

Autism Care (UK) Limited

Autism Care Community Services (Lincolnshire)

Inspection report

Birchwood Flats, Jasmin Walk, Birchwood Shopping
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Birchwood
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Lincolnshire
LN6 0QY

Date of inspection visit:
17 July 2018

Date of publication:
26 September 2018

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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

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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection the service was rated, 'Good'.

At the present inspection the service remained, 'Good'. Suitable quality checks were being completed and had ensured that there were enough staff on duty. In addition, people told us that they received person-centred care.

This service provides care and support to people living in a number of 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Medicines were managed safely. There were sufficient staff to safely meet people's needs. Background checks had been completed before new staff had been appointed.

Arrangements to prevent and control infection were in place and lessons had been learned when things had gone wrong.

Staff had been supported to deliver care in line with current best practice guidance. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. In addition, confidential information was kept private.

Information was provided to people in an accessible manner. People had been supported to pursue their

hobbies and interests. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care. Arrangements had been made to support people at the end of their life.

There was a registered manager who promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been consulted about making improvements in the service. The provider had put in place arrangements that were designed to enable the service to learn, innovate and ensure its sustainability. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

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?

Good ●

The service was Good

Arrangements were in place to keep people safe.

Medicines were administered and managed safely.

There were sufficient skilled staff to provide safe care to people.

Arrangements were in place to safeguard people against the risk of infection.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Autism Care Community Services (Lincolnshire)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

At our previous inspection the safe domain was rated as 'requires improvement'. At this inspection we found the domain had improved to a rating of 'good'.

This inspection took place on 17 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the relevant people would be available.

The inspection was carried out by an inspector. An expert by experience carried out telephone calls to people and their relatives who used the service before our inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

During the inspection we spoke with one member of care staff, the registered manager, two assistant managers and one person who used the service. We spoke with two people who used the service, four

relatives and a member of care staff by telephone. We looked at the care records for three people who used the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Is the service safe?

Our findings

People told us that they felt safe. One person recalled an incident that resulted in a support worker calling the emergency services for support they said the support worker stopped with them and made them safe. A relative told us, "I think [family member] is safer than they have ever been because there is someone on duty 24/7."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found that they knew how to recognise and report abuse so that they could act if they were concerned that a person was at risk. They told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the registered persons had established robust and transparent systems to assist those people who wanted help to manage their personal spending money and protect people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. For example, risk assessments were in place to support people to access the community and to participate in their day to day care such as cooking.

Staff were supported to promote positive outcomes for people if they became distressed. Guidance was available in people's care plans so that they supported them in the least restrictive way. A relative told us, "When there are incidents they are dealt with quickly. There is an alarm system on the door as [family member] did wonder out, I raised a concern and this was dealt with quickly."

We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines. A person told us, "I am helped to get my medication on time." A relative said, "Yes [family member] has their asthma inhalers and other medication is given on time." Medicines were stored safely and arrangements were in place to ensure people received the correct medicines. Where people were prescribed 'as required' (PRN) medicines we saw protocols were usually in place to ensure people received them when they needed them. There were two occasions when we were unable to locate a PRN protocol. We spoke with the registered manager who told us they would address this as a matter of urgency. We saw staff received training and regular updates to ensure they were competent to manage and administer medicines.

The registered manager told us that they had put in place arrangements to ensure there were sufficient staff to support people. For example, in areas where recruitment was more difficult the provider had put in additional incentives for recruitment which had resulted in improved recruitment outcomes. Staff told us that they were able to provide support on a flexible basis to meet people's needs because there was sufficient staff. They explained that sometimes people may require more support one day due to their condition but on another day, require very little and the staffing arrangements allowed them to respond to this.

We examined records of the background checks that the registered persons had completed when appointing two new members of care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. Staff had received food hygiene training and understood how to prevent cross infection.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. Actions had then been taken to reduce the likelihood of the same thing happening again. For example alarm systems had been put in place to keep people safe.

Is the service effective?

Our findings

People we spoke with told us they thought that the staff knew what they were doing and had their best interests at heart. However, there was a mixed response from relatives about staff training. One relative said, "The older staff have skills, and I feel the younger members of staff are not afraid to ask how to support and what to do if they do not know." Another said, "I am not sure about the training of the younger staff. I think they are given a book to read. Really you need to be hands on with a trained member of staff working with you. I don't feel there is much checking on knowledge."

We checked with the provider and found that training was provided in a variety of formats to staff. Members of staff told us and records confirmed that they had received introductory training before they provided people with care. As part of their initial training, new staff also completed the National Care Certificate which sets out common induction standards for social care staff. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. When we spoke with people we found that they knew how to care for people in the right way and where people had specific needs, arrangements were in place to provide relevant training to staff. For example, some staff had completed training around rescue medicine for people who experienced epileptic seizures. The provider also encouraged staff to study for nationally recognised qualifications in care and management.

Arrangements were in place for staff to receive both supervision and appraisals. These are important to ensure staff have the appropriate skills and support to provide safe care to people. Staff told us they could speak with the registered manager at any time if they needed to. Observations of care were also carried out by managers to ensure staff were competent in areas such as medicines.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance people required and support provided accordingly. Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people did not experience any discrimination. An example of this was establishing if people had cultural or ethnic beliefs that affected the gender of staff from whom they wished to receive personal care.

People were supported to eat and drink enough to maintain a balanced diet. One person told us, "The staff don't need to support me with my meals as I am a qualified chef. The staff do help me with the shopping." Another told us the staff helped them with their cooking because they needed this support. They told us they decided each day what they wanted to eat. A relative told us, "Diet is discussed as part of a general conversation, staff monitor the amounts that are eaten."

Where people had specific needs or requirements these were detailed in the care record and arrangements made in order to minimize the risk. For example, a person was at risk of choking and discussions had taken place with a dietician and specialist equipment provided.

People were supported to live healthier lives by receiving on-going healthcare support. Health action plans

were in place for each person. These helped to ensure people received the appropriate treatment wherever they were, for example attendance at a hospital appointment. A person told us, "Staff go with me to the doctor or the dentist." Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as specialist nurses and dieticians.

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 law requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff were supporting people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place decisions in people's best interests. An example of this was where a person required invasive medical support. A meeting had taken place with the relevant people to agree on the best way forward for the person.

Is the service caring?

Our findings

People and their relatives were positive about the care they received. A person said, "The staff are very nice people very good." Another person told us, "I like it here." A relative said, "The staff are very kind and seem to be understanding of [family member]. People were treated with kindness and were given emotional support when needed. A relative said, "I know [family member] is (happy), as they will go and speak to staff about things and not wait until they see a family member to discuss." Another told us, "I believe [family member] is happy and there is nothing I would change."

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. Information was available to staff about what things upset people and how to support them in the event of this. People told us staff were considerate.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, a person's care record stated, 'Staff should encourage me to choose my own clothes each day from a small selection(two-three) to provide greater control on my life'. Another explained how a person preferred their personal hygiene routines to be carried out to avoid any distress to them.

Where people were unable to communicate verbally we saw alternative methods were used. For example, words and pictures. In addition, care records explained how to communicate with people. For example, a record stated, 'Please speak slowly in short phrases'.

Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the service had developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy.

A relative told us, "I feel [family member] and the other residents are respected and most of the residents respect the staff." Another told us, "Staff do not tell me anything unless name gives them permission to do so."

We found that suitable arrangements had been made to ensure that private information was kept confidential. For example, a person was unable to manage their post without support and a plan to manage this had been developed which meant the person still maintained their privacy. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People said that staff provided them with all the assistance they needed. One person told us, "Staff understand what I need." A relative told us, "Everything that goes on there always is with the residents in mind. I would not change a thing and would recommend this service to others."

We found that people received personalised care that was responsive to their needs. People were provided with individualised packages of care where support hours were provided according to the person's needs. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Care records included information about people's past life and what things such as people and places were important to them. Care plans were regularly reviewed with people to make sure that they accurately reflected people's changing needs and wishes. Daily diaries were completed with people to ensure the information being put into them reflected people's views and experiences.

The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Care records included guidelines in words and pictures on how people liked to be communicated with in line with the Accessible Information Standard. Care plans and other documents were written in a user-friendly way so that information was presented to people in an accessible manner. This supported people to be involved in the process of recording and reviewing the care they received.

People were supported to pursue their hobbies and interests and enjoyed taking part in a range of social activities. People told us they had access to both leisure pursuits and work experiences. For example, a relative told us, "Staff arranged a fishing trip with a friend." One person told us they were going out for the day to Skegness with staff. Another person was supported to work in a voluntary capacity.

People were supported to maintain relationships. Family members told us they felt there were no restrictions on when they were able to visit, and the staff always made them feel welcome. A relative said, "Staff are easy to talk to and they do listen to family." A person who used the service told us, "The staff are very nice to my relatives."

We noted that staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs. The registered manager recognised the importance of appropriately supporting people if they were gay, lesbian, bisexual or transgender. Where people preferred a specific gender of staff to support them staff told us they were able to provide this. For example, a female service user preferred a female member of staff to support them with their personal care and this was detailed in their record.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Records showed that when complaints had been received these had been resolved to the satisfaction of the complainant. When we spoke with people they

told us they knew how to raise concerns. A relative told us, "I can go into the office and have a chat and if I have concerns the staff will listen to me." Another told us, "I would go to the manager and discuss any concerns."

Care plans detailed people's preferences at their end of life. For example, a person had stated they wanted their possessions to go to charity.

Is the service well-led?

Our findings

People and their relatives told us that they considered the service to be well run. There was a registered manager in post who promoted a positive culture in the service that was focused upon achieving good outcomes for people. In addition, we found that the provider had taken a number of steps to ensure that members of staff were clear about their responsibilities and to promote the service's ability to comply with regulatory requirements.

Staff told us they thought the registered manager was approachable and listened to them. Staff received support from the provider when this was appropriate. For example, training and events were provided to staff by the provider, which meant staff could meet with staff from other services. Staff were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that people who lived in the service, their relatives and members of staff had been engaged and involved in the running of the service. For example, people who used the service were involved in the recruitment of staff for the whole service. People were also able to be involved in the recruitment of staff for their individual support package. We saw people had been supported to identify what they wanted from their support workers, for example one person wanted someone who told jokes. Another person wanted someone who had good cooking skills.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included the discussion of policies and procedures at team meetings to ensure staff were up to date on any changes that affected their roles. Staff had been invited to attend regular team meetings that were intended to develop their ability to work together as a team. People who used the services were also invited to these meetings. This provision helped to ensure that staff and people were suitably supported to care for people in the right way. The deputy manager told us, they felt well supported by the provider and senior managers. They told us they received support from a range of departments in the organisation and their peer group.

There were effective systems in place to monitor the quality of care people received. Records showed that the registered persons had regularly checked to make sure that people benefited from having all the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, and staff had the knowledge and skills they needed. In addition, regular checks had taken place to ensure the service met regulation. We saw the results of these checks were reported back to staff at meetings.

We found that the service worked in partnership with other agencies. For example, the provider had worked with local psychiatric services to provide training. The provider also had arrangements in place to work with several voluntary organisations to provide a diverse range of support services to people.

Records showed that the registered persons had correctly told us about significant events that had occurred in the service. The registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.