as a first aid kit to avoid the spread of infection or minimise an injury if such occurred.
- Most relatives confirmed staff wore aprons and gloves when providing personal care, preparing or cooking food and washed their hand regularly.
- We saw staff following infection prevention practice, for example, they washed hands before and after supporting a person with their personal care.

Learning lessons when things go wrong

- The service had an online reporting and monitoring system to record all accidents, incidents and near misses that happened when providing care to people. Near miss is an event which did not cause harm but had the potential to cause injury and other harm. Staff used the system to provide details of any reportable events. These included details of an incident, accident or near miss that occurred, an immediate action taken and recommendation on improvements to stop these events from reoccurring.
- The registered manager, the nominated individual as well as the service's consultants analysed accidents, incidents and near misses for each individual person and members of the management team for the whole service. This helped to identify possible trends and patterns. Based on the outcomes of analysis, the service took actions on further improvements. These could include additional training for staff, guidelines for family members and external professionals who also supported people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A hallmark of BEAM ABA's approach to care provision is the completion of a detailed assessment. This is completed in detail by specifically trained BEAM assessors. We looked at the eight assessments which had been prepared for the children and young people receiving personal care. We saw that these assessments were holistic and detailed. They included multiple observations and in-depth interviews with relatives and professionals working with people. Observations for the assessments were personalised and carried out in people's usual environment, for example, school, the family home and various places in the community. For example, Beam assessors observed a person's behaviour and how they managed a busy environment at the restaurant they were visiting.
- Following the assessment, the BEAM assessors prepared tailored made behavioural plans for each individual. A family member told us, "They visited us at home a couple of time and at school where they carried out a full assessment. They assessed him first and then find the right people to work with him."
- In June 2017 BEAM introduced an online system which allowed the daily tracking of each person's progress and care. This was via a (smartphone / tablet) and allowed members of each person's care team to track anything that took place with the person each day. Through instant information sharing, the system also allowed staff to receive prompt support and advice from the senior staff and managers on how to provide most effective care.
- Staff collected detailed data about the exact support they provided to each person which meant they could quickly and easily assess how effective that was. One person was taught how to use a microwave, so they could reheat their meals by themselves. This was an example of the support with development of a new skill leading to a person becoming more independent.
- We also noted that BEAM staff used technology in their care provision. For example, electronic tablets, which helped people be as independent as they could and to learn new skills. This included basic use of internet and communicating with others. There were similar programmes using kitchen gadgets such as microwaves.

Staff support: induction, training, skills and experience

- Another key aspect of the BEAM approach was training for staff. Specific training was provided for assessors and there was another level of training for staff providing care. There was a clear staff competency and professional accountability structure within the service based on the level of the ABA professional training and experience of individual staff. There were two levels of ABA professional qualifications made available to staff. The Registered Behaviour Technicians (RBTs) were responsible for delivery of therapeutic interventions. The graduate level Board Certified Behaviour Analyst (BCBA) were responsible for writing

individual behavioural plans, agreeing personalised targets for people, risk assessment, data analysis, and were the main point of contact for parents and external professionals. Family members thought staff were trained exceptionally well to support their relatives. One person's comment was typical when they said, "I was very impressed at how thorough they are."

- All staff undertook different levels of training to ensure they had suitable qualification and knowledge to provide effective and safe support to people with autistic spectrum conditions and learning disability. This was regularly monitored by the management team and the senior consultant who was responsible for staff professional development and formal qualifications.
- Staff knew and understood the principles of interventions provided to people who used the service. All staff received training in Applied Behaviour Analysis (ABA). A staff member told us, "Beam fund therapists to do the Registered Behaviour Technician qualification. They have also part-funded Masters in ABA, which has made me a more experienced, and knowledgeable therapist, having positive implications for my practice."
- All staff were certified in the Team Teach method. This was the positive behaviour management strategy used by the service to manage people's behaviours that could challenge the service and may need physical restraint. The principles of using this technique were that restraint would only be used when it was deemed reasonable, proportionate and necessary to do so. The training was externally accredited. This meant staff were trained according to the nationally recognised standard and could focus specifically on the needs and behaviours of people who use the service.
- New staff received a comprehensive induction to the service and how to support individual people. The induction included a range of mandatory and specialist training and observation of more experienced colleagues. Staff competencies had been checked by senior staff before they started supporting people independently.
- Staff were provided with additional teaching materials and resources to enhance their learning independently. One staff told us, "Beam have purchased relevant ABA textbooks that are available for all staff to read in the office. This furthers our knowledge of the field, improving the ways in which we teach our service users."
- All staff received other basic training that the provider considered mandatory and was needed to provide safe and effective care to people. Subjects included health and safety, safeguarding children and adults, first aid (including epilepsy support), medicines administration and Mental Capacity Act 2005 (MCA).
- The service ensured staff provided therapeutic interventions in line with national standards and relevant certification. Staff competences had been regularly assessed and qualifications renewed. Staff received several types of supervision and observation of their direct work with people. These were relevant to the level of professional qualification they had.
- There was a regular group and individual supervision aimed at discussion and assessment of staff skills in applying ABA. Staff also received supervision from their line managers where they could discuss topics related to their employment, training and other role specific matters. One staff told us, "My line manager is always encouraging of continuous professional development and is very receptive to any suggestions I have of ways to further develop my experience and training."
- Staff received yearly appraisal of their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- When required detailed meals support was included in people's behavioural plans. This varied from staff supporting and teaching people how to prepare food to teaching them how to reheat already pre-prepared meals. A family member told us, "My relative does something simple to help with food preparation every day and takes his empty plate out at the end of the meal."
- When people had any special dietary requirements and preferences this had been reflected in their care documentation and staff knew about it. For example, one person was allergic to several foods and products

and the staff supporting the person was able to list them.

- Staff offered people food choices in the way they could understand and respond. A family member told us, "Since we have had Beam my relative has used his electronic tablet and he will go through it to decide on what he wants for breakfast."
- Hydration support was an integral part of people's routine when needed. For example, one person using the service did not remember to drink fluids. We observed a staff reminding the person at a specific time and then gently guiding them so the person could prepare and have a drink independently. Staff completed food and fluid charts for people where there was an identified need to monitor food and fluid intake to ensure that the person was eating and drinking adequately.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and have access to healthcare professionals. These included psychologists, psychiatrists, occupational therapists (OT), speech and language therapists (SALT), a district nurse and others.
- Relatives told us they had discussed with the service what action should be taken in case a person felt unwell. Some of their comments included, "We have had this conversation and told them I would like to be the first person to be notified unless it was urgent then call the ambulance" and "Staff would contact 111 and let me know as well. There have been occasions when he's come home when he was unwell. They rang to check we were home."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Beam ABA had policies and procedures in relation to the MCA principles. Staff received training in the MCA.
- Some people using the service were under the age of 16 and the principles of the Act did not apply to them. They were supported by their parents in making the best decisions about their care. The service also supported young adults between the age 16 and 25. In these cases, mental capacity assessment had been carried out by the service or external professionals. Relatives were involved in making any decisions that were in the person's best interests. The registered manager said most relatives had documents confirming they were legally permitted to make decision on behalf of the people or they were in the process of applying to the court of protection for such permission.
- People's behavioural plans had information on what people could and could not do. Staff were provided with details of what support people needed to make independent decisions about what they wanted to do, eat or wear. A family member told us, "They always give him a choice because he's non-verbal. He has a communication application which they use to let him know what is happening, so he is less anxious."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Family members gave consistently very positive feedback about the staff at Beam ABA. They thought staff were very caring and considerate towards their loved ones. Relatives' commented, "The whole way they manage my relative is caring and kind" and "His support worker made him a board of all the music groups that he likes in her own time. That's dedication evidence they think about him. Its things like that that shows just how caring and kind they are."
- We saw all support provided by the staff at the service aimed to unleash people's potential and help them to become as independent as they could. Beam ABA services had consistently worked towards enabling children and young adults with Autism Spectrum Disorder (ASD), Adult Attention Deficit Hyperactivity Disorder (ADHD) and other complex behavioural needs to be an integral part of the community they lived in. The nominated individual told us, "There are too many young people with special needs with no support. Too many placements broke down for this young people and they have so much untapped potential."
- Staff supported people to develop skills so they could participate in activities usual to children and young adults. One person was supported to attend a specialist college. Due to their consistent progress the person was in the process of transferring to a college for people with less specialist needs. Beam ABA team was supporting both colleges to make the transfer seamless and successful. The same was the case for several other people using the service.
- Staff facilitated people's presence in the community so their diversity was respected and recognised by others. Staff and relatives told us about situations where members of the public did not understand people's behaviour, needs and interventions provided by staff. We were told staff liaised with the public proactively to ensure people rights were respected and dignity protected.
- External professionals confirmed staff support went over and above what was expected to ensure people lived a good life. One professional told us, "The Beam staff have all been extremely professional and show a clear engagement and interest in their work with the client. They have all been very happy to 'go the extra mile' to motivate and engage the client in order that he doesn't miss out on too much!"

Supporting people to express their views and be involved in making decisions about their care

- Beam ABA aimed to support young people with complex behavioural needs so their voices were heard and so that they could make decisions about their care and support as much as possible.
- People's individual behavioural plans highlighted what skills people needed to learn to communicate what they wanted. For example, we observed a person using the service gently tapping a staff member on their shoulder. The staff explained this was a learnt behaviour to signal the person wanted the staff to stand further away from them.

- Family members thought Beam ABA staff helped their relatives to express themselves so their views had been heard. One family member told us about a situation when their relative became upset and distressed at school. The Beam ABA staff asked the teacher to allow the person to say what they wanted and they supported the person to express it himself.
- Staff spoke enthusiastically about the progress people had made and behaviours they develop to express their views and needs. One staff member told us, "Through our teaching a person is now able to communicate "More" and "Finished" for the first time in their life." Another staff member said, "We provide choices to these young children throughout the sessions and work on targeted skills based on their preferences, interests and their individualised needs."

Respecting and promoting people's privacy, dignity and independence

- People's behavioural plans included information on what elements of personal care people could do independently and how staff should support people to further develop their selfcare.
- Relatives told us staff supported people to be as independent as they could with toileting skills and personal care needs. Their comments included, "Staff don't need to provide personal care. They will prompt him to shower and brush his teeth" and "They encourage him to [wipe his face so it is clean]. They also remind him to pull his trousers up when he has finished toileting. They only shadow him they don't need to help him to toilet."
- Personal care was provided with consideration for people's dignity and privacy. Staff did not rush people and personal care was provided behind the closed doors. We saw a staff member gently encouraging a person to use a bathroom. Staff remained patient and enabled the person to progress the support with the speed the person needed.
- Staff understood the importance of a respectful and dignified approach when supporting people. One staff member told us, "The dignity of service users is maintained at all times during personal care, and they are treated with the upmost respect."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received outstandingly personalised care that matched their needs and skills. The provider was consistent in providing highly specialised support to ensure people lived the most fulfilled life they could. One family member told us, "[My relative] vacuums, takes the rubbish out, cleans the table. Sometimes it's hard for people with autism to have such skills. Since he has been with Beam he does all these things." Another family member said, "They do everything to encourage [my relative] to be independent. He was [much younger] when they started with him and now we are all trying to get him to supported accommodation."
- Each person using the service had a personalised behavioural plan which was formulated according to the ABA therapeutic model. Behavioural plans guided staff on how to help people to reduce behaviours that might challenge and to achieve their developmental goals. These included, personal care, having food and drink and other basic life skills. For example, one person tended to disengage during school activities and wander off. The staff approach was to combine use of the digital tracking system and their own observation with the young person's motivation. This was over a long period of intensive input but the outcome was that the young person's engagement increased and took part in lessons more fully. The plans were formulated with family members and were reviewed at intervals suitable for each person's needs. One family member said, "We review care plan every year. It may be reviewed if things change, such as, when he went to college. We've had lots of meetings with the college and reviewed the plan accordingly."
- Staff had been innovative and had proactively suggested additional support ideas and solutions to ensure people received care that was all-rounded and more effective. One family member told us how staff provided them with information on what items to purchase to enhance their relative's learning and enjoyment.
- We observed the online tracking system used effectively with one young person who learnt how to use kitchen equipment and how to pour themselves a drink. We saw this person preparing a drink for themselves independently. which, as we were told by a staff member they were not able to do before. The staff explained that because the person had acquired the skill their plan will now be changed to include a new goal.
- BEAM's approach was to provide each person with their own staff team, who always supported them. This ensured staff knew people and their needs very well. A family member told us, "Staff have been with him from the beginning and that consistency really helps." One staff member said, "We would never send anyone who does not know people to support them. We would change the rotas amongst ourselves to ensure the continuity of care is sustained."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Family members told us staff were excellent in communicating with people and supporting people with development of their communications skills. One family member said, "[My relative] has a picture board with choices. Today he was giving the choice of [various activities]. He chooses what he wants. They explain to him using pictures and verbally, so he knows what is expected."
- Staff used a variety of communication methods and this was dependant on the skills, abilities and preferences of people who use the service. These included picture exchange communication system (PECS), sign language, the use of electronic tablets with pictures for people to show what they wanted and needed. Staff used ongoing observation to read what people wanted to communicate. This included observation of the body language, gestures and behaviours, facial expression and vocalisation characteristic for each individual. We observed staff skilfully reading signs from one person and providing them with the support requested.
- Staff went the extra mile to ensure people were able to communicate in more detail their needs and preferences. For example, one person liked to visit one place, however, this type of place had different locations and the person liked to visit different locations at different times. To help the person to specify which exact location they liked to visit, staff took pictures of these different locations and presented them to the person on the electronic tablet, so they could say where exactly they wanted to go.
- Staff worked towards developing communication skills and knowledge which allowed them to communicate with individual people effectively. This included learning how to use available communication methods, and how to moderate their voice to suit the level of sensitivity and responsiveness of each person who uses the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Children and young people were supported to develop relationships with their loved ones. This included educating family members on how to best support people, so that their skills continued improving and their behaviours were easier to manage when Beam staff were not present. The level of the support offered could increase if this was required to help the family. One family member said, "They have been a fantastic support to me and my [relative]. They take him out and have taken him away on respite." One staff member told us how they were preparing to accompany a person to an important family gathering soon.
- Staff continuously supported people to live the life as close as possible to a typical life for their age group. Thorough behavioural care planning and staff skilled interventions enabled people to participate in education, including general education for children with no disabilities. Family members were thankful to the staff for enabling this. They said, "They are with my [relative] in a mainstream school. And we are very happy with the services" and "They have visual aids set up for him at the beginning of the day, so he knows what will happen at school."
- BEAM staff were able to motivate the children and young people they worked with to do more and meet goals which had often not been considered before. Staff helped people and their families to use people's already acquired and mastered skills to participate in activities that celebrated their achievements. We saw that one person was supported to set up a festive card making social enterprise business. We saw this person actively participated in the project and was happy when doing so.
- People were supported to participate in a range of other activities that they liked and enjoyed doing. This had been a regular feature of support for each person using the service. Activities were arranged according

to people's interests, skills and their preferences on the day. These included shopping trips, walks, transport trips and participating in leisure activities such as swimming, bowling, cinema and others. One parent told us, "Staff regularly send me photos of activities they are doing and my relative is always smiling and happy. So are the staff."

Improving care quality in response to complaints or concerns

- The service had a complaint policy in place. The managers also introduced a complaints email to ensure all complaints had been received by them, so that they could address them immediately.
- All family members said they knew who they could speak to if they were unhappy about the service. They confirmed they received a copy of the complaints policy and they felt comfortable raising issue with members of the staff and the management team.
- The service did not receive any complaints within the last 12 months. There were three complaint since our last inspection in January 2017. We saw the management team had dealt with these complaints promptly and taken action to ensure the situation did not happen again.

End of life care and support

- The service did not provide end of life care.
- The registered manager understood the need to consider peoples' end of life wishes. They told us, the service had worked closely with people and family members on all aspects of care and support they needed. Therefore, they also had plans to seek ways to explore people's choices in relation to end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Family members gave consistently positive feedback about the service and the support it provided. Typically, people told us the quality of life of their loved ones and the whole family had improved. Some of their comments included, "I love them to bits, and get on with them real well. Beam are miles ahead of other agencies. I would be lost without them" and "I feel if we didn't have Beam support and expertise we would not be able to have [our relative] live at home with us. With their support we have a plan for his future to live in the community near to us in the future."
- The BEAM mission and vision to improve the lives of young people with complex behavioural needs using the evidence-based practice of Applied Behaviour Analysis (ABA) was evident throughout from assessment, service design, through staff training and the focus on development goals for children and young people.. Feedback received from family members and external professionals showed that the service was committed to this statement. One family member said, "I think they are massively committed to getting the best outcomes for adults and young people who have autism." One external professional told us, "Staff have demonstrated a clear knowledge of ABA and autism as well as exceptionally good knowledge of their clients. Because of their skills and knowledge, members of my team were trained to support [the person]."
- Staff had signed up to the approach of supporting people. Their main aim was to empower people and enable them to develop skills and do things that people with behavioural needs often might not be able to do. They told us, "The Beam model manages to keep staff motivated and to stay working with service users for long periods of time. This close, caring relationship has had the effect of enabling greater skill acquisition and management of behaviours that may challenge" and "I have witnessed Beam go above and beyond in providing a caring and individualised service. This has been a key motivator in my decision to continue my professional career with Beam."
- The management team took an active role in promoting the service's mission and vision and how beneficial ABA interventions are for people with behavioural difficulties. This included working within the social care professional community through participation and speaking during thematic conferences about support for children and young adults with special educational needs. The nominated individual had also published an article in an Autism magazine about ABA and how it helps people with autism.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Beam ABA Services worked closely with family members so that they could be fully involved in the support provided to their loved ones. The communication was frequent and family members thought they were well

informed about anything related to supporting people. They said, "I have regular meetings with [my relative's] team supervisor and talk about goals and how we can improve goals and address concerns I have" and "Staff always email or text to let me know what is happening." At the time of our visit the service had also just rolled out a relatives' survey so that family members could provide their feedback about Beam ABA anonymously. The service was in the process of collecting responses.

- Staff were actively involved in developing the service. They were encouraged to propose new areas of growth for people and they were instrumental in finding new ways of working with people in their environment, for example, finding new activities. Staff met regularly to discuss the support provided to people. They told us, "We work together on most aspects of the service delivery and this collaborative effort is a core strength of Beam" and "Staff are reminded to raise their concerns whenever they have any, with their line manager and consultant."

Working in partnership with others

- External professionals spoke positively about the partnership work with the staff and the service. They told us, "The Beam team working with [the person] continue to drop in at regular intervals to monitor the quality of ABA support being provided by my team. This method of co-operative working has enabled the person to thrive in their new setting."

- Working with others to help children and young people use community facilities is a key feature of the BEAM approach. The service worked closely with other professionals so that people could receive effective and consistent support in various settings. Beam ABA provided training and guidance for professionals on ABA techniques. In one case staff provided training for teachers at a young person's school. Consequently, the person was able to attend classes and participate in a learning experience in the community without Beam's support. One staff told us, "Beam enabled me to train college staff to work with one of my service users." One professional said, "Beam ABA provided me with the same training as Beam staff. I have the same skills and I am able to support the person in the same way as Beam does."

- Beam ABA helped families to learn effective ABA ways of supporting their relatives. The service developed an ABA Pathfinder, an online training resource for relatives of people with autism. The aim of the training was to give parents skills and tools to support their relatives which were cost-effective and could be embedded into the everyday family routine.

- The families who undertook the training were helped to become more confident and therefore less stressed when caring for their loved ones. The survey carried out by the service with nine families that underwent the training (six responded) showed that all participants were satisfied with the service and support provided by Beam consultants. They all said their relative had made progress since the ABA Pathfinder service commenced.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service ensured that appropriate risk assessment had been carried out to guarantee people received care from suitable staff and in a safe way.

- The management team understood their responsibilities under the regulated activity. The manager was registered with the CQC, the previous rating from the inspection had been displayed as required and the statutory notifications had been submitted.

- There was a clear managerial and staff structure in place. This was agreed based on individual job roles as well as staff relevant qualification and experience. Staff knew what their roles and responsibilities were as well as who to approach if they needed support. They said, "We provide detailed session notes, and take extensive data on our service users which are then analysed by consultants" and "From the outset it is the role of the ABA Consultants to identify and prioritise the needs of the person."

- There was line management of all staff and staff performance was monitored and managed based on

identified criteria. These were in line with staff acquired qualifications and job specification.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The managers understood their responsibility under their duty of candour. The registered manager said, "We have to be transparent about everything and evidence what we do in a clear way. We need to treat everyone equally and learn from mistakes, so that they do not happen again."
- The service had a range of quality assurance systems in place to carry out continuous review of staff skills and outcomes for people who used the service. These included medicines and care plan audits as well as ongoing analysis and monitoring of accidents and incidents. The managers maintained supervision, staff observations and training trackers to ensure these took place when required. In addition, the online tracking system allowed the day-to-day monitoring of care and support provision. The information was available to a range of professionals who were able to contribute. BEAM were using this to make changes and adjustments on a regular basis to care provision which allowed a highly effective system of reviewing and amending care provision.
- The service carried out continuous improvements to ensure they learnt from accidents and incidents and when things went wrong. The service undertook corrective actions so that challenging situations had not happened again. For example, the service introduced information cards about the service for the public. Staff carried these cards when accompanying people in the community. This was after an incident when staff therapeutic intervention was misunderstood by onlookers when in the community.