Autism Care UK (2) Limited

Autism Care Community Services (Yorkshire)

Inspection report

Rother Heights
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service.
Autism Care Community Services (Yorkshire) provides a supported living service and personal care service to people aged 18 and over in their own homes. At the time of the inspection the services were supporting four people.

In December 2018, Lifeways Community Care (Halifax) became the corporate provider of Autism Care 2 Uk Limited and the location Autism Care Community Services (Yorkshire). At the time of inspection Lifeways Community Care (Halifax) were in the process of making changes to the service and embedding new provider practices within the service.

Not everyone using Autism Care Community Services (Yorkshire) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service.
The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensure they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. For example, people's support focused on them having choice and control over the care and support they received and as many opportunities as possible to become more independent.

There was no registered manager in post at time of the inspection. Relatives and staff told us how there had been several managerial changes over the past four years which had led to inconsistencies within the service.

Staff recruitment and training records showed the appropriate checks had not always been undertaken before people started work and, some staff had not received training the provider deemed as mandatory. Staff had also not received regular supervision.

People received their care from a small consistent staff team who they had trusting relationships with. Relatives told us they were happy with the care and support being provided by the service.

People were supported to maintain and develop their independence. Staff treated people as individuals and respected their privacy and lifestyle choices.

The management team ensured people received a safe service with systems and processes in place which

helped to minimise risks. Staff effectively reported any safeguarding matters. All incidents were critically analysed, lessons were learnt and used to improve practice.

People, their relatives and health and social care professionals were now actively involved in decisions being made about the care people received.

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.

People were receiving their medicines when they should. New systems had been introduced which followed national guidance for medication arrangements.

The management team were open and honest which enabled people to share their views and raise concerns. Relatives told us if they were worried about anything they would be comfortable to talk with a member of staff.

The management team monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements to the services.

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

Rating at last inspection and update.
At the last inspection the service was rated requires improvement (published 10 May 2018). Although improvements were being made, the service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Previous breaches.
Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 safe. Details are in our Safe findings below.	**Good**
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 responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Autism Care Community Services (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. This inspection was planned to check 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.
One inspector carried out the inspection.

Service and service type.
Autism Care Community Service provides care and support to people living in three separate '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.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided. A registered manager from Lifeways Community Care was providing management oversight and support for the services.

Notice of inspection.
We gave the service five days' notice of the inspection because some of the people using the service could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection.

We reviewed information we had received about the service from the provider since the last inspection, such as serious injuries. We sought feedback from the local authority and professionals who work with the service.

The provider had not completed the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection.
We met with two people who used the service and spoke with four relatives about their experience of the care provided. We spoke with six members of staff. This included the deputy manager and two support workers, two senior service managers and the registered manager from Lifeways Community Care (Halifax).

We looked at a range of records. This included two people's care and medication records. We looked at three staff recruitment and supervision records. Multiple records relating to the management of the service and a variety of policies and procedures implemented by Lifeways Community Care since December 2018.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.
• Effective safeguarding systems had been implemented and most staff had completed safeguarding training. Staff knew of the types of abuse and what to look out for and told us they would report any concerns to their manager and they felt assured action would be taken.
• Relatives told us they felt the service kept people safe. One said, "[Person's name] is absolutely safe. The staff know [person's name] well and know what to do to ensure they are safe. Staff know [person's name] ways and that plans were needed in advance so [person's name] is prepared and not rushed."
• Improvements had been introduced to ensure the services were working closely with other relevant authorities to protect people from abuse and avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection.
• Care plans and risk assessments were being reviewed to reflect people's current care and support needs.
• Staff knew people well and how to support with health conditions such as epilepsy.
• Staff could explain how they minimised risks to people's health and well-being.
• New, robust contingency plans were in place to support people in emergency situations such as a fire.
• Staff had access to and used personal protective equipment such as disposable gloves and aprons to prevent the spread of infection.

Staffing and recruitment.
• Robust recruitment processes had been implemented which helped minimise risks to people. Lifeways Community Care (Halifax) had undertaken a full review of all recruitment records and was ensuring all necessary recruitment checks were in place.
• A review of the hours staff were working had been undertaken, this had resulted in changes to staff rotas. One relative said, "Staff worked long hours, they [Autism Care] never had the full staff team in place and there were some safeguarding issues." At the time of inspection, recruitment for more staff was being undertaken.

Using medicines safely.
• Medicines records were completed accurately. These showed people received the medicines they needed at the correct times.
• People who required help or prompts to take their medicines received the right support from trained staff who had their competency checked by managers.
• Managers and staff were unaware of STOMP, a national initiative for stopping the over medication of people with a learning disability, autism or both, with certain medicines which affect the mind, emotions and behaviour. Lifeways Community Care (Halifax) took immediate action to share this information throughout their service. Medication records showed people were not being over medicated.

Learning lessons when things go wrong.
• Effective arrangements had been introduced to learn lessons when things went wrong.
• Where accidents and incidents had occurred, managers looked for any patterns or trends ensuring any lessons to be learned were shared with the whole staff team.

Requires Improvement

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• Care records showed that some people's needs had not previously been fully assessed before they had accessed the service. Concerns had been raised by the local authority and some relatives around people's compatibility for sharing properties with other individuals. Lifeways Community Care (Halifax) acted immediately to implement a robust review of people's assessed needs.
• Staff were matched to people's preferences where possible; one person was supported only by female staff in line with their wishes.

Staff support: induction, training, skills and experience.
• Whilst we found no impact on people, staff required training specific to the needs of the people they were supporting. For example, in areas such as supporting people with autism and how to positively support people with managing their distress.
• Lifeways Community Care (Halifax) had undertaken an audit and identified training shortfalls. A new training programme was being implemented to ensure all staff received relevant training. This had not fully embedded into practice due to timescales.
• A new, robust induction programme was now in place for all new staff with opportunities to shadow experienced staff. Plans were in place for existing staff to undertake this induction to ensure everyone shared Lifeways Community Care's (Halifax) service values and objectives.
• The management team were approachable and available when staff required advice or support. One member of said, "Since Lifeways took over I feel really well supported, managers are there to support us whenever we need it, I feel like there is more structure now."
• Staff were now being supported through planned and regular supervision. Annual appraisals were planned to be undertaken this year.

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 with appropriate legal authority. Where people are deprived of their liberty in their own home's applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• All people supported by the service had authorisations approved through the Court of Protection regarding their housing, care and treatment.
• Staff understood their responsibilities regarding MCA and best interest decisions. We observed staff sought permission before supporting people.
• Staff had a good understanding of people's communication needs and were observed supporting people throughout the inspection to make day to day decisions and choices.

Supporting people to eat and drink enough to maintain a balanced diet.
• People were encouraged to be actively involved in planning their weekly menu and taking part in food shopping.
• Staff promoted a healthy, balanced diet and most meals were freshly homemade.
• Support plans outlined people's preferences and the support they required with their food and drinks. Assessments from speech and language therapists were evident in support plans to guide staff where necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.
• Improved working partnerships had been introduced with other organisations to ensure people received joined-up care and support.
• People had regular access to healthcare services when they needed it. We observed one person attending a GP appointment at our visit. Records showed this person was having regular check-ups and investigations for a health problem and timely action had been taken by staff.
• Health action plans had been implemented which identified people's health, care needs, and any appointments required.

Adapting service, design, decoration to meet people's needs.
• People's properties were maintained through their tenancy agreement and when required staff reported faults, with action being taken to rectify these.
• Staff engaged with landlords, relatives and other professionals to ensure people's properties were safe and comfortable. Appropriate safety checks were undertaken.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.
• People were happy in the company of staff. There were many positive interactions between staff and people living in supported living home that we visited.
• Relatives told us staff were kind and caring. One comment included, "The staff do a good job with [person's name]. [Person's name] always seems to be safe and happy when they visit. The staff are really good."
• Staff understood their responsibilities to treat people equally. A new equality and diversity policy had been implemented to protect people and staff against discrimination. Training for staff in this area was being planned.
• The management team monitored staff engagement with people to ensure they were always kind and caring.

Supporting people to express their views and be involved in making decisions about their care.
• Improvements in care and support plans emphasised people's choice and the support they required to make decisions about their care, support and activities.
• Staff used appropriate communication methods to support people to be involved in their care planning and reviews.
• People and their relatives were involved in all decisions about their care and support. One relative said, "Staff keep us up to date about [person's name] and we get invited to any meetings about [person's name]. When we visit, staff always update us on how [person's name] has been that week or they would telephone us if they had concerns."
• No one was using an advocate at the time of inspection. The deputy manager told us that all people had relatives who advocated on their behalf if they needed external advice and guidance.

Respecting and promoting people's privacy, dignity and independence.
• Staff respected people's rights to have their privacy and dignity promoted. One staff member said, "I always try to keep people's privacy as much as possible but at times this can be challenging. I try and make sure [person's name] puts their dressing gown on when going to and from their bathroom and bedroom."
•Confidential information was being stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.
• Staff helped people to develop their independence. Support plans were being reviewed to reflect what people could do for themselves and guide staff how to help the person build on their independent living skills.
• People received care and support from a consistent staff team. One relative said, "[Person's name] has a small consistent staff team who they get on well with. They all know they have to prepare [person's name]

for any changes like outings, doctors' appointments or when new staff are coming in."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.
• Staff had a good understanding of people's lifestyle, preferences and needs.
• Improvements had been made to care and support plans to reflect people's choices, wishes, preferences, life aspirations and what was important to them.
• Positive behavioural support plans were being introduced which provided detailed information on possible triggers and how staff should support people when showing signs of distress. A relative told us, "The staff know [person's name] so well. [Person's name] can be difficult at times, I struggle, but they know what they are doing and keep [person's name] safe and happy."
• Lifeways Community Care (Halifax) had made improvements to how the service worked in partnership with others to ensure people were supported to access local services and activities to prevent isolation.
• People had access to their own transport which allowed staff to meet their needs and arrange activities and outings each day.
• Care and support plans showed people and their relatives were fully involved in planning their own support; where changes were needed people were supported with this. Relatives told us they had been informed of the changes to the service and new management from Lifeways Community Care (Halifax).

Meeting people's communication needs; Improving care quality in response to complaints or concerns.
From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
• Lifeways Community Care (Halifax) had implemented detailed equality and diversity care plan's which included people's needs such as their sexuality and any specific diets, in line with their religion or cultural needs.
• New accessible information had been introduced to support people using the services to raise concerns, this included pictorial and easy read complaints records.
• One relative said, "I would go to [deputy managers name] if I had anything I wanted to complain about. At the moment everything is going ok, as long as [person's name] is happy then I am too."

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.
• Staff supported people to follow their interests, take part in activities that were appropriate to their needs and access a range of activities in the wider community to prevent isolation.
• Lifeways Community Care (Halifax) worked closely with people, their relatives and external health and

social care professionals to identify people's interests, goals and life aspirations. This included supporting people to go away on holidays.
• People were supported to maintain relationships with people that mattered to them. Relatives told us how they were now welcomed and encouraged to visit the service or how staff would arrange to meet with them in the community or support people to visit their homes.

End of life care and support.
• The management team informed us that when required they would work with people, their relatives and other professionals to ensure the person experienced a comfortable, dignified and pain-free death with their end of life wishes respected.

Requires Improvement

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 the provider did not have effective governance, including assurance and auditing processes to assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 17.

Service management and leadership was inconsistent. Leaders and the culture they had created had not always supported the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• At the time of inspection, the service did not have a registered manager in post and we had not received an application to approve the appointment of a new registered manager.
• The provider had not ensured there was consistent leadership arrangements in place to ensure effective accountability and oversight of the services prior to December 2018 when Lifeways Community Care (Halifax) took over.
• We identified gaps in some staff training and recruitment records which the provider had not acted upon. Lifeways Community Care (Halifax) acted to address this, however these remained to be fully implemented.
• The management team were clear about their roles and responsibilities. Improvements to the service were being made to ensure the service was well-led.
• Staff spoke positively about their roles and were enthusiastic about their future and ensuring people received good care and support.
• Lifeways Community Care (Halifax) had submitted timely statutory notifications to CQC following any significant events at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.
• The staff team had worked together for several years and were very supportive of each other and the improvements being made to the care and support people received.
• Staff praised the support from the new management team. One staff member told us," We've had a few changes to managers which hasn't helped but things are now settling and I'm confident that now we are with Lifeways things are going to keep improving."

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; Continuous learning and improving care.

• The management team demonstrated a commitment throughout this inspection to provide meaningful, high quality and person-centred care that met people's needs in a timely way.
• New policies, procedures and best practice guidance had been implemented to support staff and raise standards. However, this needed time to be fully embedded into staff practices.
• A robust quality assurance system had been introduced to review the service and drive improvement. The management team were clear on their responsibilities for ensuring quality monitoring standards within the services were continually developed and improving outcomes for people.
• Lifeways Community Care (Halifax) had clear guidance for managers and staff to follow if something was to go wrong.
• The management team had implemented clear monitoring and reviewing systems for each person accessing the services to ensure their needs were continually being met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
• Lifeways Community Care (Halifax) were actively seeking feedback from people, relatives, staff and healthcare professionals about the service.
• Regular house style meetings had been introduced so that people were asked for feedback on all aspects of the service.
• Staff meetings were now held regularly. Staff told us they felt listened to and they enjoyed their work.

Working in partnership with others.
• Improvements were being made to how the service worked with external health and social care professionals. One professional said, 'I have witnessed a much more transparent management structure who are working in a proactive way to improve all areas of the service and working alongside professionals to rectify any areas of concern. I visit the service often and I'm confident that the service is looking at how to improve the service in the immediate and long term.'
• Annual reviews involving people and other important people in their lives were being planned. This gave an opportunity to evaluate the previous year and set new goals for the year ahead.