

National Autistic Society (The) NAS Community Services (Somerset)

Inspection report

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Website: www.autism.org.uk/directory/n/nassomerset-branch

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10 August 2022

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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 ●

Summary of findings

Overall summary

About the service

NAS Community Services (Somerset) is a supported living service providing personal care and support to people living in their own homes. The service provides support to people with a learning disability and/or autistic people. At the time of the inspection eight people were being supported by the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People received their medicines as prescribed for them. However, we found some areas for improvement with medicines records and audits. The service supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals. The service worked with people to plan for when they experienced periods of distress. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care

People's care, treatment and support plans required areas updating to fully reflect their range of needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Culture:

Improvements were required to ensure a robust system was in place to monitor the quality of the service to people. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This was the first rating for the service since the service was registered.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This was the first inspection for the service since registration (registered 05 October 2022) to rate the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

NAS Community Services (Somerset)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One Inspector and a member of the medicines team carried out the inspection visits and an Expert by Experience made phone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in four 'supported living' settings, 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection to ensure people using it consented to a home visit from an inspector. Inspection activity started on 02 August 2022 and ended on 12 August 2022. We visited the

location's office on 03 and 04 August 2022.

What we did before the inspection

We reviewed information we held about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with five people and four relatives about the care and support provided. We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training, audits and staff meeting records were reviewed. We requested feedback from five professionals that were involved with people using the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- When people were supported with their medicines, they received them in the way prescribed for them.
- If medicines were prescribed 'when required' there was person-centred guidance for staff on how and when to administer them. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People's medicines records were prepared by senior staff in people's homes. However, some records were not always double-checked to ensure they had been transcribed correctly. This is good practice to reduce the risks of errors and is included in the services policy.
- There were occasional gaps in recording, however on these occasions staff had signed stock control sheets, and dose counts confirmed that doses had been given when due.
- There was a system for reporting and investigating any medicines incidents so that improvements could be put in place if needed.
- There were policies to guide staff, and they had training and competency checks to make sure they gave medicines safely.
- Spot checks on medicines took place in people's homes. There was no system for auditing people's completed medicines records when they were returned to the office. However, the registered manager told us he was about to implement a new audit procedure each month, so that any problems could be identified sooner, and any actions needed could be put in place.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy and they liked the staff supporting them. One person told us, "Happy here," another commented, "Yes safe" when asked if they felt safe. People looked happy and relaxed in the company of staff.
- Relatives told us their family members were safe. One relative said, "Most certainly safe, yes."
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. One staff member told us, "I would report anything to my manager and I am very confident they would take the right action, I would go higher or straight to safeguarding if needed, I have never had to but definitely would."
- The service had reported safeguarding concerns to the local authority and the Care Quality Commission (CQC) as required. Staff told us learning from safeguarding was shared within the team and through the wider organisation.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and recorded. People had individual risk assessments. We reviewed examples of risk management in relation to health conditions, COVID-19, activities and the environment. There was guidance for staff on managing these risks.
- Staff felt people were safe and they were aware of the risk assessments in place. One staff member told us, "Yes I do think people are safe, all aspects of risk are assessed and there is a genuinely brilliant support team and management behind each service that ensures this."
- Some people being supported could become anxious, leading to incidents where they harmed themselves or others. There were plans in place about how staff should support people at these times.
- Staff knew people well and described how they supported people if they became anxious. One staff member told us, "We have support plans and guidelines in place, we have on call support and we have training. Low arousal is key when supporting [Name of person], we will always use low arousal, we change the subject and put a positive spin on things. It's about knowing [Name of person]."
- No one required physical restraint. Staff received training in de-escalating incidents and confirmed they would only ever use physical restraint in an emergency, as a last resort and always use the least restrictive option.

Staffing and recruitment

- People had individual hours commissioned to meet their needs. These hours were being met. There were some staff vacancies within the service. These were covered by staff picking up additional hours and regular agency staff.
- Relatives told us there were enough staff and the staff were regular. One relative told us, "We've got to know the staff more because we have more contact with them, and we see the rota and always recognise them."
- Staff told us staffing was ok and shifts were covered. One staff member commented, "Shifts are covered, we use agency staff and they are fully trained. We try to ensure people have the same staff, the key thing is continuity and staff people know, trust and like."
- We reviewed the staffing rotas and saw shifts were planned; agency staff were used where required.
- Staff were safely recruited, and appropriate checks were carried out including those with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups of people would be identified.

Preventing and controlling infection

- There were systems to help infection control prevention (IPC).
- Staff received training in IPC. We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff confirmed they had access to enough PPE, and we observed them wearing this during the inspection.
- We were assured that the provider's infection prevention and control policy was up to date. Staff were clear on the correct procedures to follow.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded on the providers systems. Incidents were reviewed by the registered manager. The registered manager sought input from the provider's behaviour support practitioner where required, this involved detailed analysis of themes and trends of incidents.
- Staff told us incidents were manageable and any learning from incidents was shared with the team. One staff member said, "We know the guys really well and their triggers, we try and be one step ahead and prevent incidents. If [Name of person] gets heightened, we know they love classical music so we can go for a drive and play this in the car. We 100% share any learning in the team."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working for the service. The induction included two weeks training face to face and online. Staff also undertook shadow shifts as part of their induction. The induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were provided with ongoing training and support to ensure they could support people with the care they required. Additional training had been provided to meet people's specific needs including, supporting people with autism, health conditions and dysphagia.
- Staff were positive about the training they received. One staff member told us, "I had some fantastic online training, and it covered all aspects and reminded me of the most important basics when supporting someone with autism."
- There were some gaps in staff refresher training, the registered manager confirmed they had a plan in place for staff to attend the required training.
- Staff told us they received one to one supervision with their line manager and they found this supportive. This was an opportunity to receive feedback and discuss their role.

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

- People's needs were assessed prior to them being supported by the service. The service had been set up in line with the REACH standards. These are a set of standards that ensure people are supported to live the life they choose, with the same choices, rights and responsibilities as other citizens.
- People had detailed transition plans in place, these explained the moving process and were available in an easy to read format. People and their relatives were involved in the transition plans. One relative told us, "There was a lot of planning around the move and staff took [Name of person] to the house before, there have been no issues and they've settled in well. They chose the colour of their rooms and the furniture went with them. They are doing a lot more for themselves now."

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

- Where required people were supported to maintain a balanced diet and encouraged to eat healthily.
- People had individual menu arrangements to suit their needs and preferences. One person told us they liked a specific food and staff helped them to make it. One staff member told us, "They [People] do their menus on a Monday, [Name of person] is so good at this, they used to say yes to everything offered, we have been encouraging them to choose, it's brilliant, they 100% make their own choices."
- Care plans set out each person's likes, dislikes and dietary needs.

- Staff were aware of people's guidelines where they required a specific consistency of food and drink to prevent the likelihood of choking or aspirating.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs as described in their care plan.
- Relatives told us people's healthcare needs were supported.
- Records demonstrated people were supported to see a range of professionals as required including; district nurses, chiropodists, GP, dentists and opticians. The service was arranging for people to attend their annual health checks.
- Each person had a hospital and health passport which indicated their needs, so they could be communicated to other health care professionals.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were able to make most day to day decisions about their care and support, as long as they were given the right information, in the right format at the right time.
- There were limited restrictions placed on people. Where there were restrictions, people's capacity had been considered and mental capacity assessments had been completed. When people did not have the mental capacity to make a decision, a meeting was held to confirm actions were in the person's best interests.
- Where there were restrictions placed on people, there were plans in place to regularly review them to determine if they remained the least restrictive option.
- The registered manager confirmed local authorities had been requested to apply to the Court of Protection for DoLS where this was required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff supporting them and they were happy. One person told us, "Yes, [Name of staff]" when asked if they liked the staff. Another person said, "Like staff, they know me."
- Relatives told us their family member's were treated well. One relative told us, "[Name of person] is so happy and you can really tell how they feel. I've never ever seen them so happy." Another relative told us, "They [Staff] care about [Name of person] and [Name of person] likes them and gets along well with them."
- People's protected characteristics under the Equality Act 2010 were considered in people's care plans. For example, around people's culture, religion or sexuality.

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

- People were involved in decisions about their care. People chose what they did during their days and when they did it.
- Staff gave examples of how one person chose who worked with them. They described how new staff shadowed existing staff and the person could make it clear quite quickly if they accepted the staff member or not. The person's wish was respected, and they were only supported by the staff they wanted.
- Relatives told us people were involved in decisions relating to their care where they were able to be. One relative told us, "[Name of person] attends their review, they are involved with everything they would like to be and voicing their opinions." Another relative told us, "Yes, [Name of person] will tell you if they don't like something, staff persuade them to do things, not tell them. They respect [Name of person] and their decisions."

Respecting and promoting people's privacy, dignity and independence

- People told us staff knocked on their doors before entering. We observed staff asking people's consent before they offered support, promoting their dignity.
- Relatives told us staff treated their loved ones well.
- Staff told us they knocked on people's doors before entering and respected people's wishes if they wanted time alone.
- Staff understood the importance of encouraging people's independence. Staff described how they supported people to be as independent as they could be. For example, verbally prompting people and offering praise and positive encouragement.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care that met their needs and preferences. Relatives confirmed this.
- People's needs and preferences were recorded in their care plans. Care plans were person-centred and detailed, they described people's routines, what was important to them and their likes and dislikes. We found not all of the care plans had been updated recently and sections made reference to previous living arrangements with the provider. We discussed this with the registered manager who confirmed the care plans had been updated during the inspection.
- People were supported to plan their weeks and attend activities of their choosing. People were supported to be a part of their local community. People attended activities such as, day trips out, local cafes, pubs, men's clubs, golf courses, church, banks, local shops and the cinema. One staff member told us, "They are getting to know the community and have become members of the men's club and helicopter museum, they are definitely a part of their community."
- One relative told us, "[Name of person] is always doing loads of stuff, they do keep them busy, I'm happy with that." Other comments from relatives included; "[Name of person] goes out a lot more now and they [Staff] enjoy taking them out" and "From what I've seen they encourage him to do things and take them to the local shop by foot to get some exercise and to get to know people."
- People were supported to keep in touch with people important to them such as their relatives and friends. One relative told us, "They [Name of person] have been socialising with old mates and they have got a debit card so that they will buy the things they want."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication care plans that detailed preferred methods of communication, including the approach to use for different situations.
- Staff had awareness, skills and understanding of individual communication needs. Staff described people's preferred communication methods during the inspection.
- There were a range of easy to read documents available to assist people's understanding. People were given information in a way they could understand.

Improving care quality in response to complaints or concerns

- There were systems in place to manage formal complaints. Where complaints were raised these were investigated and responded to. There had been one complaint received since the service was registered.
- People told us if they were unhappy, they would speak to staff.
- Staff told us they knew people well and would recognise if people were not happy. Some people had records that staff completed in daily records if the person was presenting as being not happy. Staff took action to respond to this. These day to day concerns were not formally monitored and reviewed by the register manager or provider to enable oversight of these complaints. We discussed this with the registered manager who told us they would implement this.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the 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 provider and registered manager had a range of systems in place to audit the service. The systems were not fully effective in ensuring shortfalls were identified and addressed.
- The systems had not ensured people's care plans had been updated to reflect their current living arrangements.
- The systems had not ensured all staff were up to date with their refresher training.
- The systems had not ensured medicines audits were completed consistently across services.
- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- There was a positive and person-centred culture within the service. Staff spoke positively and passionately about their work and the people they supported.
- Staff told us morale was good, they said they worked well together as a team. One relative told us, "Yes they do get on, they've all got slightly different skills."
- Staff told us they focused on ensuring people were happy, well supported and led a meaningful life. One staff member told us, "People can make their own choices based on what they want to do, what they enjoy and we are supporting them to become as independent as possible. There is a big change in [Name of person] they are so much happier and relaxed."
- One relative told us, "Staff are doing a lot for [Name of person], they are a lot happier there than they have ever been." Another relative commented, "They just really care and [Name of person] is so well looked after and the staff are brilliant."
- Relatives knew who the registered manager was, and they thought the service was well managed. One relative told us, "My understanding is that the manager is [Name of registered manager], I've got phone numbers and email addresses and they are very helpful. Everything I ask for is provided, it surprises me how quick they are at responding."
- Staff also commented positively about the registered manager and management team. One staff member told us, "Our manager is very dedicated to making each service the best possible for each individual, as well as our deputy who strives for happiness for each person we support as well as staff members. Overall, genuinely a brilliant management team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of their responsibility to act openly and honestly when things went wrong. Relatives told us they were informed of any incidents that occurred.
- The registered manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- Staff knew they had to report concerns to the manager and were confident that these would be acted upon.

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

- People, relatives and staff were given the opportunity to give feedback on the service via an annual survey. The questionnaires for 2022 had recently been distributed.
- Staff meetings were held for staff to discuss any current concerns and share information. Staff felt listened to and able to raise their views. One staff member told us, "We have staff meetings and are listened to, everyone shares their views." Another staff member told us, "I feel listened to as when I bring anything up, it is actioned."

Continuous learning and improving care; Working in partnership with others

- The registered manager used a range of internal and external sources to keep themselves up to date with current knowledge and practice. The registered manager also attended the provider's senior team meetings.
- Staff told us learning from incidents and the wider organisation was discussed and shared amongst the team.
- The service worked in partnership with a range of health and social care professionals. These included; social workers, GPs, pharmacies, occupational therapists and other health professionals.