

## National Autistic Society

# NAS Community Services (Croydon)

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

This inspection took place on 28 and 30 October 2014 and was unannounced. At our previous inspection 10 October 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

NAS Community Services (Croydon) provides personal care to adults with autism or learning disabilities living in

the community. At the time of this inspection they were providing personal care and support to three people. The office is based in Coney Hall and people were residing at a supported living service in Purley.

There was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

Safeguarding adults procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

People using the service had a variety of ways of communicating and were not able to fully communicate their views and experiences. Staff used picture boards and sign language to communicate with people. As far as possible people using the service had been involved in the care planning process. People's relatives, care managers and appropriate healthcare professionals had been involved in the care planning process. Risks to people using the service were assessed and care plans, risk assessments and behaviour support plans provided clear information and guidance to staff.

There were house meetings where people using the service were able to talk about things that were important to them and about the things they wanted to do. There was a complaints policy in place. Relatives said they knew about the service's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Throughout the course of our inspection at the NAS Community Services (Croydon) office we asked the manager to provide us with documentary evidence in order to support the inspection process. We found that some records relating to the running of the service could not be located promptly when required.

This was a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records. You can see the action we have told the provider to take at the back of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people using the service were assessed and managed well. Care plans, risk assessments and behaviour support plans provided clear information and guidance to staff.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

Good



### Is the service effective?

The service was effective. Staff had completed training relevant to the needs of people using the service.

People's care files included information relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when they needed it.

Good



### Is the service caring?

The service was caring. Staff were caring and spoke to people using the service in a respectful and dignified manner.

People using the service as far as possible, their relatives, care managers and appropriate healthcare professionals had been involved in the care planning process.

There were regular house meetings where people were able to talk about things that were important to them and about the things they wanted to do.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and their care files included detailed information and guidance for staff about how their needs should be met.

The service had a complaints procedure, this was available in words and pictures for people using the service. Relatives said they knew about the service's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Good



# Summary of findings

## Is the service well-led?

Some aspects of the service were not well-led. We found that some records relating to the running of the service could not be located promptly when we requested them.

The provider took into account the views of people using the service or their relatives acting on their behalf, and staff through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the home and they received good support from the manager.

## Requires Improvement



# NAS Community Services (Croydon)

## 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 checked 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.

Before the inspection we looked at the information we held about the service including notifications they had sent us and the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with a speech and language therapist about their views on the service.

This inspection was carried out by one inspector on 28 and 30 October 2014 and was unannounced. The inspection was carried out at the provider's office and the supported living service. People using the service had a number of different ways of communicating and were not able to fully tell us their views and experiences. Staff used picture boards and sign language to communicate with people. We spent time observing the care and support being delivered. We spoke with the relatives of three people who used the service. We also spoke with three members of care staff, the manager, the deputy area manager and the training and development manager. We looked at records, including the records of three people using the service, four staff members recruitment and training records and records relating to the management of the service.

# Is the service safe?

## Our findings

The service had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager told us he was the safeguarding lead for the service. The manager told us about three incidents in October where they had made referrals to the local authority safeguarding adults team. They had also reported these incidents to the Care Quality Commission as required and people's care managers. These incidents were being investigated by the local authority at the time of this inspection.

We spoke with three members of staff about safeguarding adults from abuse. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager said they and all staff had received training on safeguarding. Training records confirmed this. Staff told us they were aware of the whistle-blowing procedure for the service and that they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. The manager and staff told us they went through a thorough recruitment and selection process before they started working at the service. We looked at the personnel files for four members of staff. We saw completed application forms that included references to their previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment and interview questions and answers. Each file included evidence of criminal record checks that had been carried out, two employment references, health declarations and proof of identification.

The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service and agreed with the placing local

authority care managers. They said that following recent incidents they had increased staffing levels at the supported living service in order make sure people using the service were safe. The organisation had a team of bank staff. The manager said bank staff were very familiar with the people at the supported living service and covered staff annual leave or sickness.

Assessments were undertaken to assess any risks to people using the service. The manager showed us a general risk assessment had been completed for each person using the service. These included, for example, risks to themselves and others, self harm, eating out and swimming. There were also individual risk assessments in place specific to people's needs. The risk assessments we viewed included information about action to be taken to minimise the chance of the risk occurring. For example, one person using the service had a medical condition and staff were provided with guidance to support this person in the event of a medical emergency. Where people using the service had a history of challenging behaviour, we saw they had behaviour support plans in place. We saw that people's risk assessments and behaviour support plans had been reviewed following the recent incidents at the supported living service to take account of their changing needs.

The manager told us that two people using the service needed support to take medicines. During our inspection we visited the supported living service. We saw that people's medicines were stored securely in a locked cupboards in their bedrooms. They also had medicine folders. These included their photographs, medicine administration records (MAR), sample signatures of staff authorised to administer medicines and weekly medicine monitoring counts. We checked the MAR these indicated that people were receiving their medicines as prescribed by health care professionals. We saw evidence that staff authorised to administer medicines had received training on the administration of medicines.

# Is the service effective?

## Our findings

The relatives of two people using the service said staff knew their relatives well and knew what they needed help with. One relative said “Our relative has been at the place since it opened six years ago, the staff know what they need and what they need to do for them.”

People using the service received support from staff that had been appropriately trained. Staff told us they had completed an induction when they started work and they were up to date with their mandatory training. They said they had also completed training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and programmes specific to the needs of the people using the service. For example training included supporting people with autism, epilepsy and managing challenging behaviours. The staff training matrix showed staff had completed relevant training. We also saw training certificates confirming that staff had completed these training courses. We saw evidence that all but a recently recruited staff member had completed an accredited qualification in health and social care.

Staff said they received regular formal supervision and they attended regular team meetings. The manager told us that staff received an annual appraisal of their work performance through recorded supervision. We looked at supervision records. These referred to staff wellbeing and support needs, their workload, learning and development and personal objectives. Staff told us they were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The manager told us that people currently using the service did not have capacity to make some decisions about their care and treatment. We saw capacity assessments had been completed and retained in people’s care files. Records showed if the person did not have the capacity to make decisions about their care, where relevant, their family members and health and social care professionals were involved in making decisions for them in their ‘best interest’ in line with the Mental Capacity Act 2005. We saw that records from a number of best interest meetings in relation to people’s care needs were held in their care files.

For example in July 2014 an assessment was made that one person was unable to express a decision relating to their support needs. A meeting had taken place and a decision was made in the persons best interests. The meeting had been attended by health and social care professionals, the manager, an independent mental capacity assessor and the person’s advocate. The manager demonstrated they had a clear understanding of the Deprivation of Liberty safeguards (DoLS) legislation. They showed us completed DoLS checklists for all of the people using the service. They told us they had made applications to the local authority requesting authorisation to deprive a people using the service of their liberty so that they could be given care and support in a safe manner.

People were supported to eat and drink sufficient amounts to meet their needs. When we visited the supported living service we saw weekly menus: these were in a picture format and included meals that were varied with plenty of fruit, vegetables and drinks. People’s care files included sections on their diet and nutritional needs. One person’s care plan indicated they preferred to eat soft food such a sausage and mash, chicken and ice cream and they needed to be encouraged to eat fruit and vegetables. Another persons care file indicated they were prompted by staff to make simple evening meals. A member of staff told us people decided what they wanted to eat at house meetings. They showed us pictures of meals for people using the service to choose from. We saw the minutes from a recent meeting, this recorded what people had chosen for their meals that week.

Staff monitored people’s health and wellbeing and where there were concerns people were referred to appropriate health professionals. The manager told us that all of the people using the service were registered with a local GP practice and they had access to a range of other health care professionals such as a speech and language therapist, an epilepsy specialist nurse, dentists, opticians and chiropodists when required. People had health action plans which took into account their individual health care support needs. They also had a hospital passport which provided hospital staff with important information about the person and their health needs should they need to go into hospital. We saw the care files of people using the service included records of all their appointments with health care professionals.

# Is the service caring?

## Our findings

The relative of a person using the service said “Staff are caring and helpful, they do the best they can for our relative.” We observed staff speaking to and treating people in a respectful and dignified manner. Staff told us how they made sure people’s privacy and dignity was respected. They said they knocked on people’s doors before entering their rooms and made sure doors were closed and curtains drawn when they were providing people with personal care. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. They said they were aware of the organisation policy on maintaining confidentiality and made sure all of the information about people using the service was kept confidential at all times.

The manager told us that people using the service were involved as far as possible in the care planning process. Due to the complexity of people’s needs, staff sought consent to care and treatment using a variety of communication methods. For example pictures and Makaton. Pictures were used by staff to help people make choices and decisions on a day to day basis. Makaton is a language programme using signs and symbols to help people to communicate. A member of staff showed us some of the pictures they used to communicate with people. These included pictures of meals, restaurants,

parks, markets and activities such as cycling, bowling and shopping. We saw picture boards displayed pictures of the staff on shift, planned activities for the day and the lunch time meal. For example we saw that one persons board indicated they would be listening to music and later having a bath. The board also included diagrams of the Makaton signs for these activities.

We spoke on the phone with a speech and language therapist. They told us they had visited the service on one occasion with a person’s care manager to carry out an assessment. They said staff at the service exhibited a very good understanding of how to communicate with the person they were visiting. A member of staff told us they had started working for the service six months ago. In that time they had got to know the people using the service very well. They understood their methods of communication and the things they liked and didn’t like.

People’s individual preferences and interests were taken into account. People had person centred plans (PCP’s). These plans included sections such as people in my life, my likes and dislikes, my past, my communication, being independent, my hopes and dreams and ideas for the future. We looked at one persons PCP. This had been reviewed in August 2014. The review referred to the persons method of communicating, their choices, family and relationships, their health and well being and planning their holiday. The review recorded that the goals from the previous review had been met.

# Is the service responsive?

## Our findings

We saw that people's relatives had been involved in review meetings and their comments were recorded in people's person centred plans. One relative told us they held regular meetings with the manager to discuss their relative's individual care and support needs. They said there were regular relatives' meetings where they and other relatives discussed the support provided at the service. The relative said the manager always listened to what relatives had to say. For example at a recent meeting they requested that more male staff and drivers were recruited to work at the service. This request had been met. We saw a book for recording contact with the relatives of people using the service. Items recorded included relatives making arrangements for visits to the service and home visits, enquiring about the outcome of health care appointments and enquiring about their relatives well-being.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care and support plans. Prior to using the service, people's health and social care needs were assessed to ensure that the service was suitable and could meet their needs. We saw that the assessment covered areas such as personal care, communication, finance, mobility and behaviour support. The findings from the assessments were used to draw up care and support plans, risk assessments and a person centred plan (PCP). Care and support plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. We saw that information in people's files was reviewed on a regular basis by their keyworkers. Staff we spoke with were aware of people's needs and the support they required such as with their personal care, nutrition and activities. Daily care notes we looked at showed that people were cared for in line with the care and support that had been planned for them.

People using the service had keyworkers. We saw minutes from monthly keyworker meetings were kept in people's care files. Two people using the service had been on

holiday in August 2014. They showed us a daily diary of the holiday which included pictures and details of the activities undertaken. We saw that people's individual care and support needs were discussed at team meetings. A member of staff told us that people using the service could express their views at monthly house meetings. We looked at the minutes for the last house meeting held in September 2014. People had discussed issues such as attending day centres and clubs, trips out, visiting relatives and attending health care appointments. The service had a vehicle for people using the service to use which allowed them better access to the local community.

Where people had a history of challenging behaviour, there were behaviour support plans in place. The behaviour support plans enabled staff to understand the person's condition and to care for them in a safe manner, for example, by removing the person from whatever triggered the behaviour and redirecting the individual to their favourite activities. This allowed the person time to calm down to mitigate any potential risks. Staff we spoke with told us that this training provided them with the skills required to manage people's behaviour in a safe manner. We spoke with the organisation's senior behaviour coordinator. They showed us that people's behaviour support plans and risk assessments had been reviewed and following recent incidents at the supported living service.

The service had a complaints procedure which was available in words and pictures for people using the service. We saw a copy of the complaints procedure was located in a communal area at the supported living service. Relatives of people using the service told us they were aware of the complaints procedure. The relatives of two people using the service said they had used the procedure before to bring their concerns to the attention of the manager. Both said the manager had responded appropriately. The manager showed us a complaints file. The file included a copy of the complaints procedure and records and correspondence relating to complaints.

# Is the service well-led?

## Our findings

Throughout the course of our inspection at the NAS Community Services (Croydon) office we asked the manager to provide us with documentary evidence in order to support the inspection process. Documentation relating to the people using the service was located at the supported living service. No copies of these documents were stored at the office from where the service was managed. The manager brought most of this information to the office for us to look at. However the manager could not locate some of this evidence promptly when we asked for it. For example records relating to the management of the service such as staff recruitment and training records, house meetings and staff meetings was provided to us four days after our inspection.

The provider did not have a registered manager in place. The current manager took over the running of the service in May 2013. They told us they were in the process of applying to the Care Quality Commission to become the registered manager for the service. Our records showed that they had started this process by applying to the Care Quality Commission for a Disclosure and Barring Service check.

A relative of one person using the service said “We were glad when the manager got the job, we have faith in him, he knows the people using the service very well.” Another relative said “The manager is doing a lot of work to make the service better for our relative.”

The manager told us they received regular supervision and support from the area manager. The area manager showed us recorded evidence of the supervision sessions that had taken place. The manager told us, and the training and development manager confirmed, that they were completing leadership learning sets with other managers within the organisation. These sets covered topics such as working with others, managing services and improving services. They said that although the course had only just started and they had attended the first session they felt that they had learned some really important things about managing care services.

The provider took into account the views of people using the service or their relatives acting on their behalf, and staff through surveys. The manager showed us some surveys completed by the relatives of people using the service and staff in August 2014. They had received two surveys back

from relatives who rated the service good or fairly good in relation to questions about the care provided, communication and the facilities provided at the supported living service. Most staff had completed the survey and had made positive comments about staff morale, learning and development, communication, the manager and the team. The manager told us they were awaiting some more surveys to be returned before they completed a report and drew up an action plan.

Staff told us about the support they received from the manager and the team. One said, “The manager is supportive to me and has helped me to develop, he involves me in decision making relating to the running of the service, I get regular supervision, he listens and gives me advice when I need it. I feel comfortable working with him.” Another member of staff said “The manager is very supportive and very approachable, he is there when I need him. I think we have a good team and we work well together.” Another said, “I enjoy working here, I think we all work together as a team. I get on well with the manager.” Staff said they could also express their views through the annual survey. They said they attended team meetings and there were daily handovers. One said we always talk about people using the service’s needs and what the team needs to do to support them. We saw that staff meetings were held every month. Items discussed at the August meeting included health and safety, safeguarding and people using the service going on holiday.

The provider recognised the importance of regularly monitoring the quality of the service provided to people using the service. The manager showed us records that demonstrated regular audits were being carried out at the service. These included safeguarding adults, health and safety, medicines’ administration and care, behaviour support plans and risk assessments audits. They also showed us a report from a quality check completed by another manager from the organisation in July 2014. The report monitored the services compliance with the Care Quality Commission’s regulations and covered areas such as respecting and involving people using the service, care, treatment and support, safeguarding, management, complaints, incidents and accidents, risk assessments and staff training and supervision. The report made some recommendations for improvement. The manager showed us an action plan with timescales for action. The manager showed us that some of the actions had been completed

## Is the service well-led?

with the timescales, for example, we saw that communication and medication profiles were in place for people using the service. Some actions were due to be met by the end of November 2014.