

Autism Care (UK) Limited

# Autism Care Community Services (Lincolnshire)

## Inspection report

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## Ratings

### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



## Overall summary

We inspected Autism Care Community Services (Lincolnshire) on 2 October 2015. The provider was given 48 hours notice to ensure that the people we needed to speak with would be available.

Autism Care Community Services (Lincolnshire) has its head office located in Birchwood near to the city of

Lincoln. The office is situated in a block of apartments where some people who use the service live. The agency covers the geographical areas of Lincolnshire and Peterborough with core teams covering areas such as Gainsborough, Lincoln, Sleaford and Grantham. The agency is registered to provide personal care for people who live in their own homes or shared houses.

# Summary of findings

Services are provided for people who live with complex needs related to the autism spectrum, and learning disabilities. There were 12 people receiving a personal care service from the agency when we visited.

There was a registered manager in post at the time of the inspection. 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.

People felt safe with the support they received. Staff were trained to recognise when people were at risk and knew what actions they should take. Risks to people's safety and wellbeing had been assessed and plans were in place to manage them effectively.

Recruitment checks ensured staff that were employed were suitable to support people. However, there was not always enough staff in one geographical area of the service to ensure people's social support needs were met safely. The provider and the registered manager were aware of this and had taken action to address the issue.

People received their support from staff who were appropriately trained to meet their needs, preferences and wishes. Staff felt they were well supported by the management team to carry out the responsibilities of their job roles. However, the registered manager was

aware that formal supervision and appraisal arrangements for staff had not been delivered in a consistent manner. They had developed plans to improve the arrangements in line with the provider's policy.

The provider had acted in accordance with the Mental Capacity Act 2005 (MCA), where people did not have the capacity to consent to their support and relevant guidance had been followed. People were treated with respect and dignity and supported to maintain and develop their independence.

People received appropriate support to access healthcare services and ensure they had good nutrition. Their choices and decisions were respected and staff upheld their right to privacy.

The service was run in an open and inclusive manner. People and the staff who supported them were encouraged to share their views about the services provided. People knew how to make complaints and staff knew how to manage complaints that were made. The provider and the registered manager recognised that arrangements for gathering people's views and the information about making complaints may not always be suitable for some of the people who received support from the agency and they were exploring different methods of addressing this issue.

Systems were in place to regularly assess, monitor and improve the quality of the services provided for people.

# Summary of findings

## 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 not consistently safe.

People were helped to stay safe by staff who were trained to recognise and report any concerns for their wellbeing.

In one geographical area of the service, there were not always enough staff to ensure people's social support needs were fully met. The provider was working to resolve this.

Requires improvement



### Is the service effective?

The service was effective.

Staff received appropriate training to enable them to provide effective support for people.

People were supported to make decisions and choices for themselves. When they could not do this legal safeguards were followed to ensure decisions were made in their best interests.

People were supported to access appropriate healthcare services.

Good



### Is the service caring?

The service was caring.

People were treated with dignity and respect.

Staff recognised and upheld people's right to privacy.

Good



### Is the service responsive?

The service was responsive.

People were involved in planning their support wherever they were able to.

Systems were in place for people to have their complaints listened to and resolved. The provider was looking at ways to improve the system for those people who could not use it independently.

Good



### Is the service well-led?

The service was well-led.

People and staff who supported them were able to express their views about the services provided. The provider was looking at ways to improve the system for people could not do this.

Systems were in place to monitor the service quality and include care.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 October 2015. The provider was given 48 hours notice to ensure that the people we needed to speak with would be available.

The inspection team consisted of two inspectors and a specialist advisor. A specialist advisor is a person who has up to date knowledge of research and good practice within this type of care service. The specialist advisor who visited this service had experience of working with people who live with autism and learning disabilities.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

During the inspection we visited the agency's main office and one of the shared houses where people who received support services lived. During and after the visit we spoke with three people who used the service and four relatives to get their views about the quality of support people received. Some people who used the service had special communication needs. They expressed themselves using a combination of sounds, signs and gestures so we spoke with staff and looked at care plans to help us to communicate with them. We also observed how people were supported to help us understand their experience of the support. We looked at five people's support plans and associated documentation.

We spoke with the provider's Service Delivery Director, the registered manager, three senior members of the support team and eight support workers. We also spoke with three social work professionals and one healthcare professional.

We looked at two staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided for people.

We looked at the information we held about the agency such as notifications, which are events that happened within the service that the provider is required to tell us about, and information that had been sent to us by other stakeholders such as local authorities.

# Is the service safe?

## Our findings

People told us they felt safe. Some people showed us they felt safe and they were happy when approached by staff. They were relaxed when staff were present and they smiled or waved their arms. Other people said they felt safe whilst supported by staff. One person said, “Safe here, like my workers.” A social work professional told us, “They make sure [the person] is kept safe and [the person] is doing really well.”

Staff had an awareness of how to recognise abuse and who they would report it to. Team leaders were clear about their responsibilities in regards to informing, for example, CQC and local authorities should any incidents occur. Staff told us, and records confirmed, they had received training about how to keep people safe. One staff member told us, “Everyone here is really committed to the people we support and know what to do if we suspect or see any inappropriate or abusive treatment of people.”

Records showed that the provider’s policy and national guidance had been followed by staff in an efficient and timely manner when any incidents concerning people’s safety had been raised. Information was available to people who used the service about how to remain safe and what to do if they felt unsafe. One person told us that they knew where the local police station was and they would go there if they had any worries about their safety. This meant that people were protected from harm or potential harm as much as possible.

Clear risk assessments were in place and everyone had personal emergency evacuation plans to help them leave their property safely if there was a need. Staff carried out assessments with people before they started to use the service which included risk assessments for personal property and financial arrangements. One person said that staff helped them to organise and manage their money. We saw and records showed, that staff followed the provider’s policy when doing this. However, in one area of the service, the registered manager and a relative told us about issues that had arisen with regard to financial support which had impacted on one person’s financial security. We saw the provider had since reviewed and amended their policy in order to increase security for people.

In the parts of the service where people lived within supported housing there were generic risk assessments in place which related to issues such as lone driving, use of lawn mower and the environment. However these had not been reviewed since April 2013.

Staff files showed that they were recruited based on information such as checks with the Disclosure and Barring Service (DBS) to ensure they were suitable to work within the home. Checks about their previous employment and their identity were also carried out and references had been obtained from previous employers.

There were enough staff on duty to meet people’s needs and fulfil the contracts that local authorities had agreed with the provider in most of the geographical areas in which support was provided. Owing to a number of vacant posts within the overall staff team some staff worked extra hours to cover the shortfalls this created. People and their relatives in those geographical areas told us they received the level of support that was assessed as being needed. One person told us, “I get all my hours and do what I want with them.” Two social work professionals told us that people received the hours of support that had been agreed with local authorities.

In one geographical area of the service however, we were told by staff, relatives and local authority representatives that people were not receiving all of their support with social engagement programmes. They told us this impacted on their wellbeing and led to them becoming unsettled in their behaviour at times. This was in part due to vacant posts. The registered manager, Service Delivery Director and representatives of the local authority told us they were working together to resolve the issues. The registered manager also told us there was a recruitment programme in place as a result of staff vacancies.

People were happy with the support they received with their medicines. Records for medicines administration were fully completed and staff were aware of the support details if people needed medicines that were only used at specific times. When we watched staff administering medicines they followed relevant guidance and good practice.

# Is the service effective?

## Our findings

Social work professionals told us staff were very knowledgeable about people's complex needs and knew how to support people who experienced autism. One social work professional said, "I'm so impressed this would be my first choice for others with very complex needs." A healthcare professional said, "They have very good basic training."

Staff had received the appropriate training to carry out their roles and they demonstrated that they understood the responsibilities of those roles. Records showed new staff received a comprehensive induction programme which included training in subjects such as fire safety, infection control and health and safety. Training was also provided in subjects such as autism specific support, positive behavioural approaches and epilepsy management. Staff completed workbooks to guide some of their training such as medication management, which allowed the registered manager to assess their understanding of the subject. All of the staff we spoke with said they had good access to training. The provider had training frameworks in place for team leader roles and the registered manager role. The registered manager's training included an operational focus about how to provide and maintain a specialist autism service.

All of the staff we spoke with told us they felt well supported by the registered manager and team leaders. They told us the registered manager was approachable and they felt comfortable to discuss their needs with her. In one area of the service staff said the registered manager came to the shared house to provide support on a weekly basis and records confirmed this. Staff told us however that they did not receive formal supervision and appraisal sessions in a consistent manner. The registered manager was aware of this and acknowledged that the current staff situation had impacted on these arrangements. They showed us the plans they had developed for improving the arrangements and meeting the timings set out in the provider's policy.

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. During our visit staff demonstrated their knowledge and understanding of MCA principles and guidelines. Best interest decisions had been clearly recorded in people's personal files when they were unable to make a decision for themselves. Where people needed full support with their decision making and to keep them safe staff and relatives told us, and records showed, appropriate legal safeguards were in place.

We saw staff supported and encouraged people to make their own choices and decisions about their everyday lives. We saw staff supported one person to decide where they wanted to do their shopping and another person to decide when they wanted to visit relatives. One person told us, "I can do whatever I want, I decide what happens." Staff told us, and records showed they had received training about how to support people with decision making and about the MCA legal framework.

Where people were supported with their diet and nutrition, they told us staff helped them in the ways they wanted. One person said, "They help me to eat healthy especially with sweets." In some areas of the service where people shared their houses, menus were in place based on information from people themselves, their relatives and by the staff getting to know what people liked and didn't like over time. Records showed staff had supported people to access specialist services when they needed to such as dieticians.

People's care records contained information about their health care needs. Staff had access to the contact details of relevant health care professionals in people's support files. People's health conditions were monitored and we saw that healthcare support was accessed when required, including GPs and dentists.

# Is the service caring?

## Our findings

People and their relatives told us staff treated them with respect and were very caring. One person said, “Do you know, they’re great, they treat me like an adult.” A relative told us, “They’re very respectful of our needs and [our relative].” When we asked people who could not express themselves verbally if they were happy with the service they smiled and looked at the staff who were supporting them.

We observed friendly, patient and respectful interactions between people and the staff who supported them. Staff gave people time to respond to their questions and actively listened to their views. We saw one person discussing an outing with staff. They told staff what they wanted to do and staff listened carefully and helped them to plan, for example, the best timings and transport options.

Our observations showed that staff had positive relationships with the people they supported. When people required support with their personal care needs, they were supported discreetly to ensure they received support in private and with their dignity intact. Staff recognised the importance of not intruding into people’s private space. People had their own bedrooms in shared houses or their own houses or apartments. Staff knocked on people’s doors or rang their doorbells and asked if people were happy for them to visit.

In addition, staff were able to effectively support people who became distressed. We saw that when one person became distressed, staff followed the guidance described

in the their support plan and reassured them. The guidance in people’s support plans focused on understanding why the person was distressed and deciding what reassurance would be most helpful.

People we spoke with said they were well supported by staff and were helped to be as independent as they could be. One person told us how staff supported them to be more independent with their medicines. We saw staff followed the provider’s policy and risk guidance when people were developing their skills to be independent with their medicines.

Staff received training about the importance of promoting equality and diversity. An example of this was a person who required a halal diet. Staff knew about the foods that needed to be provided for the person and how to prepare the foods.

We saw there was information available for people about local advocacy services and two people we spoke with said they knew what advocacy services were and how they could contact them. Staff demonstrated that they knew about lay and professional advocacy services and told us no-one who received services was using an advocate currently.

People’s personal information was stored safely and staff knew how to manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social work professionals on a need-to-know basis. Some personal information was stored within computers that were password protected.



# Is the service responsive?

## Our findings

A relative told us, “We feel that [the agency] go out of their way to make this support work.” A social work professional said, “They are excellent, they go above and beyond what’s expected.”

People said that they had support plans in place and spoke with staff about them regularly. A relative and a social work professional said that the agency carried out detailed assessments of people’s needs before they began to work with them. We saw a range of assessment and planning tools were used to ensure staff provided the right support for people. These included autism specific assessments packs, positive behaviour management frameworks and a picture based communication framework. This framework enabled people to express their wishes about their preferred routines and understand events in their lives such as going to see their GP.

Support plans described the support each person should receive based on their needs, wishes and preferences. Some support plans had been put into a picture format where required so that people could be more involved with them. Support plans were reviewed regularly to ensure they reflected people’s current needs. We saw that staff responded to people in an individualised manner and it was clear when we spoke with staff that they were very knowledgeable about people’s needs, preferences and wishes.

Another support planning process was also in place to support the development of people’s skills and achievement of their goals. This was called a “12 week development plan.” It gave people the opportunity to set shorter term goals and monitor their progress.

People told us staff helped them to engage in social activities of their choice. One person told us about planning their holiday, another spoke about being supported to join a local community group. However, some people needed more encouragement and motivation than others to engage in social activities. A healthcare professional and two relatives told us staff could be more creative when providing social opportunities for some people outside of their own home. Following our visit one relative told us that the registered manager and staff had responded well to their views about this and had made changes to the way their relative was supported.

People we spoke with, and their relatives told us they knew how to make a complaint. There was a copy of the provider’s policy available in the areas where people lived and staff demonstrated they knew what to do if someone made a complaint. An easy read version of the complaints policy was available for people. However, the registered manager and the provider’s Service Delivery Director recognised that some people that the agency supported would not always be able to use the complaints system effectively. They said they were looking at alternative and more appropriate ways to support people with this. A staff member told us, “We have to advocate for people as they are not able to always express themselves to raise a concern.” In the year preceding our inspection the registered manager had received nine formal complaints. Records showed that each of these complaints had been investigated in line with the provider’s policy and in a timely manner.



# Is the service well-led?

## Our findings

The staff told us that they worked in a service that promoted a positive culture which was transparent and inclusive. All of the staff we spoke with told us they liked working at the service. One member of staff told us, “The management are open and tell us everything we need to know. During our visit we saw staff, the registered manager and team leaders discussed issues in an open and honest way. Staff told us they felt able to express their views about the service both directly to the registered manager or senior staff and during team meetings. We saw that core teams in each geographical area the agency covered had their own team meetings. Records of meetings showed discussions took place about subjects such as people’s support plans, staff rotas, staff training and health and safety.

Staff demonstrated an understanding of what they should do if they observed poor practice. They knew about the provider’s whistle blowing policy. One staff member said, “If I was concerned about anything I would feel completely comfortable to report it.” Staff said that out of office hours support was always available and explained the on call process and who they needed to contact in an emergency. One staff member told us, “[The registered manager, deputy manager and team leader] are really good and if there is an issue out of hours you can guarantee a response from the on call which is good.”

We saw staff encouraged people to express their views about the service in ways such as support plan review meetings and satisfaction surveys. Regular satisfaction surveys were also carried out with their relatives, staff members and external support agencies. The registered manager and Service Delivery Director recognised that the current survey format may not always be suitable for some of the people who received support. They said they were exploring other, more suitable, ways to gather those people’s thoughts and views about their support.

The registered manager made sure we were informed in a timely manner about any untoward incidents or events. This was in line with their responsibilities under The Health and Social Care Act, 2008 and associated Regulations. Records showed that they also informed other agencies involved in people’s support where appropriate.

Records showed that incidents or events were analysed by the registered manager and the provider’s Service Delivery Director to identify any trends or learning opportunities. Learning from the reviews was shared with staff by way of team meetings, operational memos and a regular operational briefing paper. We also saw that learning from our inspections of some of the provider’s other registered services was shared through the operational briefing paper.

Systems were in place to regularly monitor the quality of the services provided. Quality assurance audits were carried out regularly by the registered manager. The audits covered topics such as medication arrangements, health and safety arrangements and support records. Senior managers from the provider organisation also carried out an annual quality and health and safety audit. The outcomes from all of the audit activity were combined into an action plan. The progress with the action plan was monitored by the provider’s quality assurance department. We saw that some actions identified during the last audit cycle had been completed and others were in progress. The provider received regular feedback on the progress with action plans as was shown in the minutes of their meetings with local managers.

A new audit tool had recently been implemented, based on current research, called “All About Autism” (AAA). The aim of the audit was to show how the service provided was specific to autism and met the criteria for positive behavioural support. Central to the process was feedback from people who received services and others involved in their support so that the provider could work to continuously improve people’s experiences.