

Autism Plus Limited

Autism Plus - York and North Yorkshire

Inspection report

Nidderdale, Tower Court Business Centre
Oakdale Road, Clifton Moor
York
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Autism Plus – York and North Yorkshire is a supported living service for people with autism, learning disabilities, mental health needs, physical disability or sensory impairment. This service was supporting nine people at the time of this inspection.

People lived in four separate accommodations. Three of those were houses with up to a maximum of four people sharing and one person lived alone. Staff had their own facilities to accommodate any sleepover arrangements where this was required.

Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Services for people with learning disabilities and or autism are supported

The service environment has been designed taking into account best practice guidance and the principles and values underpinning Registering the Right Support. The living accommodations supported people to live as ordinary lives as possible. The service location encouraged integrating with the local community and people were supported to access transport to facilities and events outside the service.

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

The service was not consistently well led. The provider had failed to oversee and monitor the service and three breaches of regulations were identified. Systems to monitor the quality and safety of the service and support continuous and timely improvement were not always effective. Management were positively working to improve the service, but this had been slow to progress and required further work to meet the regulations.

The provider had not ensured staff understood the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities. Where people lacked capacity to make decision for themselves, records were not in place to detail how decisions had been made in people's best interests. We have made a recommendation in relation to the MCA.

Risks to people had not always been identified and assessed to keep them safe. Care records did not reflect the delivery of person-centred care. Care plans had not always been regularly reviewed and people's input sought. Guidance was not always in place for staff to adopt a consistent and safe approach. The content of care records were under review with people and their relatives input to reflect a more person-centred approach and improve the format to meet people's communication needs.

The provider didn't consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and

achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; people's care planning was not always individualised to their needs, some risks to their health and well-being had not been identified and managed appropriately. People had only recently become more involved in planning their own care and support needs and this was work in progress.

People were encouraged to maintain relationships with their relatives and friends. Staff supported people to build independent living skills and attend services and events within the local and wider community. A new system had been introduced to support people to work toward goals and aspirations.

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

Staff spoke positively about the service and felt supported by the registered manager. Communications had improved to include regular supervisions, annual appraisals, training, detailed handover and team meetings. Recruitment policies had been improved in line with best practice guidelines to attract the right staff to work in the service. Medicines were managed safely.

The provider was aware of some of the issues we raised and was working to improve governance systems to monitor and maintain oversight of progress in these areas.

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

Rating at last inspection

The last rating for this service was good (published 2 October 2018). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

At this inspection we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment, person-centred care and good governance. We also made one recommendation in relation to the MCA 2005.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect

sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

Autism Plus - York and North Yorkshire

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors on the first day and one inspector on the final day.

Service and service type

Autism Plus – York and North Yorkshire provides care and support to nine people living in four 'supported living' settings, so that they can live 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.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We were unable to visit people in their own homes during the inspection due to the risks relating to the coronavirus pandemic. We sought feedback from relatives and considered audits to obtain some of the feedback about this service. We spoke with the registered manager, team leader, head of operations and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records and risk assessments. We looked at a variety of records relating to the management of the service, including quality assurance processes.

After the inspection

We received further information from the provider such as recruitment and training information. We spoke with the provider's clinical team and four health and social care professionals. We received feedback from two relatives and spoke with three support workers. This supported us to gain feedback about their experience of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited knowledge to provide reassurances about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks associated to people's health conditions had not always been identified or managed effectively. There was no guidance for staff to reduce these risks and staff were unsure how to manage them. One person was at risk of choking. There was no risk assessment in place to support staff to mitigate these risks. Another person used specialist equipment. However, there were no specific instructions for staff to follow; staff did not feel confident supporting the person using this equipment as they had not received training.
- Staff could tell us how they managed people's behaviours, but this detail was not always included in the care records. This meant we could not be confident that the provider's systems worked effectively to provide consistent support to people.

The above demonstrates a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Staff understood their responsibilities to report safeguarding concerns. The provider told us that staff had access to safeguarding policies and procedures on their intranet and in the staff handbook.
- The provider supported staff to record, report and manage any safeguarding incidents. A detailed log of any safeguarding incidents recorded actions taken to minimise future risks to people.

Staffing and recruitment

- Recruitment processes were thorough and safe.
- There were enough staff to safely meet people's needs. Staffing levels were reviewed on a regular basis and changes made to ensure people's needs were met.
- Contingency plans were in place to cover staff shortages. The registered manager and team leader had a hands-on approach to step in as and when support was needed.

Using medicines safely; Preventing and controlling infection; Learning lessons when things go wrong

- Staff managed medicines safely. Reviews of medicines had been considered when needed.
- Infection prevention and control practices were effective.
- The provider had policies and procedures in place to guide staff and prevent the spread of infectious diseases.

- Accidents and incidents were not always fully reviewed to show lessons learnt. There was no evidence to show learning was shared with the staff team.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. No one had a DoLS in place at the time of this inspection. We checked whether the service was working within the principles of the MCA.

- The registered manager, team leader and other staff had limited knowledge in relation to the MCA. They incorrectly thought that only social workers could complete assessments to check whether people did or did not have capacity to make their own decisions; Management were unaware that they could and should be undertaking these when needed.
- Consent forms for care and treatment were brief. For example, for one person with limited language there was no information to explain how staff had supported them to understand the questions and no feedback from the person involved.
- The provider was unable to show people's involvement around making decisions about their care needs. Records were not in place to show when people's capacity to make decisions for themselves had been assessed and/or best interest decisions held. This showed a lack of understanding, application and appropriate recording of the principles of the MCA 2005. We received some reassurances from a social care professional who advised they had completed MCA assessments and knew best interest decisions had been made with their input, when needed.

We recommend that the provider ensures all staff are aware of and have received appropriate training to adhere to best practice guidelines in relation to the MCA 2005. We have addressed the recording issues in the well-led section of this report.

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

- Behaviour support plans were not always clearly detailed to ensure a consistent approach. One person's

care record advised they may seek close personal contact from staff. The registered manager told us, "I squeeze their arm which reassures [name of person]." However, this was not detailed in the person's care records and was not an agreed approach.

- Staff had started to work with health professionals and families to build more positive outcomes for people. This needed further time to ensure this was embedded within the service.
- Reviews of people's care needs were not always regularly completed. These did not include feedback from people, their representatives or relatives.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked alongside health professionals to provide effective care to people. One health professional told us, "I am happy with the way staff have acted on my advice. They [staff] monitored weights regularly and made dietary adjustments, the outcome for [name of person] has been good."
- Staff supported people to attend appointments. Records were not in place to detail when people had last attended appointments. For example, dental appointments and annual health check-ups. We spoke with health professionals who confirmed appointments had been attended.
- Oral health care plans were not in place. The provider had recently received information in relation to oral care and was updating care records to include this information.
- A health passport document was used to share information when transitioning between services. This had not always been fully completed. The provider was in the process of updating these records.

Staff support: induction, training, skills and experience

- Staff received regular support and supervision to carry out their role. The provider ensured staff completed training they deemed necessary to support them in their role. We identified some areas where staff would benefit from additional training, such as how to use specific equipment.
- A comprehensive induction was in place and new staff shadowed more experienced members of the team until they felt confident to work alone.
- Staff felt supported by the registered manager. Regular communications had been put in place, such as daily handovers and regular meetings. Staff comments included, "I had my appraisal at the beginning of this year, it was supportive" and, "I have asked to do further training and they have put me in touch with someone to do it."

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

- People were encouraged to eat healthy nutritious diets. One member of staff told us, "People have good options, including vegetarian food."
- Staff supported people to prepare their own meals. One relative told us, "They are always encouraging [name of person] to do things themselves and they are succeeding. [Name of person] makes their own lunch box up every day."
- Staff were proactive in managing and referring people for support with their nutritional intake. For example, one person had been referred to the speech and language therapist for support and advice.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect.

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

- People's equality and diversity needs were respected. People's care records explored religious preferences. One person had a unique way of communicating and staff adapted the way they worked to accommodate this. The person's relative advised, "They understand how to use what [person's name] says about his soft toys to help them understand how [name of person] is feeling."
- Staff were aware of the equality and diversity policies in place and understood them.

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

- People were supported to have a voice and express their opinions. One social care professional advised, "The past year since [name of registered manager] came into post they have given more voice to the tenants."
- People's, staff and relative's views about the service were explored. This included the use of regular informal chats or house meetings. One relative advised, "I believe that some of the staff care very deeply about the people they support. I can't praise [names of two members of staff] enough." A member of staff told us, "People tell us they feel we are like their second mum. Comments like; "I've missed you" or "I like you coming here," makes staff feel nice."

Respecting and promoting people's privacy, dignity and independence

- Staff could describe how they protected people's privacy and dignity. One member of staff advised, "We always knock on people's doors before entering."
- Staff described how they encouraged people to live independently. For example, one person had gradually built their life skills and become more independent. They were in the process of moving to their own accommodation to live independently in the community with less support needed.
- People were supported to choose how they would like to spend their time. A relative told us, "[Name of person] goes to local events in the community and loves to go shopping. Sometimes [name of person] goes out on days to the coast and other events."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans had not been regularly reviewed to ensure people's needs were being met. They did not include people's input about how they liked to be supported and lacked detailed guidance for staff to follow. For example, one person's records did not detail the assistance required to manage their continence care.
- "Positive Behaviour Support (PBS) helps staff understand the reason for behaviour, so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen. PBS support plans would benefit from further work to show how staff could develop their skills and support the person to become more independent and self-directive. A functional analysis would be beneficial to show what is driving the behaviours and to identify the right support to meet the persons needs."
- Care plans and risk assessments did not always provide detailed and clear information. For example, it was unclear whether one person needed support with their finances as one care plan advised they were independent with this and another advised they required support.
- People's end of life wishes had not always been explored. We discussed the importance of this and advised the provider to record where people chose not to discuss their wishes. The provider acknowledged more work was required to improve this area, including identifying where staff may require training.

Meeting people's communication needs

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

- Documents summarising people's needs to support smooth transitions between services, were not always fully completed. This meant we could not be confident when people accessed support from outside the service, they would receive a consistent approach.

All the above demonstrated a breach of regulation 9 (Person Centred Care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans were being updated to include pictorial format for people to better understand information. Staff told us some people used picture cards to support their communication with them.
- People were supported by staff to ensure they had choice and control of their lives. The registered manager had worked over the last few months to improve people's choices and control. Social care professionals confirmed this had improved.

- The provider had started to introduce specific goals for people to reach. Staff told us, "Each person has goals to meet, it just takes some people more time to complete them."
- People's preferences in relation to communication needs were recorded in care plans. For example, one person liked to use sign language and could text to express themselves if staff were unable to understand them.

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

- People were supported to attend activities that were important to them and access the wider community. For example, people could access swimming facilities, museums, workshops, attend church, day care facilities and the gym.
- The provider had recently encouraged people to try new things and progress their knowledge and skills. For example, one person had been supported to complete house cleaning, fire drills and home security checks. Staff identified this person had an eye for detail and they now completed their own regular health and safety audits for their own home.
- People were supported to maintain existing strengths and build new life skills. This included cooking, food shopping and managing money.
- Staff kept regular communications with families to discuss any changes or significant events. They also supported people to maintain friendships and keep in contact with their families.

Improving care quality in response to complaints or concerns

- People had access to policies and procedures in their preferred format. Where people required additional support to understand this process, staff spent one to one time with them.
- Records showed the provider dealt with complaints in line with their policies and procedures. They acknowledged any concerns, provided full written explanations where necessary and apologised when needed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems had not identified the issues we found, or issues had not fully been addressed such as; lessons learnt to show continuous improvement and reviews of people's care to reflect a person-centred approach with input recorded from each individual.
- Audits and quality assurance checks were not always effective. Although these identified some of the issues we found during the inspection, the provider had failed to fully address them in a timely manner.
- Audits lacked action plans to delegate responsibility and clearly outline timeframes to address any improvements required. For example, an audit completed by an external professional in October 2019 identified there were still recommendations from the previous year's audit that had not been addressed. There was no evidence to show these had now been addressed by the provider.
- Systems and processes in place were not effective in ensuring risks were managed well. Guidance for staff was not always in place. Where there was guidance this was not consistent throughout each person's care records. For example, it was unclear whether one person needed support with their finances as one care plan advised they were independent with this and another advised they required support.
- Care records were not always dated or detailed as to who had completed them. This made it difficult to know when reviews were required or whether the current information was a true reflection of a person's needs.
- The provider had failed to ensure staff were confident and trained to use specific equipment to undertake their role. Staff were not confident or trained to manage some risks to people or to assess their capacity to make decisions for themselves.

All the above demonstrates a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Since the registered manager had been appointed they had started to make improvements within different areas of the service. For example, ensuring people had a voice and introducing more person-centred activities. Alongside the improvements we identified, these needed to be embedded over a longer period of time to demonstrate a robust and consistent approach was being adopted.
- Staff were fully aware of their roles and felt supported by the registered manager.
- The registered manager was aware of their registration responsibilities. They had notified the appropriate agencies of any significant events that happened within the service.

- A new manager had been appointed from October 2019 and in January 2020 a team leader commenced employment to support them to manage the day to day running of the service.

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

- The provider ensured they met their duty of candour to be open and transparent. They informed relatives and/or representatives when incidents occurred and kept them up to date with any progress or outcomes.

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

- The service had not always adopted a person-centred approach to meet people's needs. The registered manager had driven some practical improvements that demonstrated some positive outcomes for people.
- The registered manager was working to ensure people were empowered and involved in their care. Accurate records were needed to support this work and to clearly show people's involvement in all aspects of their care.
- Staff described the service as being supportive and a team effort. One member of staff advised, "We are like a little family."

Continuous learning and improving care; Working in partnership with others

- The provider had not always identified where there were issues that required improvement. For example, clear guidance was not in place for staff to manage risks and reviews of care records did not always reflect people's involvement.
- There was limited information to demonstrate lessons had been learnt and shared with the staff team to improve knowledge and practice. The provider advised their systems were being updated to become digital later this year. This would support them to maintain better oversight to ensure issues identified were analysed and immediately addressed.
- The service had completed some partnership working. The local authority and external health professionals had supported the service to identify areas requiring improvement.

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

- The registered manager was passionate about ensuring people, relatives and staff were involved with the running of the service. Staff told us communications had improved since the registered manager had come into post.
- Staff worked as a team and felt valued for their contribution to the service. One member of staff advised, "Staff would do anything for each other. I'm proud we are a good team."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured people who used the service received person-centred care in all aspects of their lives or treatment that was appropriate to their needs and reflective of their personal preferences.</p> <p>Regulation 9(1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments had either not been completed or did not include sufficiently detailed plans to mitigate risks to people's health and welfare. Plans were not always in place for the safe operation of equipment.</p> <p>Regulation 12(1)(2)(a)(b)(e)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance processes failed to identify all the areas requiring improvement. Some records required further detail to mitigate risks to people's health and welfare and to provide consistent and accurate guidance for staff. Further work was required to ensure compliance with the Mental Capacity Act 2005.</p>

Systems and processes failed to effectively monitor, analyse and drive timely improvements across the service.

Regulation 17(1)(2)(a)(b)(c)(f)(3)(a)(b)