

## Ambitious about Autism

# Ambitious about Autism Service- Barnet College

## 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 

## Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

The provider met all of the regulations we inspected against at our last inspection on 28 September 2013.

Ambitious about Autism provides care and support to young people aged 16 to 25 with autism to access further education, gain skills and confidence. The service is based at Barnet college and operates during the day. On the day of our visit eight people were using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

# Summary of findings

Staff working at the service understood people's individual needs and we saw all staff treated people with kindness. People and relatives were happy with the care and support they received from staff.

Professionals were kept up to date with changes in people's needs and were invited to their review meetings. Staff supported people to access health professionals if needed.

Staff were appropriately trained and skilled to work with people who had autism, which ensured the care and support provided to people was safe and appropriate. We saw that all staff had received an induction when they started working at the service and understood their roles and responsibilities.

We saw that people and their relatives were involved in the planning of their care and educational needs as well as how the service was run. We saw people were treated with dignity, privacy and respect by all staff.

The registered manager assessed and monitored the quality of the service consistently and encouraged feedback from people, relatives and staff, which they used to make improvement to the service. The people who used the service were able to access advocacy services should they need support and help to make important decisions.

At the time of our inspection plans were underway for the service to transition to a college, Ambitious College. This occurred in September 2014.

# 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 safe. Staff managed people's medicine safely both at the service and in the community.

The service kept people safe by ensuring staff received training and could identify signs of abuse and knew how to report this. The service had systems in place to manage risks to people without restricting people's activities.

Good



### Is the service effective?

The service was effective. People received care and support from staff who were trained to meet their individual needs.

Staff were supported by the registered manager and received regular supervision which enabled them to effectively support people's individual needs.

People's health needs were recorded and known by staff who had the skills to support people.

Good



### Is the service caring?

The service was caring. We observed staff being kind and understanding and treating people with dignity and respect.

The service ensured that people had access to an independent advocacy service should they need this to help them make important decisions.

Staff understood people's individual needs and people were supported to lead their care and support.

Good



### Is the service responsive?

The service was responsive. People's care records were person centred and contained comprehensive information and histories about people.

People were supported by staff to attend activities of their choice and maintain important friendships.

Relatives told us that the staff were aware of people's likes and dislikes and this was recorded in people's records. People and relatives knew how to complain and were confident that the registered manager would respond appropriately.

Good



### Is the service well-led?

The service was well-led. There was a positive culture at the service which included and consulted people and relatives on any organisational changes.

Surveys of people's, relative's and staff's views were completed yearly. The registered manager completed quality audits of the service.

Good



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## Detailed findings

### Background to this inspection

We inspected Ambitious about Autism on the 16 July 2014. This inspection was announced. 48 hours' notice of the inspection was given, this allowed the provider to inform and prepare people we would be visiting.

The inspection team included an inspector and a specialist professional advisor. The specialist professional advisor had experience of working with young people with autism.

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 checked other information we held about the service. No concerns had been noted at our last inspection in September 2013.

During our inspection we looked at how young people were supported during their day at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also reviewed four care and support records of the people who used the service, four staff records and records about how the service was managed.

During the inspection we spoke with three people using the service, six support staff, the principal of a college associated with the service and the registered manager. After the inspection we spoke with three social workers and four relatives.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

The provider had effective procedures for ensuring that any concerns about a person's safety were appropriately reported. All of the staff we spoke with could explain how they would recognise and report abuse. Staff told us and training records confirmed that staff received regular training in safeguarding and the Mental Capacity Act 2005 (MCA).

The service had undertaken assessments of risk for each person. Care records and risk assessments were comprehensive and covered areas such as, environment and medicine. Management plans were in place to address the risks identified. We saw these had been written with the input from people, their relatives and other professionals. Staff we spoke with were aware of the risks to people and how to manage them in the community. We saw a document called "things you should know about ..." These were in an easy to read format and included important information about people's individual needs, for example, staffing levels needed when supporting people in the community and any personal details staff members were required to be aware of, such as, issues with traffic noise. This enabled staff to support people safely in the community.

There were systems in place for staff to obtain advice and support when out in the community. This included the use of mobile phones and 'community cards' containing the service's contact details. Staff told us that they were able to give a community card to people in the community if they needed to leave a situation quickly. The registered manager and staff told us this was helpful as they could focus fully on the person's needs and if the public had concerns they had the contact details of the service.

Relatives talked about staff being skilled and having a good understanding of people's risk and allowing people to take risks. One relative said, "Staff risk assess the person, place [environment] and the activity. They will never rush this and will always do it appropriately. Should an incident happen when they are out I know that I will get a call from a staff member who will tell me this is where we currently are, this is how we are dealing with it. After the incident risk assessments will be updated and we [relatives] receive an

incident report." When we reviewed people's care records we saw this process had been followed. Another relative said, "The staff believe in my relative and their abilities and are prepared to take positive risks, we have seen the benefits of this."

All the relatives we spoke with confirmed they were confident that their family members were safe at the service. One relative said, "My relative is out today with staff, I'm not worried." Another said, "My child is very safe with the staff."

We saw medicines were stored safely at the service. Staff we spoke with understood the medicine they were giving to people and possible side effects. The registered manager explained the process of how people's medicines were managed safely in the community. Such as, all staff using locked medicine bags and medicine being signed in and out with relatives at the beginning and end of each day. One relative we spoke with said, "My relative's medicines are complicated, staff need to be diligent, check their physical needs and monitor medication, they do all of this really well."

We saw the provider had a robust recruitment procedure. The six staff we spoke with told us of the recruitment process they had undergone prior to joining the service they said this was a comprehensive process. We spoke with the principal of the associated college who told us of the importance of investing in a recruitment process, which ensured they employed the best staff with the right skills and enthusiasm to support the individual needs of the young people they provided a service for. We saw people who used the service and their relatives were involved in the recruitment process. This involved people and relatives meeting with potential staff before an interview. All staff had completed criminal record checks prior to starting employment with the service. This ensured the provider had employed staff that were safe and suitable for their role. Two young people who used the service told us, staff were "very good" and relatives confirmed this. Comments from relatives included, "They have employed staff that are very skilled and they keep training them so they get better all the time." Another relative said, "Staff understand my relative well and are able to detect early signs that they need extra support which makes us all feel safe."

# Is the service effective?

## Our findings

Staff we spoke with and records we reviewed showed that staff were trained to provide care for young people with autism. All the staff we spoke with had completed six months of probation, which included staff getting to know young people who used the service. This included reading people's notes and observing care and support followed by shadowing more experienced staff, and as they became more confident and skilled and with the person's agreement they would become more involved in that person's care and support. Staff confirmed they were supported during this time by the registered manager and the principal of the associated college.

Staff received training in different formats including e-learning and face to face training in areas such as, first aid, infection control, Mental Capacity Act 2008 (MCA), Deprivation of Liberty Safeguards (DoLS) and positive behaviour support which is about understanding behaviour and how it is affected by the environment. Staff told us the training they received equipped them with the confidence and competence to support the complex needs of the young people at the service. We saw staff had received training and were competent in technology that would support the young person such as sign language and Picture Exchange Communication System (PECS) which allows the young person to have the skills to communicate their wishes and needs using pictures.

The registered manager and the principal of the associated college had reviewed the skills and knowledge that staff would require. This had resulted in a comprehensive training programme being planned for August and September 2014. We saw this included training in Person Centred Planning (PCP). PCP encourages staff to continually listen, learn what is important to the young person now and in the future while working with the young person's family and friends.

Records we reviewed showed staff received regular supervision and yearly appraisals. This ensured people were supported by staff who had the appropriate skills to do their job effectively. Staff meetings occurred and staff told us they were helpful. Staff told us the registered manager and the principal supported and encouraged them to enhance their skills. This included finding mentors in other organisations to increase staff skills and knowledge and support staff to gain further qualifications. One relative we spoke with said, "All the staff I've met are highly trained."

We were told by the registered manager that people's interests, needs and personalities were taken into account when matching people with staff. This was confirmed by staff and records we reviewed. For example, one person who liked to go swimming was matched with a staff member who also enjoyed this sport.

We spoke with staff and reviewed records which included documenting people's likes and dislikes, any religious or medical needs, or choices they had related to food such as being vegetarian. Staff were aware of the importance of ensuring that people had enough to drink throughout the day.

The registered manager and staff worked closely with people and their relatives to understand their health needs. If needed, staff would support people to attend the doctor and other medical appointments. Records we reviewed contained details about people's medical needs and staff had received training so they knew how to support a person with their physical health needs, including epilepsy. Staff we spoke with were able to tell us about changes in a person's behaviour that would indicate that they needed to see a doctor for further advice and support. This ensured that people who used the service were having their health needs met.

# Is the service caring?

## Our findings

All the people we spoke with during the inspection were positive about the staff who supported them. We used SOFI to observe care and staff interaction with people who use the service. We saw that staff were kind, caring, enthusiastic and showed compassion about the people they were supporting. They understood people's needs and responded quickly to these. One relative we spoke with said, "All staff understand my relative's needs." Another relative said, "Staff are caring, excellent and enthusiastic."

We saw people were involved in planning their support. During the inspection we saw one person being supported to get ready for a meeting to discuss their current needs. The meeting took place at the person's own pace and constant reassurances and encouragement were given. The person decided what was going to be discussed in the meeting which ensured that their voice was heard. We saw that relatives, friends and professionals were invited to meetings. Relatives told us that they were always invited to meetings and given feedback. One relative said, "The meetings are very good, no excellent, my relative stays the whole time, they have never managed to do this elsewhere, this shows how happy they are here." Staff understood the importance of confidentiality and all records were kept securely at the service.

Staff fully understood people's needs, which included their life histories. Staff were able to tell us what behaviour would suggest that someone was happy, sad or frustrated and how they would support this person. Staff we spoke with were passionate about their roles in the service and told us "People are at the centre of everything we do." We saw that comprehensive histories were completed when people started the service called "all about me". This document included areas such as, people's personal interests and family relationships. These were completed with input from people, relatives and professionals. We also saw in people's care and support records information on 'what I like, what's important to me now, things that

keep me safe', individual challenges for people and a three to five year plan. These documents were easy to read and contained pictures to ensure people who used the service would be able to understand and access the information. This helped staff and the service to have a better understanding of the person and their life before attending the service.

Staff had received training in privacy and dignity. Staff we spoke with explained how personal care was usually provided by the same sex staff and that staff encouraged people to be as independent as possible by helping them to learn new life skills. During the inspection we saw staff treated people with dignity and respect, such as valuing their contribution to discussions. One relative showed us a book that staff had completed with the person before they had gone on holiday, this had many photos of the places they planned to visit. The relative told us that previous holidays had been sometimes stressful. However, this holiday had been different as they believed the staff had ensured that the person was fully prepared for what they would do, what might happen and who they might meet. They said, "The staff are very good, no in fact excellent, they gave me a wonderful holiday with my relative that I will never forget." Another relative said, "The organisation gives people opportunities that are appropriate to the person and their likes and dislikes", they went on to say "this is the best place my relative has ever been". Another said, "Staff have opened out my relative's life."

We met with the service's family support worker who explained they were the first contact for all new families joining the service and a support link when families left the service. They arranged family meetings and ensured that families were kept up to date with changes within the service. They also provided links to advocacy services should individuals need this. Relatives we spoke with confirmed that the family support worker was very good at supporting, signposting to other organisations that may help and keeping in contact with them.



# Is the service responsive?

## Our findings

The care and support records we reviewed were person centred and showed that people, their friends and relatives were involved in them. The information that was contained within these records was clear and easy to understand. We saw that pictures were used depending on the individual communication needs of the person. People's like and dislikes had been recorded as well as cultural needs and the dignity of individuals. We saw people invited their friends to events that occurred at the service and staff were aware and supported if needed people's relationships with friends. Each person had a timetable of events for the week, these included activities in and outside the service. The service encouraged people to look to the future and people had three to five year plans. These included where people wanted to live, and activities they would like to take part in or places they would like to visit.

People attended activities as well as their college courses. Staff supported people to attend these activities both in the service and in the community. People we saw returning from activities on the day we inspected were happy and calm. Relatives we spoke with confirmed that their relatives enjoyed the activities we saw recorded in their timetables.

We saw each person had a communication file which was transferred from home to the service daily. We saw these contained daily logs and people's care plans and records for medicines. This allowed staff to have the most up to date information, if they needed to access emergency services, as well as communicating daily activities. Relatives we spoke with told us these were very helpful for keeping up-to-date with their relative's day and ensuring medicines were used appropriately.

Staff we spoke with confirmed that they had enough time to support the person in their chosen activities. We saw that staff mostly worked with the same small group of people to build up a good relationship. However the service ensured that staff had the skills and knowledge to work with most people within the service. Therefore the service was able to continue to support people should their main worker be off or on leave.

We were told by relatives that staff liaised with other services people may be accessing to pass on best practice of supporting people. One relative said, "The staff have spoken to staff in other services my relative uses. This has helped my relative as now everyone is working the same way." Staff and the registered manager confirmed this happened and said it was important to share knowledge with people's agreement.

Staff told us that all documents were updated as the staff got to know the person and the person got to know the staff.

We saw that people and relatives were supported should they wish to complain. People had access to pictorial or written information which explained how they could complain. Staff we spoke with were able to explain how they would support someone if they wished to complain. The registered manager had not received any complaints since the last inspection, however we saw there was an appropriate system in place to monitor and investigate complaints. Relatives we spoke with confirmed they knew how to complain, One relative said, "Just call the manager or the principal," another said, "I would talk with the staff who would tell the manager."



# Is the service well-led?

## Our findings

The staff we spoke with understood the organisation's aims and this had been clearly explained during induction and training. There was a positive culture at the service and people and relatives felt included and consulted. For example, we saw that people had chosen the colours for the new classrooms at the premises. Relatives had been invited to view the new rooms. They were kept up to date with changes by the principal of the associated college who sent out frequent updates. All the relatives we spoke with were happy with the communication they received from the service. One relative, when asked about their views of the service and staff told us, "None of the staff say they cannot do, that attitude runs from the top to the bottom in the organisation." Another said, "They (staff) are unique."

Staff we spoke with understood the importance of sharing any concerns they had and understood the provider's whistle-blowing policy. They told us they would be confident using it to report any concerns. Staff also told us that the registered manager was always available and approachable. They said the registered manager would act quickly if they had any concerns.

The provider completed a yearly staff survey and encouraged feedback at monthly staff meetings. They used this feedback to look at the service standards and make changes to the service. For example, we saw that staff had highlighted that they would like to change the hand over notes they provide to relatives so that people's comments and thoughts were in their notes.

All the staff we spoke with told us they were well supported by the service and enjoyed their work, one staff member said, "Students have freedom of choice and are at the centre of all we do." Another staff member said, "This is an amazing place to work. My fellow colleagues and the management team we all support and learn from each other." Throughout the inspection the atmosphere of the service was calm and welcoming, we saw staff working as a team and people who used the service were relaxed and engaged.

Staff could access a confidential telephone counselling helpline 24 hours a day for professional and emotional support when this was needed. They also had access to

other health professionals should they be injured at work, such as physiotherapy. All the staff we spoke with were aware of their roles within the organisation and what was expected of them.

People who used the service, relatives and staff were aware of the management structure at the service. Staff we spoke with were aware of the roles of the management team and they confirmed that managers were approachable and available daily at the service. During the inspection we spoke with the registered manager and the principal of the associated college. Both demonstrated they knew the people who used the service and staff personally. During the inspection we saw the registered manager support a staff member to communicate in a different way with a person who was using the service. This showed us they had regular contact with staff and people who use the service.

The registered manager reviewed the quality of the service by completing regular audits. We reviewed supervision, appraisal and safeguarding audits. We saw if issues had been identified an action plan was put in place, with end dates and who was responsible. The registered manager constantly reviewed the staffing levels in relation to the people who were accessing the service. This ensured they employed staff with the correct skill and interests as well as ensuring a gender mix that would allow for the care preferences of people.

Feedback was encouraged by all using the service, this could be formally sought through the yearly survey or informally. Relatives we spoke with told us, "The service listens to our thoughts, ideas and worries." We saw that people and relatives who had responded had no concerns about the service.

Professionals we spoke with were happy with the service and said they saw that individuals were engaged and doing activities they enjoyed, with caring and motivated staff. They were kept up to date and invited to meetings to review people needs and celebrate success with people and their relatives.

The staff recorded any incidents and accidents that occurred at the service. We saw these were used as learning for what the service could do to prevent similar incidents or accidents happening again. Staff were

## Is the service well-led?

included in these discussions and staff were offered debriefing after an incident or accident. Staff were supported and the service learned from accidents and incidents.

The organisation held regular open days for professionals. The principal of the associated college told us these meetings helped professionals to understand what the service does to support people with autism in further education.