

Autism Care (UK) Limited

The Paddocks

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

About the service

The Paddocks is a residential care home providing personal and nursing care to seven people living with a learning disability or mental health condition at the time of the inspection. The service can support up to seven people.

The Paddocks is an adapted bungalow situated on a campus style service in rural Lincolnshire. There are several other houses and bungalows located on the same site and a shared administration office. People living at The Paddocks have their own room and access to a range of shared facilities. They can also use a range of facilities in the grounds of the complex.

Services for people with learning disabilities and or autism are supported

The service takes note of the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service is located on a campus style community in a highly rural area of Lincolnshire and as such would not fit with current best practice guidance which suggests small local services, integrated with the community. However, the size of the service having a negative impact on people was mitigated by the use of individual buildings. Staff supporting people did not wear a uniform or any identifying clothing that suggested they were care staff when coming and going with people, and people were supported to have access to local community facilities and services.

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

Systems were in place to ensure people were protected from abuse and investigate any concerns. Risks linked to people's care were considered and monitored. Environmental risks were considered. There had been some issues with staff recruitment over previous months, but people received care from staff who knew them well and had relevant experience. We have made a recommendation about maintaining staffing levels. People were supported appropriately with their medicines.

People's care was based on an assessment of their needs and their choices. Staff had access to arrange of training and support. We have made a recommendation about the provider reviewing how training in certain areas is delivered. People were supported to regularly access health care service to maintain their wellbeing.

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.

The service had regard for 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 using the service broadly reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities to gain new skills and become more independent.

People were well supported by staff who had a good understanding of their individual needs and preferences. There was some evidence people were supported to make day to day decisions, however, it was not always clear that people had been given meaningful opportunity to participate in care decisions. We have made a recommendation about this. People's privacy and dignity were respected and supported.

People's care plans contained good detail about how they should be supported, and we witnessed staff following this guidance. Care plans were very complicated and new care plans were being introduced by the provider. Staff understood people's communication needs. Alternative communication methods were not always considered. We have made a recommendation about this. People were supported to engage in a range of activities. There had been no recent formal complaints recorded. Information on people's end of life choices were recorded, as appropriate.

Staff and management were focussed in trying to ensure care and support was based on people's individual needs and personal choices. Some staff felt management were not always immediately available and felt more immediate support could be increased. Appropriate checks and quality audits were undertaken. There was some evidence of people being involved in the running of the service, but this could be better facilitated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection The last rating for this service was good (published 23 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have made some recommendations for the provider to consider that may help improve the quality of care offered.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Paddocks on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we 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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

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 well-led.
Details are in our well-led findings below.

Good ●

The Paddocks

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 was carried out by one inspector.

Service and service type

The Paddocks is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the service 48 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Not everyone who used the service was able or wished to speak with us during the inspection. We spoke with one person who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, regional manager, regional quality manager, a senior support worker, a support worker and an agency member of staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Following the inspection, we spoke with a member of the local authority's contracts team about the service and the ongoing work being undertaken to improve the quality of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had in place systems to investigate and deal with any concerns regarding the safeguarding of vulnerable adults. Concerns were recorded and matters reviewed by the registered manager or senior staff within the organisation. There had been no recent significant safeguarding concerns.

Assessing risk, safety monitoring and management

- Checks were in place to monitor the safety of the environment. We viewed copies of safety certificates for areas such as electricity and fire safety.
- Risks related to people's care were included in their care plans, although the risks were not always directly related to the support detailed in people's care plans. The quality manager demonstrated new care plan formats, showing how risks and care was more closely related.
- Accidents and incidents were recorded and individually reviewed.

Staffing and recruitment

- The registered manager and other senior staff said that recruitment had been an issue in recent months and this had resulted in the use of agency and bank staff on a regular basis. Duty rotas showed these staff were frequently the same individuals, who were familiar with the needs of people living at the service.
- Staff told us there were enough staff, barring sickness issues, although were concerned that there was a reduction of staff on an afternoon shift. Senior managers told us staffing was in line with contracted hours from the Local Authority.

We recommend the provider continue to review staffing levels to ensure that there are sufficient staff to actively support people using the service.

- The provider had in place appropriate systems to ensure the safe recruitment of staff, including requesting references and undertaking disclosure and barring checks.

Using medicines safely

- Medicines were managed appropriately and safely. Checks were carried out to ensure sufficient stocks were available and medicines had been administered appropriately.

Preventing and controlling infection

- A local authority review of the service had raised concerns about infection control and cleanliness of service across the campus facility. The provider was working with the local authority and the local NHS to address these concerns. The provider forwarded us a copy of the latest action plan.

- We found no serious concerns with the cleanliness of the home, which was maintained in good order on the day of the inspection.

Learning lessons when things go wrong

- Senior managers within the service spoke about working with the local authority on recent concerns. They talked about how they had worked collaboratively and met regularly to discuss progress and how they had dealt with matters across all the service on the site.
- The quality manager demonstrated a new format for care records. These were to be used across all the provider's services. The provider had integrated new services in the past year and was sharing elements nationally to develop improved care documentation.

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was evidence in care files that people's care needs had been assessed and that care was delivered in line with people's needs, wishes and personal preferences.
- Local authority staff told us sometimes short-term goals set for people as part of care reviews were not always realistic and smaller steps needed to be considered, in line with people's skills.

Staff support: induction, training, skills and experience

- Staff told us, and records showed that a range of training was available. Some staff felt the recent move to on-line training was not always helpful, particularly when supporting the client groups using the service.
- The registered manager and senior managers at the service spoke about how Non-abusive psychological and physical intervention training (NAPPI) was combined with positive behaviour support training, as part of the induction process. However, it was not always clear from care plans how positive behaviour support was actively used to assist people to develop skills.

We recommend the provider review how training around NAPPI and positive behaviour support is delivered and how outcomes are improved through this training.

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

- Evidence showed people were supported to maintain as healthy diet as possible whilst also having regard for personal choice. Many of the meals at the service were home cooked, with people participating in some aspects of planning and preparation.
- Where necessary people's dietary intake and weight were monitored and managed.

Staff working with other agencies to provide consistent, effective, timely care

- There was evidence in people's care records staff worked collaboratively. The local authority confirmed that the service worked jointly with other services.

Adapting service, design, decoration to meet people's needs

- The building was a single storey dwelling that had good access to all areas and had access into a large garden area. People's individual rooms were personally decorated. Communal areas of the home felt less homely and some furniture was in need of replacement or repair. Some parts of the garden area needed attention and developed to improve access.

Supporting people to live healthier lives, access healthcare services and support

- There was evidence in care files that people were supported to access a range of other health and social care services. Staff were able to describe how they supported people to maintain their wellbeing.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the guidance of the Mental Capacity Act 2005.
- A range of best interests decisions had been made in relation to care and support. A small number of these decisions were unnecessary and concerned day to day activities or general care. We spoke with senior managers about ensuring best interest decisions were in line with requirements. They agreed these would be reviewed.

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 now remained the same. This meant 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 effectively supported by staff and staff members had a good understanding of people's care needs, their personalities and preferences.
- We observed people looked happy living at the home and appeared well care for.
- Some staff told us that with improved staffing they could support people to access the community more widely.
- Staff were aware of issues regarding equality and diversity and actively supported people living at the home in maintaining their rights. Staff said they had never encountered any issues when supporting people in the local community and most local businesses were supportive of people living at the home.

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

- People were supported to make decisions and express their views on a day to day basis.
- There was some evidence that families were involved in care decisions and care reviews.
- There was limited evidence people had been given meaningful opportunity to be involved in care reviews. Care review documentation was not in easy read or alternative formats

We recommend the provider review the processes for ensuring people can input into care reviews in line with their wishes and abilities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were supported and encouraged. People had their own rooms and facilities and they could spend time alone if they wished.
- Staff understood about encouraging and promoting independence and were able to give some examples of how people's skills had been developed over time.

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 remained the same. This meant 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

- Care plans had evidence of an assessment of need and were reviewed on a regular basis. Plans were extremely detailed and were often over complicated and long, meaning it was difficult for staff to maintain an overview of the care. Because plans were complex it was not always possible to see how these had been developed in light of reviews.
- The quality manager demonstrated a new format of care plans that were being introduced across the provider organisation. These plans were simpler and concentrated more on goals people wished to achieve.
- During the inspection we observed staff supporting one person who was expressing distress. We noted staff were following the process laid out in their care plan.

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.

- Staff were aware of people's individual communication needs and how they liked to receive information or be aware of their surroundings.
- There was some easy read information available within the service, although material related to direct care issues tended to be detailed written information. New care plan formats also did not contain more accessible information.

We recommend the provider consider how care plans can be developed to ensure people have as much access to information as possible.

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 access the local community and participate in a range of activities at the home and the wider campus. Staff told us recent staffing issue had curtailed some activities or the ability for people to access the community, but things were improving slowly.

Improving care quality in response to complaints or concerns

- The provider had in place a complaints policy. There had been no formal complaints raised within the previous 12 months.

End of life care and support

- At the time of the inspection there was no one living at the home who was receiving end of life care. As appropriate, information about people's last wishes or funeral plans was maintained in people's care folders.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke enthusiastically about trying to deliver care that was person centred. The registered manager wanted to ensure people's experience of care was positive and that they could live the best life they were able.
- The local authority had recently raised concerns about the home and some of the other services based on the site. Senior managers had worked with the local authority and other organisations to drive improvements and progress the quality of the service.
- Staff were positive about the support from management, although some staff felt managers were not always immediately available and they would welcome increased support and guidance. We spoke with senior managers about this who agreed to review the matter.

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 registered manager and provider were aware of their obligations under the duty of candour. There had not been any recent incidents at the home that required the provider to act on this duty.

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

- There was evidence of a range of audits and checks being carried out at the service. The provider's quality manager had recently been focussing on all the services on the site to help improve quality and instigate new care planning processes.
- The regional manager spoke with us about working with the local authority on improvements and shared with us a copy of the current action plan in place to ensure quality was maintained across the services.
- The service was displaying the current quality rating for the home and had notified the CQC of key events as they are legally obliged to do so.

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

- There was some evidence of staff meetings and meetings involving people who lived at the home, however these were not always regularly undertaken, and it was often difficult to see what actions had occurred in light of these meetings.
- Staff said they could raise issues in staff meetings and could also approach the registered manager or

deputy manager if they had any issues or concerns.

Continuous learning and improving care

- There was some evidence of learning within the service. The registered manager spoke about working with the local authority and local NHS service over recent concerns, improving staff training in certain areas and also changing culture and attitudes with the service.

Working in partnership with others

- The local authority had no concerns about the service working in partnership with them. They told us senior managers for the service had been responsive to their concerns and taken steps to address matters, although there was still some progress to be made.
- There was evidence in people's care plans that staff worked with a range of other agencies to develop plans that supported people living at the home.