

Autism Care (North West) Limited

# Autism Care (North West) Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection at Autism Care (North West) Limited took place on 23 August 2017 and was unannounced.

Autism Care (North West) Limited is part of the Lifeways group. Autism Care (North West) Limited currently has six supported tenancies in the North West, supporting individuals with learning disabilities or autistic spectrum disorder within the community. At the time of inspection there were 19 people using the service. Each supported tenancy is managed on a day-to-day basis by a support team leader, who are supported by the registered manager.

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.

At the last inspection in August 2016 we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of person centred care, safe care and treatment, need for consent and staffing. We also made recommendations about following best practice guidance for medications, updating care plans and ensuring robust audits are in place to improve the quality of the service. The service was rated overall as 'Requires improvement' and remained in 'special measures' as the key question 'Safe' was rated as 'Inadequate'.

During this inspection on 23 August 2017, we found the provider had made a number of improvements. They worked transparently and collaboratively with local authorities, staff, people who used the service and relatives as part of their improvement requirements. We found the provider had made positive changes and the service was now meeting legal requirements.

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified the care and support people required. Care records were informative about support people had received.

Staff had been recruited safely, received on-going training relevant to their role and were supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. There was less reliance on agency staff, the service was fully staffed and there were appropriate numbers of suitably qualified staff on duty to meet people's needs.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their support. These had been kept under review and were relevant to the care provided.

We found medication procedures at the service were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

The provider had improved how they obtained consent to care and worked within the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Records showed people were assessed to identify the risks associated with poor nutrition and hydration. Where risks had been identified, staff had made appropriate referrals to health care professionals.

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards people in their care. Staff were seen to maintain people's dignity.

The registered manager and staff told us they fully involved people and their families in their care planning. People were encouraged to raise any concerns or complaints. The service had a complaints procedure.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and service user and relative feedback to seek their views about the service provided.

The registered manager kept up to date with current good practice guidelines by attending regional meetings (organised by Lifeways) at which they shared learning and discussed new developments in care. We found the registered manager receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The registered provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

The provider had robust recruitment procedures to assess the suitability of staff.

Personalised guidelines around risk management were in place. Staff were aware of assessments to support people and manage risk.

People who used the service told us they were safe. Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had systems in place to protect people from unsafe management of their medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work.

Staff had access to on-going training and supervision to meet the individual needs of people they supported.

People were supported to have a healthy diet. People who used the service had been assessed against risks associated with malnutrition.

People's health needs were monitored and advice was sought from other health professionals, where appropriate.

### Is the service caring?

Good ●

The service was caring.

People who used the service were positive about the staff who worked for Autism Care (North West).

Staff had a good understanding of each person. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

We observed staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

### Is the service responsive?

Good ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

### Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place to ensure areas of improvement were identified and actioned.

The registered provider consulted with people they supported and relatives for their input on how the service could continually improve.

People and staff told us the registered manager was approachable and supportive.

# Autism Care (North West) Limited

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection visit took place on 23 August 2017 and was unannounced. The inspection team consisted of an adult social care inspector and an Inspection Manager.

Prior to our inspection we reviewed all the information we held about the service. This included notifications the registered provider had sent us. We also reviewed information provided by the local authority. This enabled us to plan our inspection effectively.

We visited two of the six supported tenancies and observed staff interactions with people in their care. We spoke with a range of people about Autism Care (North West). They included six people who used the serviced, the registered manager and five staff members.

To gather information, we looked at a variety of records. This included care plan files relating to seven people who lived at the home. We also looked at medicine administration records relating to people who received support from staff to administer their medicines.

We viewed recruitment files belonging to three staff members and other documentation which was relevant to the management of the service. This included training records, meeting minutes, survey results, improvement action plans and quality assurance records.

# Is the service safe?

## Our findings

At our last inspection in August 2016 we found there was a heavy reliance on the use of agency staff due to a high turnover of staff leading up to our inspection. The instability of the staff teams was having a negative impact on the people who used the service. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

We have closely monitored improvements at the service through contact with the provider and the local authority and at this inspection in August 2017 we found improvements had been made. The rating at the last inspection for 'Safe' was Inadequate. However at this inspection the provider met the required standards and was able to demonstrate the standards had been sustained over a period of time. Therefore 'Safe' has been rated as Good.

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who used at the service. We looked at duty rotas and spoke with the registered manager about staffing arrangements. The registered manager told us the service was fully staffed and there had been a big reduction in the number of agency staff used to the point now where no agency staff were required.

People who used the service told us they were happy with the staff that supported them and felt safe when they received their care. We observed people were comfortable with the staff; communicating and smiling when staff were with them.

People who used the service told us there was enough staff on duty. Comments included, "There are always staff around, in the day and the night". And, "I get one to one support to go out where I choose". During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who use the service. We saw staff members were responsive to the needs of the people they supported. Staff spent time with people, providing care and support or engaged in activities.

Staff members we spoke with told us that as the service was now fully staffed, the staffing levels were more settled. They told us the stability of the staff team had a positive impact on people who used the service as they became less anxious knowing who was providing support for them.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at records for three recently recruited members of staff. We saw evidence of pre-employment checks being undertaken. This showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service.

At our at inspection in August 2016 we found not all risk assessments had been completed accurately and there was a lack of clear guidelines for staff around how to manage people's individual risks. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care

and treatment).

We have closely monitored improvements at the service through contact with the provider and the local authority and at this inspection in August 2017 we found improvements had been made.

We looked at how risks were managed and addressed within the service. We did this to ensure processes were in place to keep people safe. We looked at seven care files overall and looked in detail at written plans of care and associated documentation for four people who used the service. We saw a variety of risk assessments were in place to manage risk. These included risks specific to each individual according to their daily activities and support needs. For example, we saw one person was at risk of epilepsy. A detailed risk assessment was available with clear guidance for staff on how to safely support the person whilst encouraging independence. This included guidance on the importance of the medication to manage the condition. Staff we spoke with were able to explain the person's needs and the reasons for the support the person required. This demonstrated staff were knowledgeable of the risks identified and how to suitably address these.

At our last inspection we made a recommendation in respect of gaps in information regarding people's medicine regimes. At this inspection in August 2017 we found the provider had made improvements in line with our recommendations.

We looked at how the service managed medicines. For people who could not manage their own medicines, staff provided support with this. Medicines had been ordered appropriately, checked on receipt, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed.

The provider had systems in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures. They were aware of their responsibilities to ensure people were protected from abuse and knew about the procedures they should follow if they were concerned people may be at risk.



# Is the service effective?

## Our findings

At our last inspection in August 2016 we found people's capacity to consent to care had not always been assessed and decisions had not always been recorded. This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

We have closely monitored improvements at the service through contact with the provider and the local authority and at this inspection in August 2017 we found improvements had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We discussed the principles of the MCA with the registered manager who was able to demonstrate the importance of ensuring the correct processes were followed. Training records we looked at evidenced staff completed related training. Staff we spoke with demonstrated a good awareness of associated processes and the importance of gaining people's consent. They told us they would report any concerns immediately to the registered manager to ensure people's rights were protected.

We found that action had been taken by the service to assess people's capacity to make specific decisions and act in their best interests. We found written records to show considerations had been made to assess and plan for people's needs in relation to mental capacity. People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Where people lack capacity, and living in supported tenancies are deprived of their liberty, the service must make an application to the Court of Protection to do so. The registered manager provided us with details of a Court of Protection Prioritisation pilot the service was involved with for health funded people. This demonstrated that the service was actively working with local authority and health professionals to ensure correct processes were followed in people's best interests.

People who used the service received care which was relevant to their needs because they were supported by an established and trained staff team who had a good understanding of their needs.

There was a training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide safe and effective care for people who used the service. The registered manager maintained a training matrix which showed a range of training which reflected good care practices for people who used the service. Staff we spoke to praised the training provided. One staff member said, "The

training is great. We can undertake any training to help us support the people we care for."

There were some gaps in records to demonstrate staff received regular supervision and appraisal to support them in their roles. However staff confirmed they had regular meetings with their line manager to review their role and responsibilities. The sessions were an open two-way process to explore personal and professional development, as well as any training needs. A staff member said, "I feel they're really good. I feel well supported."

We looked at how people were supported to eat and drink; in order to maintain good health. We found that where appropriate people were supported to be as independent as possible and supported to make meals. One person told us, "We can eat together. We have a menu and we choose. I like cottage pie and am a good cook." We looked at weekly menus and found people were able to contribute to menu planning. Where people went out for lunch or a meal, they were supported to choose a healthy option. We observed one person was being supported by a carer to go out for lunch. The team leader reminded the carer to try to avoid a fast food provider as the person who used the service was on a healthy diet as they had put weight on.

Care plans reviewed detailed information about people's food and drink preferences. People's weight was regularly monitored. We noted people who were in danger of losing weight and becoming malnourished, assessments had been completed and referrals had been made to external professionals for support and guidance.

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw that professional guidance was recorded and encompassed within people's care plans as appropriate. For example care plans reflected professionals guidance to manage people's nutritional requirements.

# Is the service caring?

## Our findings

During this inspection we visited two of the supported tenancies and met with six people who used the service. Although people who used the service were unable to communicate in detail, we received consistent positive feedback about the care provided by Autism Care (North West) Limited. People we spoke with told us, "I enjoy living here." "The staff are nice." And, "We all get on well."

The atmosphere at the supported tenancies was calm, relaxed and friendly. People who used the service were relaxed, smiling and comfortable. Staff were seen to be attentive and interacted with respect and appropriate use of humour. During our observations we noted people's dignity was maintained. Staff were observed to knock on people's doors before entering their rooms and staff asked people if we could speak with them before we were introduced.

We saw people who used the service had a good relationship with the staff who supported them. Staff we spoke with confirmed they had time to get to know people well. We observed staff spoke with people in different ways depending on how the person preferred to be addressed. For example, we observed people enjoying banter with staff, while others preferred to be addressed more softly, to which they responded positively. There was a sensitive and caring approach observed throughout our inspection visit.

Our conversations with staff confirmed they knew people well, including their likes and dislikes. Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. This helped to ensure people received a personalised service.

We found care records clearly evidenced those who used the service and their relatives were involved in developing and reviewing their support planning. People's choices, aspirations and goals were reflected in the plan. One person wanted to book a suitable holiday, another person wanted to go and see some horses. We established that people's wishes and preferences were respected.

There was a good level of detail about people's individual methods of communication and how people might express themselves non-verbally. This helped staff to support people to express their views, to make decisions and enabled everyone to have the same opportunities as each other.

Information about Autism Care (North West) Limited could be produced in a variety of different formats, if needed. For example, in large print, Braille or on CD for those with varying degrees of sight loss and in alternative languages for those whose first language was not English. This provided everyone with equal opportunities, by enabling them to have access to the same information.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Advocates are independent people who provide support for those who may require some assistance to express their views. The registered manager told us the service provided information details about advocacy services on commencement of their service. This ensured people's interests would

be represented and they could access appropriate services outside of the service to act on their behalf if needed.

# Is the service responsive?

## Our findings

At our last inspection in August 2016 we found people were spending long periods in their homes with no activities to reflect their personal choice. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care).

We have closely monitored improvements at the service through contact with the provider and the local authority and at this inspection in August 2017 we found improvements had been made.

We spoke with people about the activities that were available. People told us about what they liked doing and where they had been. One person told us that he liked going to Chorley, Leyland and Preston and said he had a choice of where he wanted to go. Another person told us they like going to Church each Sunday and was going to Preston the day after our inspection. Care records documented people's preferences for activities and details of activities undertaken. Whilst visiting the supported tenancies during the inspection, we observed all the people from one location going out on activities of their choice and people at the other location happily engaged in activities at the house.

We looked at people's written plans of care to check they were up to date and reflective of people's individual circumstances. People's consent was sought throughout the care planning process. When people could not consent good practice guidance was followed to ensure decisions made were in the best interests of the person. Care plans were detailed, up to date and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety.

The service operated a key worker system. A member of the care staff was assigned as key worker for each person who used the service. The key worker carried out a monthly evaluation of each person's care and support. The evaluation provided summaries on feedback and involvement from the person, their relatives and friends, from professionals and identified if there had been any new risks and changes to the support plan. We saw key worker reports were available and care plans were reviewed and updated when people's needs changed.

At our last inspection we made a recommendation in respect of guidance and advice from professionals was not always being used to inform care planning. At this inspection in August 2017 we found the provider had made improvements in line with our recommendations.

We saw each person had an informative health action plan with their health and support needs recorded in this. We saw records which identified staff had monitored and followed up health needs. People's care needs were kept under review and staff responded quickly when people's needs changed. For example one person had lost weight. They were referred to a dietician. Guidance was followed, the care plan was amended and the person's food intake was monitored. Following support the person had recently gained weight which was clearly documented and reviewed at timely stages.

There was a system in place for recording and managing complaints and informal concerns. We saw there

had not been any complaints made since the last inspection. The registered manager told us the organisation takes all complaints seriously and appreciates all compliments. He told us all people who used the service were provided with a copy of the complaints procedure in a format appropriate for each person and staff are trained to provide assistance to people in making a complaint. Whilst visiting people who used the service, they told us they were happy with the service and had no complaints.

# Is the service well-led?

## Our findings

Autism Care (North West) Limited had a registered manager in place. 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.

At our last inspection we made a recommendation in respect of improving quality assurance in line with best practice. At this inspection in August 2017 we found the provider had made improvements in line with our recommendations. They worked transparently and collaboratively with local authorities, staff, people who used the service and relatives as part of their improvement requirements. We found the provider had made improvements in line with our recommendations. We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested.

As part of the improvements since the last inspection, a letter had been sent to all families to introduce the registered manager. Meetings were offered and the registered manager met and had telephone conversations with several families to discuss the care and support provided to their relatives.

The provider had procedures in place to monitor the quality of the service provided. These included seeking the views of people they support through 'listen to me service user forums', satisfaction surveys and care reviews with people and their family members. We saw these were held regularly and any comments, suggestions or requests were acted upon by the registered manager. This meant people who used the service were given as much choice and control as possible into how the service was run for them.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included accidents and incidents audits, medication, care records and people's finances. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

The registered manager kept up to date with current good practice guidelines by attending a regional Driving Up Quality Governance Committee meetings (organised by the provider Lifeways) at which they shared learning and discussed new developments in care and support.

Staff were aware of the lines of accountability within the service and wider organisation. They were confident about raising any concerns and felt that any concerns that were raised would be dealt with properly. Staff described the registered manager as very supportive.

As part of the improvements since the last inspection a letter was sent to all staff introducing them to the management structure. The senior managers had met with staff at an engagement day in February 2017. This afforded the opportunity for two way communication ensuring employees views were fully represented

and also to gather views and opinions on new ideas and initiatives.

In addition a staff opinion survey was undertaken in February 2017. We saw the results were that staff felt well managed and supported, there was a good relationship between staff and managers and staff felt the managers were approachable. Actions were identified following the survey to address any areas where improvements could be made. For example it was identified that a newsletter with stories that are important to support workers was to be introduced. This had been actioned and we were shown a copy of the newsletter.

We discussed regulatory responsibilities with the registered manager. We saw documentation to show the registered provider had submitted notifications when appropriate. We found no evidence incidents went unreported to the Care Quality Commission.

On our arrival at the service's offices, we noted the last inspection rating was clearly displayed in the reception area. This is a statutory requirement for all registered providers. Autism Care (North West) Limited is part of the Lifeways group. As such the details of the location are displayed on the internet as part of the website for Lifeways. It was noted that the website for the Lifeways group was difficult to navigate in order to find the rating and inspection report for Autism Care (North West) Limited as part of the Lifeways group. The registered manager was asked to bring this to the attention of Lifeways Group as it is a statutory requirement for all registered providers. We are considering our regulatory response to this.