Care Quality Commission

Autism Care (UK) Limited

The Cottage

Inspection report

Heath Farm
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Scopwick
Lincolnshire
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Website: www.autismcareuk.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected The Cottage on 24 September 2015. The inspection was unannounced. The last inspection took place on 12 August 2014 during which we found the provider had met all of the outcomes we inspected.

The Cottage provides personal care and support to people who live with complex needs related to the autism spectrum, and learning disabilities. The service can accommodate up to 10 people and there were 10 people living there when we visited.

The Cottage is part of a larger site called Heath Farm, which consists of five other homes, an activity resource centre and a main administrative office. It is located within the Scopwick area of Lincolnshire.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection 10 people who lived in The Cottage had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS.

People were supported to make decisions and choices for themselves wherever they were able to. Where this was not possible staff used the correct legal safeguards to ensure people's rights were protected. People were encouraged to share their views and opinions wherever they were able to, although the registered manager and provider's representative recognised that the current formats for gathering people's views and assisting them to make complaints could be improved.

People were safe living within The Cottage. Identified risks to their safety and well-being were planned for and well managed. Staff knew how to identify and report any concerns for people's safety and welfare and they were trained to manage medicines safely and appropriately.

People received individualised care and support from staff who were recruited, trained and supported appropriately. Vacancies within the staff team were effectively managed to ensure people received the support that was planned for them. People had good access to health care and their nutritional needs were fully supported to enable them to lead a healthy lifestyle.

People were treated with respect by staff who displayed a caring and warm approach to supporting them. They were able to maintain and develop their personal skills and were supported to enjoy a varied social life. Their privacy and dignity was maintained by staff who demonstrated a detailed understanding of each persons preferred lifestyle and needs. People's private spaces within the home were personalised to their tastes and needs.

Systems were in place to maintain and improve the quality of the services provided for people. The registered manager and the provider's representative ensured services were provided in line with good practice guidance and up to date approaches to care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safe living within the home. Any risks to their health and well-being had been identified and planned for. Staff had been trained to recognise, report and manage any identified risks for people.

There were sufficient numbers of staff available to help people stay safe.

Good

Is the service effective?
The service was effective.

People received care from staff who had been trained and were supported to provide effective approaches to care.

Systems were in place to ensure people's right to make decisions for themselves was upheld. Legal safeguards were used correctly where people were unable to make decisions for themselves.

Good

Is the service caring?
The service was caring.

People benefitted from the support of caring, patient and respectful staff. Their privacy and dignity was upheld and staff had a clear understanding of their personal preferences and ways of communicating their needs.

Good

Is the service responsive?
The service was responsive.

People benefitted from support that was personalised and which enabled them to maintain and develop their personal skills and social preferences.

Systems were in place to receive and respond to complaints.

Good

Is the service well-led?
The service was well-led.

There was a relaxed and open culture within the home. People and staff had the opportunity to voice their views and opinions about the service.

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

Good

The Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 September 2015 and was unannounced.

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

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as the local authority and social services.

People living at The Cottage were not able to fully express their views about the services provided. One person gave us limited verbal comments and other people were able to indicate some of their views with sounds, hand gestures and body language. Staff helped us to understand other people's ways of expressing their feelings through their behaviours. We also spent time observing how staff provided care for people to help us better understand their experiences.

We looked at two people's care records and we spoke with the registered manager, a team leader and three other members of care staff. We also had contact with a family member, a local authority representative, a visiting therapist, a visiting health professional and the provider's local Service Delivery Director. We looked at two staff recruitment files, training, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

One person used hand gestures and smiled to indicate that they felt safe with the staff who supported them.

Staff took time with each person to ensure they were safe. For example, one member of staff made sure that an area of the home was free from any objects that a person could cause damage to themselves with, before they walked through that area with the person. Another member of staff helped a person to become calm and understand risks to themselves and others before they entered the kitchen to make drinks.

Good quality risk assessments were in place that covered a variety of situations in which people could be vulnerable. For example, each person had a personalised evacuation plan in place to help them leave the building safely in the event of an emergency such as a fire. The provider had a plan in place to ensure people would be supported appropriately by staff if the building could not be safely lived in because of damage. Before people moved into the home staff made sure arrangements were in place to protect their finances and property.

Risk assessments and management plans were reviewed regularly to take account of people's changing needs and circumstances. When incidents occurred staff completed detailed and timely reports which included analysis of the incident. Staff also had debrief sessions when necessary and changes were made to people's risk management plans as a result of the learning acquired.

Care and risk management plans were in place to support people with their behaviours when they became challenging. The plans were focused on helping people to remain calm and enjoy their daily routines and activities. Where people needed extra support with their behaviours to enable them to remain safe, there were detailed management plans in place which included the use of physical restraint techniques. Staff had been trained to use positive behaviour management approaches and approved physical restraint techniques prior to starting to work with people and the training was regularly updated. Some of the provider's senior managers held recognised qualifications to enable them to provide training for staff in regard to behaviour management approaches. They also assisted staff to develop appropriate management plans for people.

There was a policy in place to make sure any concerns for people's safety were managed appropriately. Records showed that staff had followed the policy each time a concern was highlighted. They had reported the concerns to the appropriate managers and external agencies and reports were detailed and timely. Records showed staff received regular training about how to keep people safe and they demonstrated a clear understanding about how to recognise and report abusive situations.

There were enough staff on duty to meet people's needs, however owing to a number of vacant posts within the team staff worked extra hours to cover the shortfalls this created. The provider made use of their bank system staff and a limited number of agency staff. Records showed agency staff were appropriately trained to provide the support that people needed. The registered manager told us there was a recruitment programme in place as a result of the vacancies. There was a general feeling among staff that the staffing deficiencies due to carrying a high level of vacancies were being handled as well as possible by the service managers.

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

Staff told us, and records showed, that they were trained how to manage medicines in a safe way and in line with good practice guidance. The registered manager assessed staff performance regularly to make sure they maintained their knowledge and skills in this area.

Staff followed the provider's policy and good practice guidance when dispensing and administering medicines. They knew what people were prescribed and why. Medicines care plans contained details of the person's allergies and sensitivities to any medicines. Medicines administration charts (MAR's) were completed in full. A copy of the person's up to date medicines care plan, including protocols for the use of medicines needed only in certain circumstances, were kept alongside the MAR's. The provider had established a specific risk assessment tool which enabled staff to react appropriately in the event of a medicines error.

Good

Is the service effective?

Our findings

One person gave us a 'thumbs up' sign and a smile when we asked if they thought they were well looked after. A relative told us they were very happy with the support and care received by their loved one.

Staff demonstrated a clear and detailed understanding of people's needs, wishes and preferences. They followed the guidance set out in people's care plans.

Staff understood their roles within the team and the roles of others. They described key worker roles as well as their general responsibilities as care staff or team leaders. They told us they received training and support to enable them to carry out their job roles. One staff member said, "The company are good at training, we get loads of it."

The provider had training frameworks in place for team leader roles and the registered manager role. The registered manager training included an operational focus about how to provide and maintain a specialist autism service.

Records showed new staff received a comprehensive induction programme which included training in subjects such as fire safety, infection control and health and safety. We also saw they received training that was tailored to meet people's needs. An example of this was a person specific training pack that told staff all about a person's needs and preferences. It was accompanied by a training analysis to show what skills and knowledge staff needed to support the person appropriately. Training was also provided in subjects such as autism specific support, positive behavioural approaches and epilepsy management. Staff completed workbooks to guide some of their training such as medication management, which allowed the registered manager to assess their understanding of the subject. Staff who worked in other parts of the provider's service such as administration and domestic services told us they received the same training as care staff which enabled them to work with people more effectively.

A planning tool was available to show when supervision sessions had been carried out with staff and when it was next booked. Staff members told us they found supervision sessions were useful to guide them in their job roles. Staff also told us they could speak with the registered manager or senior members of the team when they had need of support in between supervision sessions. The registered manager showed us that they were on target to meet the annual number of supervision sessions set out in the provider's policy.

The registered manager and staff understood the legal safeguards in place to help people with decision making. Where people did not have the capacity to make specific decisions about their lives those decisions were made in their best interests, in line with the Mental Capacity Act, 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The records of decisions taken in people's best interests were detailed and showed that everyone involved with the person's care had been consulted. Mental capacity assessments were in place, as were DoLS authorisations for all of the people who lived within the home. People's care plans recorded the types of decisions they could make for themselves and the support they needed when they could not do so.

A range of foods and drinks were readily available for people. Menus were based on people's known likes, dislikes and any allergies or special dietary requirements they had. Staff had developed a choice board so that people could pick the representation of what they wanted to eat off the board and hand it to staff. Foods and drinks where represented by pictures or magnetic plastic models that matched what was available in the kitchen.

Staff supported people to have drinks whenever they wished. Staff encouraged healthy eating alternatives for people and one person had been involved in developing a programme to help them eat healthier foods. Records showed that when required specialist dietary assessments and monitoring had been carried out. Staff had sought input from other professionals such as dieticians, in a timely manner wherever needed. One person with specific dietary requirements and preferences was supported extensively by staff, dietary professionals and other health professionals to enable them stay healthy.

People's health needs were assessed and monitored regularly. People had an annual health check with their GP's and they had reviews with other health professionals such as Consultant Psychiatrists twice a year. Staff demonstrated and records showed they were skilled in recognising any issues that may be linked to a person's health, especially where people could not communicate if they were feeling unwell. They supported people to attend their GP clinic or local hospital whenever they need to.

Good

Is the service caring?

Our findings

One person told us, "I love it here, I am very happy; I'm going on holiday soon."

Staff displayed patience and understanding when interacting with people. The showed respect for each person's differing ways of living their lives. Some examples of this respect were that people were supported to rise in the mornings at whatever time they wished and they were supported to eat their meals wherever they wished. In order to enjoy a calm and relaxed day some people needed to have a very clear routine to follow. Staff supported those routines in line with people's planned care and preferences.

Staff showed respect for people as equals and spoke with them in an adult manner. Staff were skilled at interpreting people's different ways of communicating their needs and wishes. They encouraged people to use signs, pictures and objects of reference to communicate and they reacted quickly and appropriately when people communicated their needs and emotions through their behaviours. One person, whose daily routine had been interrupted, was supported by staff who used calm, caring verbal interaction and body language to demonstrate they understood the person's frustrations and wanted to help them to resume their routine. The person responded in a positive way by becoming calmer in mood, smiling and taking the staff member's hand.

Some people benefitted from one to one staff support based around their complex needs. People responded and interacted readily with those staff and also sought out other members of staff to interact with whenever they wished.

During our visit some people who lived within the home were enjoying an aromatherapy session. They were relaxed in the company of the therapist and one person was encouraged to help the therapist complete their records. Care staff maintained a discreet presence so that they were available if anyone wanted or needed extra support.

People's privacy was respected. Keys were available for people's bedrooms so that their personal space remained private to them. If people were not able to use a key there were systems in place to ensure they had free access to their rooms. People who preferred to eat in private where supported to do so.

People's personal information was kept in the main office which was locked when no one was in the room. Some personal information was stored within a password protected computer. However, the provider had recently taken the decision to remove the office printer. We saw that people's personal documents were now sent to a printer located in a public space of the administration office, which could compromise people's confidentiality. The provider's Service Delivery Director demonstrated that they had raised issues about this arrangement with the provider.

The home was clean and tidy and the safety aspect of fixtures, fittings and equipment had been given priority. However, the environment lacked a sense of homeliness. The registered manager and the provider's Service Delivery Director demonstrated the actions they had taken to improve the environment so far and the planned actions that were due to take place. Staff described plans to enhance the comfort and usability of communal spaces and we saw that people's bedrooms were decorated and furnished in a way that met the person's needs and preferences.

The registered manager told us one person who lived within the home currently used advocacy services. Information was available about how to access advocacy services and we saw other people had received this type of support in the past.

Good

Is the service responsive?

Our findings

People, where they were able to be, their families and relevant health and social care professionals were involved in the assessment and planning of care to meet people's individual needs.

A range of assessment and planning tools were used to ensure staff provided the right care for people. These included autism specific assessments packs, positive behaviour management frameworks and a picture based communication framework. This framework enabled people to express their wishes about their preferred routines and understand events in their lives such as going to see their GP or going on holiday. Care plans described in detail the support each person should receive based on their needs, wishes and preferences.

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

Assessments and care plans were regularly reviewed with input from the person and anyone involved in providing their support. People's key workers completed monthly reports about people's progress which were shared with people's relatives and service commissioners so that they could see people were receiving appropriate support.

People had individual activity programmes which enabled them to enjoy their chosen social interests and develop and maintain their independence. The activity plans also took account of some people's need to have a very clear routine for each day. We saw people were encouraged to join in with dusting around the home, keep their bedrooms clean, manage their own laundry and prepare drinks. They were also supported to go for walks, take outings to shops and social venues and take holidays. They were encouraged to maintain contact with their families by way of visits and telephone calls.

Staff supported people to move through their daily activities and used the person's preferred method of communication to explain what was happening during the day. Staff member's detailed understanding of people's moods and behaviours enabled them to encourage people to try out new experiences at times, and in ways, that were suitable for the person.

The provider had a complaints policy in place and the registered manager showed us how they would record and respond to complaints in line with that policy. Records showed that no complaints had been made in the previous 12 months.

Results of annual surveys and the complaints record history showed that people's relatives and professionals involved in their care knew how to use the complaints policy. An easy read version of the complaints policy was available for people. However, the registered manager and the provider's Service Delivery Director recognised that most people who lived within the home would not always be able to use the complaints system effectively. They said they would look at alternative and more appropriate ways to support people with this.

Good

Is the service well-led?

Our findings

People living within the home indicated to us through gestures and body language that they were comfortable in the company of the registered manager and senior staff throughout our visit and they sought them out for personal interactions. The registered manager and senior staff demonstrated a detailed understanding and knowledge of people's needs, wishes and preferences and guided other staff supporting people.

Staff spoke well of the registered manager and the provider's Service Delivery Director. They said they responded quickly and appropriately to any issues that were raised. They told us they could raise concerns when they needed to and felt supported by them. Staff were aware of the provider's whistle blowing procedures and said they would not hesitate to use them if necessary.

Staff told us there was a good sense of team work within the home. One member of staff said, "I do think I have had good support from staff and managers and I know that if I have issues I can ask. I know that all of the staff team are watching out for me and they are always quick to support when needed which makes me feel confident." The registered manager had developed good working relationships with many external support agencies for the benefit of people and the staff who supported them. Records demonstrated there was regular contact with a range of health and social care professionals and the local authority.

Links had been developed with some parts of local community organisations such as the police and a nearby military base. The provider's Service Delivery Director and other staff had recently provided training for local police officers to help them understand more about autism and learning disabilities. The registered manager said that this training had helped police officers to support people more effectively and help to keep them safe when there had been a need to do so.

House meetings took place regularly where people and staff could discuss issues that were important to them. Some people were not able to engage fully in the meetings but records showed they were still able to join the meetings and have whatever input they wanted and could give. Best interest decisions were clearly recorded if any agreed changes within the home may have affected people individually.

Regular satisfaction surveys were carried out with people who lived within the home, their families, staff members and external support agencies. The registered manager and Service Delivery Director recognised that the current survey format may not always be suitable for some of the people who lived within the home. They said they would explore other, more suitable, ways to gather people's thoughts and views about their care.

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

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

Another example of how events were analysed was related to the recent high turnover of staff. The analysis of exit interviews had identified a common theme and the Service Delivery Director and other local managers were now working with the provider to address the issue. They also demonstrated they were working closely with local authority representatives to monitor and address the issues.

Due to staff vacancies within the team, systems were in place to show how many hours staff were working over and above their contracted hours. Some staff told us they worked "a lot" of extra hours to ensure staff levels were maintained. During the visit the registered manager and the provider's Service Delivery Director made improvements to their systems in order to monitor the well-being of staff more effectively.

Systems were in place to regularly monitor the quality of the services provided. A quality assurance audit was carried out within the home regularly by the manager of another of

Good

Is the service well-led?

the provider's registered services. The senior managers from the provider organisation also carried out an annual quality and health and safety audit. The audits covered topics such as medication arrangements, health and safety arrangements and care records. The outcomes from all of the audit activity were combined into an action plan. The progress with the action plan was monitored by the provider's quality assurance department.

We saw that some actions identified during the last audit cycle had been completed and others were in progress. The provider received regular feedback on the progress with action plans as was shown in the minutes of their meetings with local managers.

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

The provider's representative told us the home was accredited by the National Autistic Society (NAS). Accreditation with the NAS means the provider is seen as competent to provide specialist support for people with autism and used up to date methods and approaches to provide that support.