



How CQC checks services that support autistic people and people with a learning disability

October 2020



Easy read version of 'Right support, right care, right culture: How CQC regulates providers supporting autistic people and people with a learning disability'



About this guidance



This guidance says what we expect good care to look like for autistic people and people with a learning disability.



It will help health and adult social care services to develop and run the right services for them.



When we talk about 'people' in this guidance, we mean autistic people and people with a learning disability.



What we expect from services



Autistic people and people with a learning disability have the same rights to live an ordinary life as any other person.



Health and social care services should make sure that people have the same choices, dignity and freedom as everyone else.



Services should also make sure that people's care is based around the needs of each person, or is 'person-centred'.

This means that people should expect to:



- Be able to enjoy their local community, like shops, groups, clubs and cinemas.



- Be supported by the right number of staff with the right skills.



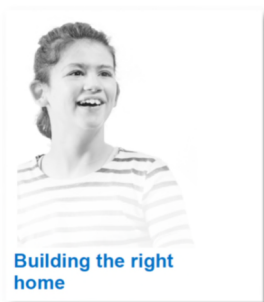
- Be given information in a way they can understand about things like how to keep safe and how to make a complaint about the service.



We expect services to meet national plans, policies and best practice. This includes:



- 'Building the right support', which is a national plan for developing services.



- 'Building the right home', which aims to make sure more people can live in their own home.



We also expect all services to do the rights things to help people be safe and healthy. Our inspectors will check this.



The rest of this guidance talks about the other 4 main things we will look for in services for people.



1. There should be a clear need for the service

What this would feel like for someone supported by a good service:



- “My care and support is planned for me and everyone works together to make it good.”



- “My support helps me have a good and meaningful life everyday”.

This means the service should be able to show that:



- It has been asked for, or agreed with, local health and social care organisations. We need to see this in writing.



- They involved these organisations, as well as people who use services and their advocates, in developing the service.



- The service is for local people to meet their needs, and is not meant for people outside of the local area.



2. The size and the design of the service, and where it is should be what people want

What this would feel like for someone supported by a good service:



- “I have a choice about where I live and who I live with.”

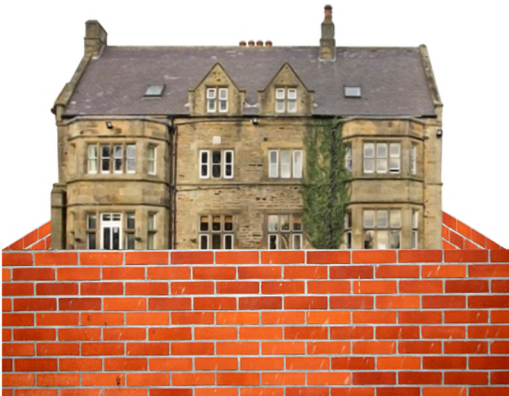
This means the service should be able to show that:

- They involved people who use services, and their families and advocates, in designing the service and used their feedback.





- The service is in the local community, or it is easy to get to local shops and activities by local transport, like buses.



- It is not hidden away behind walls or a long way from villages and towns.



- In shared homes, people have a say about who lives there.



- The size, including the number of bedrooms, and the way the service is designed:



- Help to make sure that the quality of care, people's safety and their human rights are as good as possible.



- Help people to feel respected and to have their own private space.



- Help people feel at home.



- Help to meet people's sensory needs. For example, autistic people might want different levels of light or noise.



3. People should be able to get to their local community easily

What this would feel like for someone supported by a good service:



- “I can easily get the special support I need from health and social care services near where I live.”



- “I have choice and control over how my health and care needs are met.”



- “My family and my care workers get the help they need to support me to live in my community.”

This means the service should be able to show that:



- If people live close to their family, they can join them in the same groups and activities that their family go to.



- People are on the list of their local health services, like their GP, and can easily use them.



- If activities are provided by the service, people can also choose to take part in the same activities or services in a local village or town instead.



- For hospitals, that they support people to be more independent, so they can move to a service in the local community.



4. The way that people's care is organised and the policies it uses should meet best practice

What this would feel like for someone who is supported by a good service:



- “If I need it, I get support to stay out of trouble.”



- “If I go into hospital because my health needs cannot be met in the community, it is good quality and I do not stay there longer than I need to.”

This means the service should be able to show that:



- People's care is all about their strengths – what they can do instead of what they cannot do.



- They care for people's 'behavioural needs', like hurting themselves or others, in ways that:



- Are planned, so that decisions are not made in a hurry.



- Avoid using 'restraint', where staff stop people from doing something, sometimes by holding them down.



- Avoid using 'seclusion'. This is when staff take a person to a room and make them stay there on their own.



Find out more



See the full version of our guidance on our website at:

www.cqc.org.uk



If you want to give feedback on your care – it can be good or bad, fill out our form at:

www.cqc.org.uk/give-feedback-on-care



Or you can call us on:

03000 61 61 61