CareTech Community Services Limited

Gloucestershire Autism Services

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

This was an announced inspection which took place over two days on the 8 March 2017. Gloucestershire Autism Services provides personal care for up to four people with a learning disability and autism. In addition they provide services to another five people in their homes who do not need help with personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our last inspection on 8 September 2015 this service was rated as requires improvement overall. We asked the provider to take action to make improvements to:
• information detailing how to keep people safe, such as risk assessments and medicines records,
• people's care records to make sure they had been kept up to date with any changes
and these actions had been met.

People received individualised care which reflected their personal wishes, preferences and routines which were particularly important to them. Staff understood and promoted people's individual lifestyle choices and how they wished to live their lives. They respected people's choices and their right to refuse care or support. Staff supported people when anxious or upset and knew what could cause them anxiety and how to anticipate their emotions. People's communication needs were understood and promoted using accessible information and sign language they understood. People had positive relationships with staff who treated them in a kindly and friendly manner.

People were supported to stay well. Their physical, mental and emotional needs were clearly highlighted in their care records. These were kept up to date and amended to reflect any changes in their needs. People had access to a range of health care professionals. Their dietary needs were considered and they made choices about what they drank and ate. People unable to make decisions about their care were supported in line with the Mental Capacity Act 2005 and when needed decisions were made in their best interests by people who knew them well. People were kept safe from harm. Any risks were minimised and staff understood how to recognise suspected abuse and what action to take to keep people safe.

People were supported by staff who had been thoroughly recruited and did not work with them until all checks had been completed. Staff had access to a range of training to equip them with the skills and knowledge they needed to support people. Staff said they felt supported in their roles with access to the registered manager and out of hours support. There were sufficient staff to meet people's needs and there was increasingly less reliance on the use of agency staff.

People's views were sought as part of the quality assurance process. A range of quality audits assessed the

standard of care provided. Accidents and incidents were monitored to make sure the appropriate action had been taken to prevent them re-occurring. The registered manager was aware of the challenges of developing the service and sustaining improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People's rights were upheld and they were kept safe from the risks of harm or injury.

People were protected against the risks of emergencies. Systems were in place to provide a safe environment.

There were sufficient staff employed with the right skills and knowledge, to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to a wide range of training to equip them with the skills and knowledge they needed. Staff felt supported in their roles and lines of communication with managers were good.

People's consent was sought in line with the essence of the Mental Capacity Act 2005. Any restrictions were in people's best interests to keep them safe from harm.

People were supported to stay healthy and well through access to a range of health care professionals. Their nutritional needs had been assessed and reflected their individual dietary requirements.

Is the service caring?

Good

The service was caring. People were supported by staff who treated them with kindness and concern. They understood people's needs well and encouraged them to communicate their wishes and preferences using accessible information and tools.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. People's records were individualised and reflected their personal wishes and aspirations. They were

reviewed and kept up to date with changes in their health and wellbeing.

People were supported to develop and maintain their independence. They had access to a range of activities which they liked to do.

People were able to talk through any concerns with staff each week. They and their relatives had access to a complaints procedure.

Is the service well-led?

Good

The service was well-led. The experiences of people, those important to them and staff were sought to make improvements to the standard of service being provided.

Quality assurance processes were in place to monitor the quality of people's care and support.

The registered manager was open and accessible. They recognised the challenges of maintaining and improving people's experiences of their care and the benefits of a stable staff team.

Gloucestershire Autism Services

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.

The inspection took place on 8 March 2017 and was announced. One inspector carried out this inspection. The provider was given notice of this inspection because the location provides a domiciliary care service; we needed to be sure that the manager would be there.

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. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we observed two people using the service at their home. We spoke with the registered manager, a team leader and three care staff. We reviewed the care records for four people including their health records. We also looked at the recruitment records for two staff, four staff files and staff training records. We looked at accident and incident records and quality assurance systems. We received feedback from two health and social care professionals.

Good

Is the service safe?

Our findings

At our inspection of 8 September 2015 we found records providing information about how to ensure people were kept safe were inaccurate or missing. This included fire evacuation plans, risk assessments, medicines records and contact details for the local safeguarding team. The provider sent us an action plan telling us how they would address these issues.

At our comprehensive inspection of 8 March 2017 we found action had been taken to address these issues. Each person had a fire evacuation plan in place describing how they would leave their home in an emergency. An environmental risk assessment had been completed and an audit had been carried out to assess systems were in place to maintain a safe environment. People were kept safe from the risk of harm. Positive risk taking was encouraged rather than a risk averse culture. Individual risk assessments described how hazards were minimised and people were supported to carry out a range of activities safely. A new risk assessment form was being introduced which assessed all risks, prioritising them as high, medium or low and the likelihood of them occurring. The risk assessments provided detail about how these hazards were reduced.

People's rights were upheld and they were kept safe from the risk of abuse. Safeguarding procedures were in place which contained the contact details of local agencies staff would need to contact to report suspected abuse. Local authority safeguarding procedures were also available. An easy to read version had been provided to people in their homes illustrating the steps staff should follow and providing contact details of the local safeguarding team, the police and CQC. Staff had completed training in the safeguarding of adults and completed incident and accident records for any instances of verbal or physical aggression. They described the actions they would take in response to concerns about suspected abuse. They had confidence managers would take the appropriate action. Comments from health care professionals confirmed people were kept safe.

People at times became upset or anxious. Staff understood them well and knew how to support them at times of heightened anxiety. They had completed training in positive management support and conflict resolution. Behaviour management plans were in place providing guidance about what upset people, such as noise, a break of routine or staff handover. Strategies described how people might react and what action staff should take in response such as giving space, putting on music or going out for a walk. Staff talked about how they supported people, confirming they did not use physical intervention but had other techniques they could use to disengage or distract people. The level of incidents was closely monitored by the registered manager to assess whether referrals were needed to health care professionals or changes needed to be made in respect of the way in which care was provided. The registered manager described how staff concerns about changes in a person's behaviour had led to a medicines review due to the side effects of medicines they were taking.

People were supported by staff who had been through a robust recruitment process. Checks had been carried out to make sure a full employment history was obtained, reasons for leaving former employment with children and adults were explored and references were sought and verified. Staff were not appointed

until a satisfactory Disclosure and Barring Service check was in place. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Evidence was obtained from agencies providing staff to confirm recruitment checks for their staff had been carried out. The registered manager said they requested this information from the agencies before their staff worked for their service.

People benefited from a core group of staff who knew them well and had worked with them for a long time. There were vacancies which were being appointed to. Occasionally agency staff were used and the registered manager and team leader said they made sure the same staff were allocated to people to promote continuity of care. New staff completed an induction and shadowed existing staff until they were confident to work alone or as part of the team. Health care professionals said, "Staffing levels had at times been a concern with over use of agency staff, but this has settled." Disciplinary procedures were in place and when needed the appropriate action had been taken to address poor practice. For example, dismissal or further training or reallocation to other services. Staff were aware of the whistle blowing procedure.

People were safeguarded against the risks of emergencies. Staff confirmed they had access to support and advice out of normal working hours from the management team which included the locality manager. Health and safety checks were carried out to make sure a safe environment was maintained. A fire risk assessment was in place and records confirmed fire systems were being checked at the appropriate intervals.

People's medicines were managed safely. Robust systems had been put in place to monitor and audit the administration of medicines and the competency of staff. Each person had a medicines care plan which listed the medicines and over the counter remedies they took. Medicine administration charts were completed correctly and provided evidence of a weekly check of stock levels. Staff had completed medicines training and only after observation of their practice and completion of a questionnaire did they administer medicines. Their competency was checked every six months. People had reviews of their medicines with health care professionals. The registered manager described how one person had been involved in a review of their medicines. They were told about the possible side effects of each medicine and then made an informed choice about their preference.

Good

Is the service effective?

Our findings

People were supported by staff who had the opportunity to acquire the skills and knowledge to meet their needs. New staff completed an induction which included the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff completed training considered mandatory by the provider such as first aid, infection control and food hygiene. This training was scheduled to be repeated every 12 months. An electronic training database was used by the registered manager to monitor the training needs of the staff team. They were able to inform staff when their training needed to be completed and remind them when it was overdue. Repeated failure to complete training was dealt with through the disciplinary process. The registered manager confirmed training specific to people's needs was completed which included three courses based on the needs of people living with autism.

People benefited from staff who felt supported in their roles. Individual meetings with managers were scheduled every two months where staff talked about their roles, responsibilities and training needs. Annual appraisals had been completed with most staff to reflect on their practice and professional development. Staff said they felt "well supported" by the registered manager and team manager who they could "call at any time". They said lines of communication were good. The team leader confirmed this saying, "Communication is very important, to be there for staff and people." The provider information return stated, "There is an open door policy where staff are able to come and talk to myself or other senior staff." Staff confirmed this was the case. The registered manager said "debriefs" were offered to staff after incidents offering them support but also an opportunity to reflect on what had occurred and if any lessons could be learnt.

People were supported to make decisions and choices about their day to day lives. For example, what activities to do, what to eat and drink and how to spend their time when at home. Staff respected when people refused their care and support, offering again to see if they had changed their minds. People's capacity to make decisions had been assessed in line with the Mental Capacity Act 2005 (MCA). 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. Restrictions to people's liberty such as a locked front door had been discussed with people involved in their care and records confirmed these were in their best interests. We discussed with the registered manager the use of a lap belt for one person using a wheelchair and they agreed this should be added to the restrictions in place for them.

People being deprived of their liberty had referrals made to the county council to make an application to the Court of Protection on their behalf. 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.

People were supported to stay healthy and well. Each person had a health action plan which described their physical and mental health needs. A new version of this plan had been introduced which included a record of all health care appointments. It had been produced in an accessible format using pictures and symbols to illustrate the text. People were referred promptly to learning disability teams when needed. Health care professionals confirmed staff worked with them to the benefit of people using the service. People's dietary needs were closely monitored when appropriate. People at risk of losing weight had access to a high calorie diet including snacks and fortified supplements. People were involved in choosing their meals and developing menu planners. For some people this was really important because they liked to know what their next meal was. People also had personal preferences for how they ate meals for instance disliking eating their meal when others were eating.

Good

Is the service caring?

Our findings

People had positive relationships with staff. They were observed laughing and enjoying spending time in their company. Staff treated people kindly and with care. Health care professionals commented, "Staff are attentive and ensure good consistent routines to engage and satisfy tenants and foster a peaceful and harmonious household", "All staff I met seemed kind, attentive and person centred in their approach" and "Staff appeared to be gentle, patient and kind. Tenant privacy, dignity and autonomy were clearly priorities."

People's diversity and individual needs in respect of age, gender, disability and religion were respected. Their care plans prompted staff to consider how these impacted on their care although not all sections of the care plans in relation to this had been completed. Staff described how they respected people's right to choose the gender of care staff meeting their needs. Some people had discussed their end of life wishes which included the type of service they wished to have. People had access to meaningful activities and were supported to develop friendships with people of their choice. A health care professional commented, "I observed a good ethic in this service and a clear agreement that staff are guests in the home of the tenants and must always treat them with all due respect." People's personal information was kept securely and confidentially.

People had access to information which had been produced in formats they could understand. The complaints procedure and some care records had been produced in easy to read formats which used pictures and symbols to illustrate the written word. People's communication needs were described in their care plans. One person used sign language and they had adapted signs to suit their own needs. When staff had been taught to use this sign language the training reflected the signs the person used. Booklets illustrating the signs also focussed on the signs as used by the person. Another person used a pictorial communication book to help them communicate with people.

People's preferences, backgrounds and routines really important to them were highlighted in their care plans. Discussions with staff and managers confirmed they understood people really well. They knew who liked their routines to be followed rigidly and who disliked having everything prearranged in advance. Staff explained how they respected people's choices and wishes for the way they wanted to live their lives and staff fitted in with them. A health care professional confirmed, "Choice is promoted. I saw no unreasonable restrictions and the house appeared to be very person-centred and tenant-led."

People were encouraged to be independent in their day to day lives. Their care records highlighted their strengths and what they were able to do for themselves but also what they would like to learn to do. Staff supported them to achieve these goals which they reviewed with people to make sure they were still relevant. For example, learning to wash their hair or having the confidence to answer their front door. People were supported to stay in touch with people important to them through visits or over the telephone. The registered manager described how staff had supported one person to attend a family celebration. This was something they had previously been unable to achieve and they not only attended the event but joined in with their family. People had information about advocacy should they need an independent advocate.

People were supported to cope with changes in their emotions or well-being. Clear guidance was provided to staff about how to support people and what they could do to help them to become calm. Staff spoke with sensitivity and concern about people and how they supported them at such times.

People were treated with dignity and respect. Their care plans reminded staff how to make sure their personal care was delivered respectfully and in private. Interactions observed with people were respectful. A health care professional said, "There is a friendly and pleasant atmosphere in the house. Tenants are friends and staff are like family. It is good."

Good

Is the service responsive?

Our findings

At our inspection of 8 September 2015 people's personal records were inaccurate and did not reflect their individual needs. Health action plans had not been kept up to date. The provider sent us an action plan telling us how they would address these issues.

At our comprehensive inspection of 8 March 2017 we found each person had a health action plan which had been reviewed and kept up to date with changes. The registered manager shared with us a new version of the health action plan which contained evidence of appointments with health care professionals. People also had a new support plan which described their individual needs. These had been kept up to date with any changes as they occurred and were being audited to make sure they contained the correct information. Daily records were being maintained and other records evidencing people's individual goals had been reviewed.

People received individualised and personalised care which reflected their lifestyle choices and routines really important to them. People were involved in developing their care and support plans. Each person had an individualised personal profile which included "What's important to me", "The best way of working with me" and "Goals and dreams." Health care professionals commented, "All tenants were central to Assessment and Support Planning and attended all meetings" and "Each individual has a key worker (named member of staff) who maintain liaison with family and friends and enables one to one discussion with people to discuss concerns and good things." Staff understood people's preferences about their day to day care and how vital it was that certain routines were respected and followed. For example, by involving one person in putting together their meal plan for the week they were more likely to eat their food when prepared. People's records included such detail as a person's favourite perfume, types of food they enjoyed and people's preferences for support when anxious. Staff described how they respected people's wishes enabling them to eat their meal at different times to other people or helping people when upset by offering walks and space or helping them to maintain a sense of control.

People were supported to access a range of activities when this was commissioned for them as part of their care and support. People were observed going out for a drive and lunch. One person was attending a day centre. The Provider Information Return (PIR) stated that each person talked with staff about "any new activities they would like to do" and "all staff support the individuals to participate in activities". People had access to meaningful and age appropriate activities both within their home and in their local communities. They also helped to manage their homes doing the cleaning, laundry, shopping and helping to prepare meals. They were encouraged to develop and maintain independent living skills. The PIR said, "Staff ensure people follow their support plans at all times to ensure each individual receives the best support to ensure a positive outcome." A health care professional stated, "Tenants are given choice and control and encouraged to work together to maintain a good atmosphere and run their home collaboratively."

People and those important to them had access to a complaints procedure. This had been produced in a format which was accessible to people using pictures and symbols to illustrate the spoken word. No complaints had been received by the provider. A health care professional said, "The house is relaxed and

informal. Day to day chat and key working facilitate open discussion and commentary." Each person had "talk time" once a week to chat with their key worker about any concerns they might have. Communication books and daily records also highlighted any issues.

Good

Is the service well-led?

Our findings

People's views and those of others involved in their care were sought to help to improve the service. People were invited to respond to a survey about their care and support in 2016. Staff had been sent questionnaires to complete in March 2017. The results of these would be analysed and an action plan produced to identify any improvements needed. People were also included in the annual review of the service by the provider to assess the quality of care provided. Direct observations of their care and support and feedback were noted in their report. This included, "There appeared genuine rapport between support staff and the service user. Staff I spoke with were motivated to provide good care and support to people."

A range of quality assurance processes were in place to assess the standard of care and support being delivered. This included audits of health and safety systems, care plans and risk assessments, medicines administration and accidents and incidents. The registered manager discussed new systems for the monitoring of accidents and incidents. They confirmed themes were looked for to assess whether the appropriate action had been taken in response to incidents and if any further action needed to be taken. Action plans were in place to address any issues identified through the auditing process and the monthly visits by the locality manager monitored these. An annual review of the service based on CQC's five key questions had been completed in October 2016 assessing areas for improvement. The registered manager confirmed they had addressed the actions identified, for example ensuring all staff had completed their training each year, as required by the provider and ensuring all recruitment information for agency staff had been obtained.

The registered manager had been in post for 10 months. They had a clear vision for the service being provided and recognised the challenges of the previous year when staff morale had been low due to staffing levels. There had also been issues with their commissioners who had concerns about the quality of service provided. Significant improvements had been made and most staff said they felt well supported by the registered manager, locality manager and team leader who were accessible and approachable. Staff commented, "Morale was poor, it is much better now" and "The manager deals with issues as they arise." Some staff however, felt action had not always taken quickly enough when needed or that staff received feedback about any issues they raised. A health care professional commented they also found this to be the case at times but believed the service to be "managed well" and issues "were eventually resolved and to a good standard".

The registered manager recognised the challenges of stepping in to take over a service and working with staff to improve standards. Appointing and keeping a staff team was crucial to this and the dependency on agency staff had been reduced. In addition two team leaders were to be appointed to support them in their role. The registered manager said they had a good team who "have pulled together to ensure consistency" and were now "getting better with improved staff ratios and structure". They reflected if "staff are happy, people will be happy". The registered manager visited people regularly and had an open door whereby people and staff could visit him when in the office if they wished.

The registered manager was aware of their responsibilities with respect to CQC. They had submitted

notifications when needed. A notification is a report about important events which the service is required to send us by law. The last rating for the service was displayed in the office and on the provider's web-site. The registered manager maintained their professional development and knowledge of changes in legislation and guidance with access to external organisations as well as the provider's development and away days and support networks. Relationships with social and health care providers were positive. The registered manager recognised the importance of good communication between themselves, staff and other professionals.