

BEAM ABA Services Limited

BEAM ABA Services

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook this inspection on 30 January 2017 and 2 February 2017. The inspection was announced. We gave the provider 48 hours' notice of this inspection to ensure that the registered manager would be available to support us with the inspection.

The service was last inspected in 2013 at their old location and was meeting all of the regulations that were looked at during that time. Since the last inspection the service had re-located to new offices.

BEAM ABA Services provides personal care and support to children and young adults between the ages of two to 23 years with learning disabilities, specialising in supporting children with autistic spectrum disorder. There were 29 children and young adults using the service at the time of the inspection. Care packages were being delivered not only in London but also in Bristol and Manchester with the provider's main office based in North London.

There was a registered manager in place at the time of the inspection. 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.

BEAM ABA Services work with individuals with Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and other complex behavioural needs. Applied Behaviour Analysis (ABA) therapy aims and supports to bring about meaningful and purposeful change in behaviour and teaches replacement skills and strategies that equip the individual to live a more independent and socially engaged life. The service works with children and young people across early intervention, school, university and transition years.

We received overwhelming positive feedback from parents of children and young adults who were being supported by BEAM ABA Services. They told us how the service had positively impacted on their child's life and supported them to integrate into day to day life and activities.

Staff were aware of each child or young adult's individual needs and how they were to meet those needs. Care packages were tailor made to each specific individual listing their strengths as well as the areas where specific support was required or outcomes were to be achieved. Each person's care plan included detailed risk assessments that identified specific risks that were associated with the health, care and support needs of the person to ensure that staff were aware of the specific risk and how to mitigate each risk so that people were kept safe from harm.

The service encouraged, motivated and ensured that all staff were equipped with the skills and knowledge needed to deliver the outlined programme of care and support. Staff, known as Behaviour Support Therapists (BST), were provided with an in-depth induction into the principles of ABA therapy as well as

training in mandatory topics such as safeguarding, Mental Capacity Act 2005 (MCA), first aid and safe restraint techniques.

BEAM ABA had clear systems and processes in place to facilitate and ensure effective transition between services once they had come to the end of the support provision that they were commissioned to provide.

The service had a number of policies and procedures which were available to help ensure people were protected from abuse and the risk of abuse. These included robust recruitment processes, staff training and guidance and direction on how to identify abuse and the actions to take if abuse was to be suspected.

Staff told us they enjoyed working for the service and felt well-supported by the registered manager and colleagues. Care staff received regular supervision, clinical supervision, group reflective supervision and annual professional development reviews.

We saw suitable and safe arrangements in place in relation to the administration and recording of medicines.

The registered manager and the staff team were highly knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA) and how this applied through the service they provided. Children and young adults receiving a service were supported to make their own choices and decisions where possible.

Staff were able to demonstrate a good understanding on how to obtain consent from the appropriate individuals involved in each support package, especially as some people supported by the service were under the age of 18.

Staff members were skilled in using a variety of communication methods to ensure that the people they supported were given choices and their needs and wishes respected where appropriate.

Parents and relatives confirmed that they received regular carers who had developed positive and caring relationships with the people they supported. Parents and relatives felt that they were treated with respect and dignity.

Parents and relatives confirmed that they felt able to raise concerns or issues and had direct contact with the supervisor allocated to the support package. They also confirmed that knew the registered manager and would contact him directly if their concerns or issues were not immediately addressed.

The service had a number of quality assurance systems in place which included spot checks, feedback questionnaires and informal audits of care plans, staff files and daily recording notes.

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. Policies and procedures were in place to ensure people were protected from abuse or the risk of abuse.

Risk assessments completed were detailed and specific to the person's individualised needs and requirements.

Safe processes were in place in relation to the administration and recording of medicines.

Robust recruitment processes were adhered to, to ensure that only suitable staff were recruited.

Is the service effective?

Good ●

The service was effective. Comprehensive induction and training was provided to ensure that all staff had the appropriate level of skills and knowledge to deliver the specific care approach required.

Staff told us that they felt well supported and received regular supervision and personal development reviews in order to improve, reflect and develop themselves within the scopes of the role.

BEAM ABA Services had policies and procedures in relation to the MCA. The registered manager and care staff demonstrated a good level of understanding of the MCA and how this impacted on the care and support that they provided.

People were supported with their meals where this was identified as a target or outcome to be achieved.

The registered manager and staff were available to support people with their health care needs where required.

Is the service caring?

Good ●

The service was caring. Parents told us that all the staff that supported them and the person were kind and caring.

Care plans were person centred and detailed and provided

information about a person's likes and dislikes.

Care workers were respectful of people as well as respectful of parents who were involved in the person's care and support.

Is the service responsive?

The service was outstanding in this key question. Parents and relatives told us that the care and support package they received had been effectively planned and responsively delivered in partnership with them and the child or young adult requiring the support.

The service assessed the level of support that was required and skills set that staff would need to work effectively and responsively with the person.

Parents confirmed that their child or young adult received care and support that was responsive to their individual needs and preferences as well as the needs of the parents.

Parents and relatives told us that they were aware of the provider's complaints procedure and knew who to complain to if they had any concerns.

The service was able to give examples of where services had come to an end due to the positive impact it had and a transition programme had been developed and implemented especially where other services had become involved.

Outstanding 

Is the service well-led?

The service was well-led. Parents and relatives knew the registered manager and the senior management team and knew who to contact and speak with if they had any concerns or issues to raise.

Staff that we spoke with were extremely positive about working with BEAM ABA Services and were complimentary about the registered manager and senior managers and the support that they received.

There was a positive and sustained culture at BEAM ABA Services which was open, encouraging, empowering and promoted development at all levels.

The service regularly communicated with parents and relatives in order to obtain feedback on the progress of the support package and the quality of care that was being provided.

Good 

In addition to meeting with people, parents and relatives, the registered manager and supervisors carried out regular quality assurance spot checks in order to observe care and support practises delivered by the BST.

BEAM ABA Services

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 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 took place on 30 January 2017 and 2 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist us with the inspection.

The inspection team consisted of one inspector and one inspection manager. In addition an expert by experience carried out telephone interviews with people and relatives who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke with one person using the service and 12 parents and relatives of people using the service.

Before we visited the service we checked the information that we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. The agency had maintained close working relationships with a number of health care professionals whom we contacted to obtain their views about the service.

During the inspection we spoke with the registered manager, an ABA consultant, one care co-ordinator, two supervisors, one senior BST and three BSTs. We reviewed a range of records about people's care and how the service was managed. These included care plans for six people, 11 care staff files, medicine administration records, staff training records, quality surveys and a range of policies and procedures.

Is the service safe?

Our findings

The one person who was able to speak with us and give feedback about the support that they received told us, "I feel secure with the staff." Parent's feedback about the safety of their children and young adults that were supported by BEAM ABA Services was extremely positive. One parent told us, "I know he's safe. They manage him really well." Another parent stated, "They are so open about everything, it gives you confidence and assurance that they're safe." A third parent said, "Yes, he's [child] incredibly safe with the BEAM girls, they assess everything, support him with his meds and help with his foods."

The service had policies and procedures in place for the protection of children and adults from abuse. Each procedure outlined the different types of abuse and the actions to be taken if abuse was suspected to have taken place. The service had put in place flowcharts for easy guidance to staff on the steps to take if abuse was suspected. Each staff member received safeguarding training as part of their induction programme prior to starting work. Staff that we spoke with and records confirmed that they had received safeguarding training.

Safeguarding training formed part of the induction training that care staff were required to attend prior to providing care and support. Certificates that we saw confirmed that care staff members had attended the course. All levels of staff that we spoke with were knowledgeable in recognising signs of potential abuse and the actions that they would take to report suspected abuse. One staff member told us, "I know the process of what to do if a parent or someone else calls raising a safeguarding. I would inform [registered manager]." Another staff member stated, "It depends on the situation and whether there is a disclosure issue for the child. I would listen, not make any promises, record and report to my line manager." A third staff member stated, "I would maintain the policy of the company and contact my line manager or the registered manager."

The provider stated that over the last three years they had not been involved in any safeguarding concerns raised against the service itself, but that they had raised four safeguarding concerns, which had arisen from concerns that they had about the people that they supported. We saw records of these concerns with details of the actions taken retained in a file. The registered manager understood their responsibilities in relation to reporting any concerns and was pro-active in communicating with the local authority or the Care Quality Commission (CQC) if and when required.

Staff understood the meaning of the term 'whistle-blowing' and to whom this must be reported to. Staff were aware that they could report their concerns to the local safeguarding authority or to the CQC. Within the office a selection of one page summary posters were displayed which provided care staff with prompts and directions in topics such as safeguarding and whistleblowing.

Each person's care plan included detailed risk assessments that identified individualised and specific risks that were associated with the health, care and support needs of the person to ensure that staff were aware of the specific risk and how to mitigate each risk so that people were kept safe from harm. In addition to environmental, health and safety risks, the service had risk assessed individualised risk such as placing

plastic objects in the mouth, food allergies, bolting, behaviour that may challenge, physical aggression, masturbation and property destruction. Each risk assessment looked at what the identified hazard was, who might be affected and the safety measures in place to reduce the risk.

Where identified risks were associated with people's known behaviours, a behaviour support plan had been devised which identified the behaviour, the possible reasons why this behaviour manifests, known triggers, pro-active strategies to prevent an incident and reactive strategies to positively manage the known behaviour at the time of occurrence. Each plan for people was individualised and tailor made according to their known behaviours and presentation. In one person's behaviour support plan we noted that the person was at risk of ingesting inedible objects and swallowing them. This is known as pica. The care plan gave clear direction to staff on how to reduce the risk of this happening. Instructions included, "Make environmental arrangements, i.e. removing any sharp or hazardous items e.g. scissors, knives etc. and avoid cluttered environments where possible."

Staff were very aware of people's potential risks and how this impacted on the care and support that they were required to provide. One staff member told us, "Before we start any support package we read the care plan. We look at all the risk assessments including the ones for going out before we take the person out so that we are always aware of the risks." A second staff member stated, "The care plan is the first thing that we read especially the risk assessments."

The provider had a restraint policy in place which outlined how and when safe restraint methods were to be applied. Staff were also required to complete specific training on restraint. Significant incidents, restraint and restriction records were being recorded, which included detailed records of incidents and the type of restraint that were used. This included details of the action taken as a result of the incidents. For one person, we saw incident reports, for three different incidents within a two-week period. Actions taken by the service included retraining staff, reviewing the approach to caring for the person and considering new programmes and de-escalation techniques.

Accidents were regularly recorded in the accident book, although in some records the information about the person and/or staff member was not clearly recorded. We highlighted this to the registered manager who told us that he would address this to ensure that records were clear and complete.

Staff records that we looked at showed that the service had recruited staff in line with the regulations. The following documents were found on staff members records: a completed application form, completed interview assessment forms, proof of identity and eligibility to work in the UK, criminal record checks, evidence of qualifications, a reference from a previous employer or educational supervisor and additional character references. Staff who had recently been employed were allowed to only shadow staff or work under supervision while awaiting receipt of their criminal records check. The provider as good practice ensured that all criminal records checks were reviewed and re-applied for each staff member every three years.

The service did not use any agency staff and only employed permanent staff to ensure continuity of care. Parents that we spoke with did not raise any concerns about shortage of staff and confirmed that their child or young adult received care and support from a regular team of behaviour support therapists (BST). Parents also confirmed that all staff generally arrived on time and where they were running late they were always informed. The registered manager did tell us of future plans to recruit a team of bank staff so that annual and sick leave could be adequately covered.

Rotas we looked at confirmed that staff were always allocated sufficient travel time between each rostered

shift. The care co-ordinator confirmed that lateness and missed visits had not been an issue as staff were provided with a rota two weeks in advance so that there was sufficient time to identify and rectify any noted issues or mistakes. This also included covering of shifts for planned leave or sickness. Rotas were also sent 10 days in advance to all the people and their relatives so that they also had the opportunity to make any reasonable adjustments required.

The service had a medicines management policy in place which outlined the processes and procedures for staff in relation to the safe administration of medicines. Records confirmed that all staff were trained and competency assessed for safe medicines administration. The registered manager told us that there were very few people that they supported with medicines. For most children or young adults, medicines were managed by the child's parents. As part of this process, we saw records confirming that medicine administration records were appropriately completed which included the name of the person, details of the medicines including the dosage and the times they were to be administered. These had been signed appropriately and no gaps in recording were identified.

The service was also required to administer specific medicines in situations where someone may have experienced an epileptic seizure or an adverse allergic reaction. Staff told us and records confirmed that they had received specialist training to be able to administer specific medicines such as anti-histamines in the form of epi-pens or the use of an epilepsy medicine that would be needed in case of an emergency.

Is the service effective?

Our findings

Parents were very happy with the quality of care and support that people received and were re-assured that support staff were well trained and skilled to deliver the programme of support for which they had been enlisted. One parent told us, "The staff are well trained." Another parent said, "They're very good the tutors are informative, tell you upfront what's going on and feedback after sessions. Really good communication." A third parent stated, "They tailor his care to his particular needs. The staff are really well trained, they must recruit from people with knowledge of special needs. I've never had any cause for concern about them."

Feedback from educational professionals who were involved with specific individuals receiving care and support from BEAM ABA Services told us, "We think the staff are sufficiently skilled and experienced to support the child we have in pre-school. They are caring, patient and display a wide range of knowledge in their practice during their time at our nursery." One professional when asked if the staff were sufficiently skilled replied, "Yes, for me this is a massive positive about BEAM, they have staff who know about how to support young people to change their behaviour, and who are interested and committed to doing this."

Induction was structured and included two days training in restraint, face to face and online topic modules and shadowing. Evidence of the presentations given to new staff on induction were seen and these covered autism, ABA, challenging behaviour, communication methods. Other topics covered included consent, rapport building and safeguarding. In addition to the topics covered in induction, additional mandatory training subjects included health and safety, team teach (training on safe techniques of restraint) and early intervention. The registered manager had devised a training overview which recorded the training that each person had received and the date that they had completed it. The overview also confirmed that training was refreshed on an annual basis.

Staff told us and records confirmed that they were encouraged to request and attend any training that would effectively support them in their role. One staff member had told us that they had requested training on early intervention which the service had provided. The registered manager also told us that when they began caring for a person who had epilepsy, they organised epilepsy training for the people caring for this person as they did not have the necessary expertise. We saw evidence that some staff had received training in epilepsy awareness.

Staff were on probation for six months and we saw evidence that staff were reviewed at three and six monthly intervals using a standard format to assess their performance and whether they were meeting the key objectives of their role. Staff told us and records confirmed that they received regular six monthly and twelve monthly professional development reviews. As part of their review staff were given the opportunity to discuss key objectives, targets as to when these would be achieved, performance measures and development needs.

Staff also told us that alongside their formal reviews, they were able to contact and speak with their line managers or the registered manager at any time. One staff member told us, "If it wasn't for [registered manager] I wouldn't have been able to take on the work that I do. He understands and will always step in

and help out." Another staff member said, "I always receive regular reviews and supervisions. My line manager has always been at the end of the phone if we have any issues."

We saw evidence of supervision agreements for clinical staff for ABA in accordance with accredited standards. These sessions took place on a weekly or monthly basis dependent on the staff member's needs. The agreement sets out the responsibilities of staff and the criteria against which they would be assessed which included competency to work with children, following behaviour support plans, understanding service users personalised plans, responding positively to training offered and provided, collecting and accurately recording data, providing personal care, supervising activities in the home and community and personal performance. Observations of the care provided by staff to people were also carried out.

Group supervision sessions were also held with senior BST's and supervisors. During these meetings the group would discuss caseloads, any concerns issues, problematic behaviours and varying techniques to support people.

The provider had a clear career development pathway for staff. Staff employed as behaviour support therapists could develop themselves to become senior BST's and then associate supervisor to clinical supervisor and senior clinician. The service encouraged, promoted and enabled staff to develop their skills and careers in the field of ABA. The provider was also due to introduce a standardised training package for BST's that did not necessarily want to pursue a career in ABA but to ensure personal development could access further training and development at the BST level.

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.

BEAM ABA Services had policies and procedures in relation to the MCA. The service did not complete mental capacity assessments for any of the people that received a support package from the service as the majority of people were either under the age of 18 and were supported by their parents or they were young adults over the age of 18 and the individuals parents were involved in making any decisions that were in the person's best interests. The registered manager informed us that where people lacked capacity, the local authority, had in most cases completed a capacity assessment which was given to the service on referral.

The registered manager told us that where people lacked capacity, most parents had documents confirming that they were legally permitted to make decision on behalf of the person. However, this was not clearly documented within the care plan and there was no information provided on the areas in which the person lacked capacity and the decisions that needed to be made which may have had an impact on the care and support being provided. We highlighted this to the registered manager who acknowledged this and confirmed that they would amend the care plan documentation to include this relevant information.

The registered manager and care staff demonstrated a good level of understanding of the MCA and how this impacted on the care and support that they provided. Training records that we looked at confirmed that care staff had received training about the MCA. One staff member told us, "I always assume people have capacity at all times. Where possible we offer choices all the time even if they want a snack." Another staff member said, "The information that we have about the person is that they have been assessed with the presumption that they have capacity and have the right to make their own decisions. Where people are non-verbal we use picture exchange to make sure people have choice and give consent."

Care plans that we looked at confirmed that consent to care was obtained and care plans had been signed by the person receiving care and where they were unable to sign the care plan had been signed by the parent or relative.

The registered manager and other members of the team had qualified as trainers of an accredited restraint technique 'Team Teach'. The provider trained all staff in this approach to restraint and evidence of certification was contained in staff member's records. The principles of using this technique were that restraint would only be used when it was deemed reasonable, proportionate and necessary to do so. All restraint interventions were recorded. All incidents were reviewed by the registered manager and a supervisor. Where there were a number of restraint incidents, refresher training was provided to staff to reinforce techniques and learning from incidents.

Care plans showed that staff only supported the child or young adult with their meals where this was identified as a target or outcome to be achieved by the child or young adult because this was an identified need or skill that needed to be mastered by the child or young adult. In most cases parents or relatives were always available to support the child or young adult with their meals. There were examples of where certain children or young adults needed specific support with their meal or nutritional and hydration intake as they had specific allergies or were selective eaters. This was clearly documented in their care plan with directions on how the person was to be supported safely. Where required staff completed food and fluid charts for people where there was an identified need to monitor food and fluid intake to ensure that the person was eating and drinking adequately.

One person using the service told us, "They take me out to do shopping and twice a week help me with cooking meals for me to eat." A parent explained, "He [person] suffers from SPD which is a heightened sensitivity to touch, taste, smell and he struggles to cope with loud noises or crowds. The BEAM girls are brilliant with him. Food's still not great but he'll sit at the table for 8 -10 minutes which he never would before. I feel really well supported by them." Another parent commented, "They [BST] support him with his meds and help with his foods, making certain he gets smoothies every day because that's the only way we can get fruit into him."

The registered manager and staff were available to support people with their health care needs where required. People's care plans recorded GP details as well as details of any other health care professionals involved such as psychologists and physiotherapists so that appropriate referrals could be made when needed.

Is the service caring?

Our findings

Parents told us that all the staff that supported them and the person were kind and caring. One parent told us, "They are so patient and it's not easy being patient with ASD sometimes but they're very caring and supportive. If he goes into meltdown they always seem to manage it and they always explain to me what has happened." Another parent said, "I can't fault them, the therapists, line manager checks things with me all the time to make sure I'm happy and up to speed with how things are going." A third parent stated, "Just watching them with him you can see how caring they are."

Parents told us that staff had established positive and caring relationships with the person that they were supporting. They confirmed that they received a regular team of BST's including an allocated supervisor that the person knew so that a relationship based on trust and respect could be established. One parent told us, "I chose BEAM because they were warm, less strict than some of the other services. They mould around your life. We had a wobble at Christmas because he was unwell but the girls were patient and managed his tantrums well and then re bonded with him."

Care plans were person centred and detailed and provided information about a person's likes and dislikes. One person's care plan stated, "I like playing on the X-box, watching DVD's, music mixing and animals." The care plans also clearly noted the person's dislikes, the things that might upset a person and what BSTs were to do if the person was to get upset or anxious.

One person and parents confirmed that they were involved in making decisions about how they and the person wished to be supported. One person told us, "They help me to get out, they take me for walks and things like that and every Monday we go food shopping and two days each week they help me cook proper meals for myself." One parent said, "For the first month they came and played and did activities with him, getting to know him. Everything they do is logged daily, they explain everything and then the lead carer rings every week to discuss progress." Another parent told us, "They speak to me all the time, explaining what they have done with my son and helping me to progress the work in our everyday life."

Care plans contained documents that parents had written which gave the service a detailed insight into the kind of person that they were to support. Parents were encouraged by the service to ensure that all key information was provided but also gave autonomy to parents on the level of involvement they wished to have in relation to the care and support that the service provided. One document we looked at included information on key facts about the person, their likes and dislikes, what is important to the person, plans for the person's future, the person's health and safety needs, an outline of a typical day in the person's life and details of their special educational needs.

The service also worked very closely with parents to ensure that the targets and outcomes that had been set for children and young adults to achieve were clear so that parents would be able to continue with the learning and support outside of the support from the service. One supervisor told us, "We work closely with parents as we have to phase them in to the support we are providing because there is no point teaching someone a skill if they are unable to complete the skill after we leave."

Some of the people that the service supported were non-verbal and so the service used a variety of different methods of communication to ensure people were actively involved in making decisions about their care and support. We saw tools that BSTs used one of which was a visual scheduling tool where the person was shown pictures in order to make choices about the activities that they would like to take part in for that particular day.

Care workers were respectful of people as well as respectful of parents who were involved in the person's care and support especially when the care and support was provided in the person's family home. People's privacy and dignity was maintained at all times whether at the person's own home or when out in the community. For example, where people were supported in the community and a specific incident, such as the person displaying behaviour that challenged, had happened, all staff carried informative material that could be handed out to members of the public so that they could read and understand the incident they had witnessed without being alarmed. This also ensured that a level of understanding and knowledge could be communicated to the public in order to protect the individual's privacy and dignity.

Is the service responsive?

Our findings

Parents and relatives told us that the care and support packages they received had been planned and delivered in partnership with them and the child or young adult requiring the support. Feedback from parents about the impact of the service was highly complementary and affirmed the processes and systems that the service used were responsive and effective. One parent told us, "BEAM has been with us for six months and they were teaching his relative Makaton, washing and dressing skills. There were regular staff with not too many changes and the timekeeping was good. They are caring and supportive. I can see the difference they've made to him. He has challenging behaviour but it's changing and improving slowly." Another parent explained, "The staff are very careful. We began with 2 - 3 staff who came every day for a week to bond with him. For the first month they came and played and did activities with him, getting to know him." A third parent said, "Since starting with BEAM it's going really well. His attention span has increased and his behaviour is getting better. I'm really impressed with how well they manage him. He's speaking a little bit now, just odd words and they are introducing toilet training, which is amazing."

The provider had devised and implemented a number of specific and innovative processes which included pre-service assessments and observational reviews which supported the delivery of a responsive and effective support package. This ensured that people received the appropriate level of care that was responsive to their needs. The first stage of the pre-service assessment was to meet with the child or young adult and their parents and to carry out informal observations so that the service could begin to get to know the person and understand their needs. Further observational visits would then be completed in the child's or young adult's educational setting as well as in a community setting so that relevant information could be collected to develop and deliver the appropriate care and support that the individual required.

Parents confirmed that their child or young adult received care and support that was responsive to their individual needs and preferences as well as the needs of the parents. One parent told us, "I've had to change things sometimes, because I work, but they're very flexible and will swap things around where they can." Another parent who had written a compliment about the services offered by BEAM ABA Services wrote, "Since [Name of person] and I [Relative] have had BEAM's support, there has been a dramatic improvement with all of [Name of person] behaviours. BEAM's understanding of [Name of person] disabilities and abilities is key to how they approach each situation. This is accomplished due to their unique skills. I value them greatly and dread to think what life would be like if they were not supporting us."

The service assessed the level of support that was required and skills set that staff would need to work effectively and responsively with the person. The first few sessions involved a supervisor with the allocated BSTs engaging in rapport and trust building activities where simultaneously they would look to identify people's behaviours and then record these systematically as well as identifying what people did well and look at reinforcing and building upon this.

Behaviours were assessed according to a model which looked at the background history of the person, behaviour patterns and the control measures used to support the person. The model looked at understanding people's behaviours, what triggered them, how the behaviours manifested themselves and

how they might be controlled. Data was collated at each session of the care and support package through observations of each person's behaviours as well as the outcomes explored at each session and whether these were met or not. They also used this data to understand whether specific behaviours could be improved upon over time.

Once the preliminary assessments were completed, two documents were developed. The first was a behaviour support plan and the second the person's personalised and individualised care plan. These plans were developed based on the data they had obtained and discussed with people's parents. The objective of the support package was to try and understand the child's or young person's behaviours, control those behaviours and support the person to learn and develop new skills in order to become independent and integrate into the community.

The service, in conjunction with the child or young adult and their parents, identified short, medium and long-term objectives with them. These were reviewed on a regular basis and at the very least on an annual basis. In the care plans that we looked we saw that care and support packages had evolved as a result of the care and support provided and was reviewed as and when a significant change or development had been noted. Records that we looked at and relatives that we spoke with confirmed that in all cases the service had been and was highly responsive to the needs of the people it supported as well as their relatives.

Parents we spoke with again confirmed the impact of the in-depth assessment and care delivery methods on the child or young adult that BEAM ABA Services supported. One person told us, "We have had BEAM on board for six months now and we simply couldn't function without them. He suffers from ASD and PDA and has very challenging behaviour, it's difficult to get him to do anything but BEAM seem to have got it right, he needs their approach. They're just wonderful, they work with us, they take him out so he gets contact with the community and have been instrumental in getting him into college. I'm so happy with these guys." Another person explained, "My son needs help with social skills because of his ASD. It's continual learning for him. BEAM are teaching him, two days a week they take him out into the community swimming, trampolining, bowling and for walks. He enjoys a very good quality of life."

Each supervisor, senior BST and BST staff were given mobile phone handsets which were used to collect data for each person that received care and support. A data collection application was programmed with each individual's support package so that staff could record, in real time, the individual's behaviours and the frequency of behaviours which would then be transferred into analytical data that could be reviewed and assessed. This data would then be used as part of the person's review process to ascertain what the support package had actively achieved and progress made. This innovative use of technology allowed the service to operate effectively and in real time so that they could monitor and analyse information, trends and patterns relating to a person's behaviour. This enabled the service to be responsive to the person's care and support needs and as a result design and deliver a care package tailor made to those needs.

Part of the care and support package that the service delivered included devising and implementing activity plans and, daily schedules in partnership with the person that they were supporting. We saw activity plans that had been produced for the week or even specifically for one day. One person had a community trip choices documented in their care plan which listed different places in a pictorial format to support the person in making a choice about where they would like to go for a community outing. Some care plans that we saw had task charts which broke down a specific task into a number of specific steps that the child or young adult had to master before moving on to the next step. These were used to enable individuals to learn a new skill or reinforce a skill that a child or young adult may have forgotten. Examples of this included doing the laundry, my morning routine, making a cup of tea or coffee and cooking a meal.

One professional who provided us with feedback about the service told us, "Overall I very much value the service that BEAM offers, they are the only service that I am aware of that teaches young people skills and supports them to develop, in addition to taking them out into the community. They clearly implement ABA principles and support others in the young person's network to do the same."

The service used a number of different communication methods in order to effectively and responsively communicate with children and young adults especially those who were unable to communicate verbally their needs and wishes. We saw the use of picture exchange communication system (PECS), Makaton, body language and gestures and guidance cards. One parent told us, "They are using PECS and now we're getting the odd word, he's trying to communicate."

All staff completed daily notes which were a factual account of the activities that had taken place during the planned session. Information recorded included the time they started the session, the time they left and details of the support provided and the activities that the person had taken part in and any significant observations or incidents that may have occurred. This was so that any staff member at the next session could continue with specific tasks or objectives that had been set and had an awareness of any trends or changes in behaviours. We looked at a sample of daily record notes and found them to be person centred and detailed reflecting the support that had been provided to the specific person.

Parents and relatives told us that they were aware of the provider's complaints procedure and knew who to complain to if they had any concerns. One parent told us, "I've never had to complain but the hierarchy of the organisation was explained to me when we first started with them. If I had an issue with a carer I would speak to the line manager first, failing that I would get in touch with the manager in London." Another parent said, "If we had problems we would talk to the line manager first and if that didn't work we'd talk to him [registered manager] but it's never been an issue." A third parent stated, "Oh yes, if I had to complain I think they would take it seriously and act on it, but it's never been an issue, they keep you up to date all the time so you don't feel worried."

The provider had only had one complaint, which was received in December 2016. We saw the complaint and the provider's response. Evidence was seen of an area for learning from the complaint which was about the provider's complaints policy being available on their website. The provider recognised this and this was implemented. The registered manager also confirmed that anyone using the service and their parents or carers received a copy of the complaints policy when the service was commissioned.

As BEAM ABA Services provided a specific and tailor made service for children and young adults the aim was that once a positive outcome was achieved the service would end as the individual had progressed and may have been assessed as requiring other specialist services to continue. The service was able to give us one example of where a service had come to an end due to the positive impact it had and a transition programme had been developed and implemented especially where other services had become involved.

The process involved handing over specific information about the person which included their likes and dislikes, targets that had been achieved and potential new targets that needed to be assessed, family wishes and any other information that had been agreed together with the person, the family, health and social care professionals and the new service. BEAM ABA Services also provided a minimum of four overlap sessions where two sessions would be led by the current team of BSTs with the new service observing care practises, the third session would be run partly by the new service and partly by BEAM ABA Services and the final session would be run by the new service with BEAM ABA Services observing and then providing feedback. This ensured that there was an element of continuity and relationship building for the person and the new service.

Is the service well-led?

Our findings

Parents and relatives knew the registered manager and the senior management team and knew who to contact and speak with if they had any concerns or issues to raise. One parent told us, "When we first contacted BEAM the London manager came up to see us at home in Manchester to talk to us. If we had problems we would talk to the line manager first and if that didn't work we'd talk to him but it's never been an issue. BEAM is really good with working practices and a professional approach." Another parent who also lived outside of London said, "We feel incredibly lucky that they were prepared to take us on as we live outside of London but [registered manager] sorted it all out for us. I can't praise them enough."

One educational professional told us, "We know who the manager is and they are approachable when we need to approach them over any subjects. We feel the service is managed well and organised well."

Staff that we spoke with were extremely positive about working with BEAM ABA Services as well as complimentary about the registered manager and senior managers and the support that they received. One supervisor told us, "The registered manager has always overseen the work that I have been doing and offers a lot of support in terms of development." Another senior staff member explained, "I feel fully supported. [Registered manager] is always there when I need him." One BST said, "I think it's been great that's why I am here. I feel really supported and they provide us with all the training and if we have any concerns we can always approach them [senior managers]."

There was a positive and sustained culture at BEAM ABA Services which was open, encouraging, empowering and promoted development at all levels. Staff told us they enjoyed working with the agency and felt valued and motivated by the management. Staff told us that they were very well supported by the registered manager, consultant and supervisors and that they received regular support and advice through phone calls, text messages, supervisions, team meetings and group supervisions. One supervisor told us, "[Registered manager] has me come down to London regularly to meet with the other supervisors." Another supervisor said, "We are seven supervisors and we try to meet every two months. But if that hasn't happened then we catch up by email every week in relation to caseloads and then schedule a video or telephone call." A BST explained, "We have team meetings once every two months for different service users. They are definitely good as we talk about difference strategies."

We saw records confirming that a variety of team meetings took place which included monthly clinical and senior managers meetings, monthly to bi-monthly meetings with supervisors and BST's as well as weekly catch up meetings with all staff involved with the provision of care and support. Agenda items included sharing ideas, training, problem solving, staffing, individual cases and team achievements. The service had also most recently introduced senior BST group meetings to enhance staff members knowledge and provide an opportunity to work together as a clinical team. The group met monthly and comprised discussion on a work-based topic and dedicated time to training in a particularly set area.

The registered manager also told us about plans that the provider had to introduce a health benefit scheme for staff so that they were appropriately supported in relation to their wellbeing. The registered manager

showed us the provider's plans for the forthcoming year and explained that in doing this they were ensuring that where staff were emotionally and physically supported and cared for, this would promote and encourage them in delivering high quality care and support to the individuals they provided a service to. Benefits included a health plan, an awards scheme for star employees and loan facilities to purchase travel passes.

The service regularly communicated with parents and relatives in order to obtain feedback on the progress of the support package and the quality of care that was being provided. The registered manager told us that the supervisors contacted parents and relatives on a weekly basis to discuss the support package, current priorities, how staff were doing and any issues or concerns. Parents and relatives confirmed that they had regular weekly contact with the supervisors.

The last quality assurance questionnaire sent to people, parents or relatives and professionals to obtain their views was at the end of 2015. We saw that the service had compiled a report analysing the results and an action plan had been devised based on the feedback for further learning and development. We also saw that where action points had been completed, a summary had been provided on the action plan outlining the steps that had been taken and the date of completion. However, the provider had not sent any feedback to people, parents, relatives and professionals providing them with the overall results and the actions taken as a result of any suggestions or negative comments that may have been made. We told the registered manager about this who agreed that this was something they could implement following the next round of satisfaction surveys exercise for all stakeholders which were in the process of being sent out and would cover the last year.

All staff members were also requested to complete annual employee satisfaction surveys with the last survey completed at the end of 2015. We saw the results of the questionnaire had been analysed and an action plan had been developed. The registered manager had held a meeting with all staff after the survey process had been completed to discuss the results of the learning and development noted as a result. One example seen as part of the analysis was that staff members wanted to have two weekly rotas in advance so that they were able to plan themselves more effectively. This was addressed and all staff as a result were provided with two weekly rotas in advance. The provider was currently in the process of sending out surveys covering 2016 for all staff members.

In addition to meeting with people, parents and relatives, the registered manager and supervisors carried out regular quality assurance spot checks in order to observe care and support practises delivered by the BST. As part of the spot checks the supervisor would also check the quality of the recording notes, review the care plan and ensure all the appropriate documents were in place to ensure the effective delivery of care and support. The provider also engaged the services of an external company, who on an annual basis, came to the service and carried out a mock inspection which mirrored that of the inspection process of the Care Quality Commission. The registered manager showed us the last inspection report of 2016 that had been compiled and the action plan that had been set as a result with the actions taken to improve identified areas of concern.

BEAM ABA Services worked closely with healthcare and educational professionals involved with the care and support packages delivered to children and young adults as well as national organisations. Where required the service had been requested to provide training on the ABA approach in general as well as specifically to additional professionals such as the transport service or nursery staff so that with the knowledge and skills given they would be able to provide a consistent approach to care and support to the individual. We saw presentations that the registered manager had compiled about ABA which were delivered at a special educational needs convention in 2016.

BEAM ABA Services in September 2016 launched a remote service called 'Pathfinder' which was aimed to deliver an online guidance and support service to parents and relatives who demonstrated the confidence and were able to give time to implementing the ABA approach themselves to their child or young adult. The service was designed to empower and motivate parents and relatives to deliver the approach. This service was currently providing guidance and support to three families. One parent's feedback to this service was, "The whole service, and how [consultant] has approached it, has been fantastic. Her personality is so important and I hear it in every call. She's there as a person, not just as a member of Beam. I value that personal relationship; as we all know, there's a difference between sales and actual help. [Consultant] wasn't selling, but being really helpful. Talking to her is like talking to a parent. Her knowledge and understanding and her personal touch." All people, parents and relatives receiving care and support from BEAM ABA Services were given access to this online portal so that they were able to access information and guidance on the ABA approach.

The registered manager had recently submitted applications to be accredited by the National Autistic Society (NAS). We were shown the processes involved to become accredited which included a number of audits completed by the NAS, observations and collection of evidence of the work that the service delivers which would be collated and assessed before accreditation was granted.