

National Autistic Society (The) NAS community Services (West London)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

- NAS Community Services (Harrow) provides care and support to people with learning disabilities and/or autism living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.
- The service supported people to live in a two-bedroom semi-detached house that was situated in an ordinary residential area and blended in with its surroundings. People had their own bedrooms and one of these had an en-suite bathroom. People shared the rest of the house and garden. There was an additional sleeping-in room for staff staying overnight. A team of care staff supported people during the day and there were two staff on shift during the night. The service was supporting one person when we inspected. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

- Some aspects of the service were not consistently safe as the provider did not always ensure the safe and proper management of medicines. The provider could not always ensure that people received their 'when required' prescribed medicines as intended. The provider had not sufficiently assessed staff to ensure that they were competent to give the medicines support being asked of them. The provider did not always accurately record the amount of medicines stored at the service.
- Some aspects of the service were not consistently responsive as people's care plans did not fully reflect their physical, mental, emotional and social needs. We have made a recommendation about developing person-centred care.
- Some aspects of the service were not consistently well-led as the quality checking systems had not identified and addressed the issues we found regarding the safe management of medicines and the person's support plan.
- One relative told us, "I'm a fan of the National Autistic Service. They know what autism is, it's not just any staff coming in. I can't think of [the person] being with anyone else."
- Staff were aware of the person's individual needs, preferences and routines. They used their knowledge to deliver person centred care. Relatives felt that staff cared and treated them with respect and dignity. Staff were responsive to the person's needs.
- The service provided people with activities that were meaningful to them and they could choose how they spent their time.

- Staff received induction, training, supervision and support to perform their roles effectively.
- Staff supported people to manage behaviours that may challenge others in line with best practice.
- The outcomes for people using the service mostly reflected the principles and values of Registering the Right Support in the following ways. People's care and support was planned and coordinated but the care plans were not as person centred as they could have been. People had a choice about who they lived with. People were supported to maintain their home the way they wanted it. People's family and support staff were involved in supporting the person to live in the community. Support focused on promoting people's choice and control in how their needs were met. Support and interventions were provided in the least restrictive ways and staff promoted a relaxed home environment. This approach promoted people with learning disabilities and/or autism to live an 'ordinary' life as any other citizen.
- We identified breaches of regulations in relation to safe care and treatment and good governance. You can see what action we have asked the provider to take within our table of actions.

Rating at last inspection:

- We rated the service "good" at our last inspection. We published our last report on 8 July 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if we receive any concerning information regarding the safety and quality of the care being provided.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

NAS community Services (West London)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector conducted the inspection over two days.

Service and service type:

This service provides 24-hour care and support to people living in 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The manager of the service was in the process of registering with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. We needed to be sure that managers would be available to facilitate this inspection.

What we did:

We used information the provider sent us in the Provider Information Return (PIR) to support our inspection. This is key information we require providers to send us about the service, what the service does well and

improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. A notification is information about certain changes, events and incidents affecting the service or the people who use it that providers are required to tell us about. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We visited the service's office and the home of the person using the service. We spoke with a relative to ask about their experience of the care provided. We also spoke with four members of staff, the manager and the area manager.

We viewed the person's care records, policies and procedures, records relating to the management of the service, various staff training and competency records and the recruitment records of four support workers.

After the inspection we spoke with an adult social care professional involved with the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider did not consistently ensure the safe and proper management of medicines. The person was prescribed two medicines to be given 'when required' for the management of pain. 'When required' medicines are those given only when needed, such as for pain relief. Records showed staff had supported the person to take such medicines recently. However, there was no medicines protocol, or clear information in the person's support plan, to guide staff on which 'when required' medicine they should administer, or when and how much medicine they should administer. This was required by the provider's procedures for the safe management of medicines. This meant that the provider could not always ensure that people receive their prescribed medicines as intended and that this was recorded appropriately.
- Staff had received training in medicines support. Some staff were booked onto refresher training as a recent review of their learning and development needs had identified this as a requirement. However, the provider had not sufficiently assessed staff to ensure that they were competent to give the medicines support being asked of them. We reviewed the provider's medicines competency assessments for three members of staff. These had been started in May 2018 but had not been completed. Additionally, these competency assessments did not include observing them providing safe medicine support. This did not comply with National Institute for Health and care excellence (NICE) guidance for the effective management of medicines for people receiving social care in the community.
- The provider did not always maintain accurate records of the medicines being stored for people. The provider was not completing regular stock checks of the person's medicines being held safely at their home. This meant that the provider was not monitoring the quantities of medicines that were being stored to provide an audit trail to show people were receiving their medicines as prescribed.

These issues demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person's support plan provided some information about their daily prescribed medicines. The plan described what staff needed to do for the person and what things the person could do to take their medicines without support and to help promote their independence.
- Medicines administration records (MAR) contained sufficient information to indicate when the person's medicine had been administered. The provider audited the MARs periodically and took action to address issues these audits identified.

Assessing risk, safety monitoring and management

- Risk management plans were in place to reduce risks to people's safety and well-being while promoting their independence. The person's risk management plans addressed people's safety while promoting their independence and included the support they needed when they behaved in a way that may challenge others and activities that they were supported with, such as swimming and riding a bicycle. These plans were informed by a comprehensive assessment of the person's support needs.
- The provider used assorted checks to monitor the safety of the service. These included regular health and safety audits of the service and we saw that the manager acted to address the issues these checks identified.
- Business continuity and disaster recovery plans were in place to maintain a safe service in the event of a crisis or emergency. There was an evacuation procedure to ensure staff supported people in the event of a fire or another emergency.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they thought that the care people received was safe. One relative told us, "Definitely - [the person] is safe there - that's also where I get my peace of mind there."
- The provider had suitable safeguarding systems in place. Safeguarding concerns were reported, recorded and raised with the local authority. The manager audited the service's safeguarding practices regularly to ensure they remained effective.
- Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member commented, "It is our duty to make sure that they're safe." Staff were confident that they could report concerns to the manager. Safeguarding issues and case studies were regular items for discussion in team meetings and staff supervisions. Staff received regular safeguarding training. This helped to promote staff competence in recognising and responding to safeguarding concerns.
- There were appropriate systems in place for recording and monitoring when staff handled people's money for them so that people were protected from the risk of financial harm.

Staffing and recruitment

- The person was supported by staff who had worked with the person for several years and knew them well. One adult social care professional told us, "It's been good for [the person] to have a consistent staff rota. [The person] has benefited from a lot of continuity, a lot of consistent support." One member of staff said, "[the person] feels better with familiar staff around."
- We observed that there were enough staff to respond to people's needs promptly. Staff provided support at a pace that suited the person. Staff told us there were always enough staff rostered to work with the person. The provider had assessed that two staff were needed to support the person effectively and when we visited the person's home there were two staff on duty. The provider had effective systems in place for ensuring that this level of staffing was maintained. Staff rotas also confirmed this.
- Staff records showed that the provider completed all the necessary pre-employment checks so that it only offered roles to fit and proper applicants. The provider had specifically recruited staff who could drive. This meant that the person could access their wider community and go for drives in their car regularly, which they enjoyed.

Preventing and controlling infection

- Staff supported the person to keep their home clean. There were appropriate arrangements for preventing and controlling infection.
- Staff used personal protective equipment when required and told us that they could always access supplies of this.
- Staff had training on food hygiene and safety so that they could prepare meals safely for or with the person.

Learning lessons when things go wrong

- Staff told us that the manager responded to incidents and concerns. One worker said, "That's my first port of call, to let [the manager] know the situation, if something changes, if something is not right."
- The provider had compiled and reviewed records of incidents and used learning from this to develop and review the person's positive behaviour support plans.
- The manager told us that after an incident they discussed and reflected on the learning from this with staff in team meetings and supervisions. Staff and staff supervision records confirmed this.
- The management team attended regular regional meetings with the provider to consider and address safety issues across the services. The provider regularly disseminated learning from case studies and incidents experienced in other services. This meant that the manager could take action to improve the safety of the service.

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

People's outcomes were consistently good, and people's feedback confirmed this. One relative told us, "The staff are always really good with [the person]".

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

- People's care and support needs were assessed before the service began supporting them. Assessments considered what goals the person wanted to achieve, their preferences, things they enjoyed doing, how they communicated, if they had any behaviours that may challenge, and any risks that they may present to themselves or others. The assessment process included working with a person's family and visiting the person in their current home environment to see how they need to be supported.

- The provider completed compatibility assessments that considered how one person's daily living needs may impact on someone else's when considering if people could be supported to live together at the house. In this way, the person could be involved in decisions about who they lived with.

- Positive behaviour support plans described how to understand and support people whose behaviour may challenge, in line with best practice. The person's plan was based on assessments and reviews of their behaviour, supported by the provider's behaviour support team. The managers explained how this support had led to developing a personalised strategy for supporting the person with a specific behaviour. This had led to some decrease in the person's challenging and anti-social behaviours. We saw there were guidelines in place for supporting the person to use this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The provider had identified when people lacked the capacity to agree to their care arrangements and these amounted to a deprivation of their liberty, these arrangements had been authorised by the Court of Protection or an application for authorisation had been submitted to the Court. Adult social care professionals also confirmed this.

- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

- Staff had received training regarding the MCA. Staff we spoke with could explain how they helped the person to make day to day decisions about their care and activities they may or may not want to do.

Staff support: induction, training, skills and experience

- Staff we spoke with were competent, knowledgeable and felt supported by the manager to develop. Staff received induction and training so that they could help people to stay safe. One member of staff said the training they received was "more than enough for me to feel confident to give the best that I can give." Training included assorted autism and learning disabilities awareness sessions, positive behaviour support, person-centred care, health and safety, first aid, support with medicines, mental capacity awareness, safeguarding, and equality and diversity.

- The manager explained that the provider's learning and development department reviewed staff learning and development requirements regularly to identify when people required refresher training. The manager was also arranging additional training for staff in response to a particular issue that the person had recently experienced.

- Staff had performance appraisals and regular supervisions. Supervisions included time to reflect of the care being provided and on staff members' personal development. Staff told us they found these useful and supportive. One care worker told us that this was "really good" and "helpful to identify future goals for yourself and [the person], keeping [the person] at the centre of what we do." The provider periodically observed and spot-checked the quality of support that staff provided.

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

- People received support to have a balanced diet. Staff knew what foods the person liked and disliked and explained how they would offer and encourage healthy eating choices. Care records showed that the person ate different food each day.
- We saw staff support the person to enjoy a meal at the person's own pace and using cutlery and furniture that they preferred.

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

- People received ongoing support to meet their day to day healthcare needs. Staff worked with people's families to support people to access healthcare services in a timely way.
- A detailed Health Action Plan provided information about the person, their healthcare needs and the care and support that they required to meet those needs.

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

- Staff worked with social workers and healthcare professionals to provide care and support to the person to meet their needs. The service communication book showed that the staff team were sharing information about this appropriately.
- The manager worked with the provider's behavioural support, quality assurance and human resources teams to monitor the quality of the service and to investigate and resolve concerns.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care. One relative told us, "They do look after [the person] really well. I have no problems."

Ensuring people are well treated and supported; equality and diversity

- Staff demonstrated empathy for the person they were supporting and a good understanding of the person's preferences and how they wanted and needed to be supported. We saw positive interactions between the person using the service and staff supporting them.
- Staff were very knowledgeable about the person and had a good understanding of their support needs, routines and personal preferences.
- People's support plans recorded a detailed personal profile, a life history and the likes and dislikes of each person. These helped new staff get to know people and how they should be supported.

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

- Relatives told us that they felt involved in people's support planning and staff gave them information and support to contribute to this. One relative told us they felt this had improved with the new manager who had "definitely involved me and is open to suggestions."
- Staff understood how the person communicated and liked to express themselves. One adult social care professional told us, "I think they have built a rapport with [the person], they have a communication method with [the person]." Staff knew how to communicate with the person. They explained how they used words, pictures and objects of reference to encourage the person to make choices in their daily living.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. We observed staff interacting with the person but also giving them their own space.
- Staff gave us examples of how they promoted people's dignity and privacy when providing personal care, such as helping people to close doors and speaking with and encouraging the person.
- Staff showed a genuine commitment to helping the person to be independent and supporting people with their choices about what they wanted to do. One member of staff explained how they used a gradual, staged approach to involve the person in preparing their food. Another staff member told us, "integrating into the community, we're all motivated and want that for [the person]."

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; accessible information

- The provider reviewed people's support plans regularly, but these did not fully reflect people's physical, mental, emotional and social needs. The person's sleeping patterns and overnight support needs were prominent aspect of their daily living. This was noted briefly in the person's support plan but the plan did not set out the night-time routine or approach that staff were supporting the person with. This meant that it was not always clear how the person's care and support had been planned to meet all their support needs. The manager acknowledged this and planned to review and add more detail to the person's support plan.

- Other areas of the person's support plan were personalised and set out what was important to them, how to support them, their life history, and their likes, dislikes and preferences. These included things such as meals they may prefer and how they may be anxious around some animals. Some information was more general. For example, the person had recently experienced a seizure. Whilst there was information about how to respond to such an event, at the time of our inspection this was a more general document and did not detail how the person could best be supported individually.

- This meant that provider did not ensure that people always received care and treatment which was appropriate, met their needs or reflected their preferences.

We recommend that the provider seek and implement national guidance in relation to developing people's care plans in a more person-centred way.

- Relatives felt that people received care and support that met their individual needs. One relative told us, "they're very good with [the person] and they follow what [the person] wants to do."

- People's other needs were appropriately addressed in the care plans. People's communication needs were identified, recorded and highlighted in support plans. The person's support plan clearly set out how they were understood to communicate and how staff should communicate effectively with them. This included using objects of reference and how the person's non-verbal behaviour indicated that they may be distressed or happy. In this way the service was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

- Staff supported people to engage in a variety of activities that were meaningful to them. The manager had recently introduced a new weekly timetable of activities both at home and in the community. This included art, puzzles, cooking and other life skills sessions at home and going to a leisure centre, a day centre, local

parks, drives and assorted shopping trips in the community. One relative told us they found this "very impressive."

- Support records showed that the person was getting care and support to meet their needs. The manager had recently updated the format of these records with the involvement of the staff team. This meant that the records captured more detail about the support provided, the activities that were tried and how the person engaged with them.
- The person's family visited them regularly and the staff team facilitated this. The service had also trialled using a tablet computer to help the person communicate with others. This meant the person was supported to maintain relationships that were important to them. The service was also working to produce regular reports about the person's well-being for their family. This was in response to a request by the family to help them to continue to be involved in the person's life.

End of life care and support

- No one was receiving end of life care at the time of our inspection. The managers explained that was not a support planning need for the young adult using the service at that point in time.
- The managers explained how they would work with people and their families to plan individual end of life care arrangements where this may be required so that a person may experience a comfortable and dignified death.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints handling system in place. Complaints were handled in the correct way.
- Relatives knew how to raise concerns and told us that when they had raised issues or complaints these had been responded to clearly. One relative felt confident that when they raised issues they would be listened to and told us, "Senior management listen to me really well" and "the management now listen to my concerns and take action."

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

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

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

- The manager carried out a range of checks and audits to monitor safety, quality and make improvements when needed. We saw that the manager had completed a full audit of the service in December 2018. There was a detailed and up to date action plan to address issues that the audit had identified. However, this system of checks had not consistently operated effectively as it had not identified the issues we found at this inspection regarding the safe management of medicines and the person's support plan.

This demonstrated a breach of Regulation 17 of The Health and Social Care Act 2008.

- At the time of the inspection there was no registered manager at the service. The manager of the service had recently started in post, although they had worked for the provider for some years previously. They were in the process of applying to be the registered manager.

- People spoke well of the manager and management team. One relative told us the manager "seems very good" and has "much better knowledge about what to do." Staff told us that the manager "has been very supportive, [the manager] understands and thinks how [they] can support us and be available" and was "very motivated for us."

- The manager set out a clear vision for the service that promoted the person's quality of life. This included working in partnership with the person's family and building on the staff team's knowledge of the person to promote the person's independence and provide opportunities that were meaningful to them.

- The manager said that they felt supported in their role by the area manager and the provider. They attended regular manager forums to develop and maintain their knowledge and skills. The manager had completed new training from the provider on promoting people's independence and daily living skills. The manager planned to lead the staff team in putting this learning into practice when supporting the person.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- One relative told us, "I'm a fan of the National Autistic Service. They know what autism is, it's not just any staff coming in. I can't think of [the person] being with anyone else." An adult social care professional described the service being provided as "an ongoing process, a best practice type of arrangement." The provider had developed knowledge about what was important for the person having worked with them for a

significant period of time. The provider was using this awareness to help plan for the person's next steps in life in partnership with the person, their family and other agencies. The adult social care professional said, "To have this level of consistency and commitment from a provider - [the person] has been a success story really."

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

- The service involved the person's family in their ongoing care and support through regular communication, support plan reviews and when making decisions in the person's best interests.
- Staff told us they had team meetings and these were used to discuss the service and the person's well-being. We saw records of these taking place. All the staff we spoke with told us the new manager encouraged them to give their views about the service and they felt the manager listened to them.

Working in partnership with others

- The service worked in partnership with statutory agencies to plan and review the person's support. One adult social care professional told us that the provider had improved in referring issues to the local multi-disciplinary team to help deliver joined-up support to the person.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that medicines were always managed safely.</p> <p>Regulation 12(1)(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity.</p> <p>Regulation 17(1)</p>