

Autism Wessex

Community Wessex - East

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?	Good ●

Summary of findings

Overall summary

About the service

Community Wessex East is registered to provide personal care to people in their own homes. At the time of our inspection ten people with autism, learning disabilities and mental health needs were receiving 24 hour support with personal care in their own supported living accommodation.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The people we met during our inspection were unable to communicate verbally, however parents and support staff told us people expressed they were happy and more settled in their homes. Relatives told us they felt people were safe and the service provided good care and support.

We have made two recommendations, the first is to ensure the provider maintains effective oversight and management of the service. The second recommendation is for the provider to ensure resulting action and outcomes from quality assurance questionnaires are captured.

The provider had robust recruitment systems to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse.

Risks had been identified and measures put in place to keep people safe from harm. People received their medicines as prescribed and were supported to access health care services as required. Medicines were stored securely, managed safely and administered by trained staff who had regular checks to ensure they were competent to administer medicines.

People were supported by a core team of staff who knew their individual needs and preferences well. Staff provided kind, caring and safe care and support to people, treating people as individuals with respect and dignity.

Staff had received effective training which they said was well delivered and ensured they remained up to date with all core areas. Specific training needs, such as epilepsy and autism awareness were available, and staff felt well supported and were encouraged to develop within their roles.

Staff received regular supervision and annual appraisals to ensure they were fully supported in their role.

The service was working within the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service used positive behaviour support principles to support people in the least restrictive way.

People's care was tailored to their individual needs and maintained their independence as much as possible. Care plans were comprehensive, person centred, respectful, and reviewed regularly to ensure they reflected people's needs.

People were supported to lead active lives and took part in a range of different activities if they wished. People who preferred to spend time on a one to one basis were supported with appropriate activities they enjoyed, to ensure their wellbeing was maintained and to prevent social isolation.

There was a system of ongoing monitoring through audits and spot checks to review the quality of the service provided. There was an ethos of continual learning with an open, approachable and supportive culture in place. Staff felt listened to and supported in all areas of their work.

Relatives and staff expressed confidence in the management team and felt the service had a clear management structure and an open and supportive culture.

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

Rating at last inspection

The last rating for this service was good (report published 3 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Community Wessex - East

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 Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in 10 '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.

The service had a manager registered with the Care Quality Commission. 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. However, the registered manager had resigned from the service and was working their notice period. The provider was in the process of recruiting a replacement manager. In the interim period existing management staff would be used to provide support and manage the service until a registered manager was recruited.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and be able to arrange home visits.

Inspection activity started on 25 February 2020 and ended on 28 February 2020. We visited the office location and people in their homes on 25 and 27 February and spoke with parents of people who used the service on 28 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and requested views on the service from health professionals that had regular contact with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We visited two supported living settings and met with two people who used the service, received written feedback from two relatives and spoke with a further relative on the telephone to ask about their experience of the care provided. We also spoke with the registered manager, the co-ordinator, and four support staff. During our inspection we observed care practices and the interaction between staff and people.

We reviewed a range of records that included three people's support and care plans, daily monitoring charts and medicine records. We also looked at a range of records relating to the management and monitoring of the service. These included four staff recruitment, supervision and training records, staffing rotas, accident and incident records, meeting minutes and a range of the provider's audits, quality assurance records and feedback questionnaires and policies and processes.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Parents told us they felt the service provided safe care and support and said their relatives were relaxed and comfortable with staff.
- People were protected from the risk of abuse, harm or discrimination. Staff had received safeguarding training and fully understood their responsibilities for making people safe and reporting concerns.
- Staff spoke knowledgeably about recognising possible signs of abuse. Written guidance, with contact details of external agencies was available and staff knew how to access it.
- A robust system was in place to record and analyse accidents and incidents which was used to highlight any patterns or trends.
- Analysis of incidents and accidents ensured corrective action was implemented. Actions taken were discussed with staff during handovers, team meetings and supervisions. This enabled sharing of good practice between staff which led to an effective 'lessons learned' process being in place.

Assessing risk, safety monitoring and management

- Risks for people were individually assessed and managed. Risk assessment were detailed, personalised and guided staff to support people safely whilst still maintaining their independence.
- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks relating to people's care and support needs such as, accessing the community, behaviour and epilepsy.
- Positive behaviour support guidelines were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service.
- People had clear personal emergency evacuation plans in place which gave staff clear guidance on how to ensure they could safely evacuate people in the event of an emergency such as a fire.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed on staff before they worked with people in their homes.
- One member of staff told us, "We are looking at working in hubs, having core teams of staff so it's good continuity for people... there is always on call support and they bring in more staff if needed, such as taking a person for a hospital visit."
- The registered manager told us they were constantly recruiting and there were six members of staff due to start work with the service. They said recruiting appropriate staff had been a challenge and recruitment was ongoing.

- One relative expressed concern over the recent shortages of staff the provider had experienced. They were reassured that the providers recent recruitment programme meant a further six staff were in the process of being recruited.
- Support was provided by a core team of staff that were allocated to each person. This ensured people received consistent care from a staff team who knew them well.
- People were supported by enough staff to meet their needs, Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways they preferred. Medicines were safely obtained, stored, recorded, administered and disposed of.
- Where people were prescribed medicines they only needed to take occasionally, there was guidance for staff to follow to ensure these medicines were administered safely.
- Staff received medicine training and had their competency checked to ensure they were safe and competent to administer medicines to people.
- Medicine administration records contained the information necessary for safe administration, audits were regularly completed.
- People's medicines were regularly reviewed to ensure they continued to meet their needs.

Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control and food hygiene. They supported people to understand how to reduce the risk of infection.
- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections and were clear on their responsibilities with regard to infection prevention and control.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A detailed assessment of people's support needs was provided before people began using the service. These were completed with full involvement of people's families and health professionals where appropriate.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans. Staff worked with people to encourage and support their independence.
- People were supported to be themselves and given access to information and support to live their lives as they chose. Assessments contained personalised information and guidance such as their religious, cultural and lifestyle choices that reflected people's preferences and choices.

Staff support; induction, training, skills and experience

- Staff told us they received an effective induction into the service. This included time spent shadowing experienced staff to ensure they knew how to care and support people before they cared for them independently.
- One staff member told us, "The induction covered online training and specific training such as autism, epilepsy and team teach... some training was in groups of 10-25 and some was on line and practical face to face training." Another member of staff said, "I love it, the induction was done at head office with on line training and shadowing other staff. I was given enough time with shadowing to feel confident with people. The training was good, team teach was especially very good."
- Newly recruited staff completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff told us they felt well supported with regular supervisions and training. One member of staff said, "There is good support for us, they make sure we are not left in the deep end, they are really good at supporting us". Another member of staff told us about the supervision process, they said, "They check how things are done and whether we need any help, they are good at keeping on top of supervisions and I feel listened to."

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

- People's nutritional needs were assessed before they joined the service. Risks such as allergies, weight gain or loss or a risk of choking were identified and managed in consultation with specialist health professionals.
- One member of staff told us, "I do a menu each week for [person] and they come shopping with me. They love everything chicken and fruit and veg. I have introduced meat free days as [person] was eating a lot of

meat and that is going well, [person] loves their food."

- Staff understood what people preferred to eat and drink and what their favourite foods were. Staff encouraged and supported people to take part in planning and shopping for their weekly meals which they enjoyed.
- People's care and support records reflected their food and drink likes and dislikes and how they needed their food prepared to ensure they were supported to eat safely.

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

- People were carefully monitored with any changes in health or wellbeing recorded. People were supported to see a range of health professionals when they needed such as their GP, dentist, occupational therapist or speech and language therapists.
- Staff spoke knowledgeably about people's health needs and were pro-active in seeking guidance and support from health professionals.
- People received an annual health check, this follows best practice guidance for people with a learning disability.
- People's health needs were clearly documented in their care and support plans and gave clear guidance and information regarding their specific health conditions for staff.
- People had personalised health passports completed which gave clear guidance on things the person liked and disliked as well as what may make them anxious or agitated. Health passports would accompany the person to hospital if they needed to be admitted, and provided effective, detailed health information for hospital staff.
- Staff had established good working relationships with a range of healthcare professionals to ensure people were provided with effective healthcare that met their individual needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff understood about people's individual capacity to make decisions and knew their responsibilities for supporting people to make their own decisions.
- The service met the requirements of the MCA. MCA assessments had been completed with people in relation to their care needs and consent for photographs. This meant people's rights were protected.
- The home held best interests' meetings for people. Records showed involvement of the person, family members and professionals. The registered manager told us they were in the process of obtaining signatures from those involved to show their involvement in the process.
- Staff had received MCA training and were able to tell us the key principles.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- We visited people in their homes, but due to their health conditions they were unable to talk with us, however relatives told us, "We are very pleased that Community Wessex are providing the care and support... the current placement and support package has been very successful." Further comments included, "It is evident how comfortable and relaxed [person] are with staff and the rapport that they have." Another parent told us, "The actual care and care staff are brilliant."
- Relatives told us staff provided care and support in a kind, friendly, caring and professional way. We observed people welcomed staff and appeared comfortable and relaxed with them. Staff interacted with people promptly, sensitively and understood and respected their lifestyle choices.
- Staff received training in equality and diversity. Staff treated people as equals and diversity was valued and respected.

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

- People were able to express their needs and choices and staff understood their way of communicating. A staff member told us, "I know [person] very well... their favourite things are going for walks both along the beach and in the forest and they love their music especially pop music."
- One person showed us the pictorial staff photo rota on their wall. Staff explained this pictorial rota allowed the person to see which members of staff would be supporting them on each shift. This meant any anxieties could be relieved and helped improve the person's sense of calm, by informing them who would be providing their care and support.
- The service had developed links with advocacy services and people were encouraged to use these to help them with some decisions if required.
- People were given information about the service in the form of pictorial guides and leaflets. This ensured people were kept informed in a way that was meaningful to them and enabled people to make their own choices about how they received their care and support.

Respecting and promoting people's privacy, dignity and independence

- We observed that people were treated with dignity and respect. Staff knocked on people's front doors before entering and addressed them by names they preferred.
- Staff promoted dignity in all their interactions with people, speaking respectfully and providing attentive, discreet care and support.
- Care and support plans reflected people's preferences and choices and encouraged people's independence.

- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care and support plans were personalised and provided clear details of how staff were to support people to meet their individual preferences and assessed needs. They included people's likes, dislikes and preferences and enabled staff to deliver person centred care for people in the way they preferred.
- The provider had implemented use of an electronic care record system during November 2019. Staff told us they found the new system, effective and easy to use. One member of staff said, "[Record system] is really good, it all works well, there is enough information and it all makes sense."
- People and their relatives were fully involved in the planning of their care and support. One relative told us, "We are kept well informed, in fact the [record system] is good and we get sent weekly reports which let us know what is happening. It has been very useful as we can analyse what happens which helps [person]."
- Another relative said, "We are always kept up to date with any issues relating to [person], ranging from hospital attendance down to issues around their homes... we get feedback on how their week has been and how [person] is feeling."
- Staff spoke knowledgeably about people's personal history, what they liked to do and how they preferred to spend their day. One person took us to their bedroom to show us how their bedroom had been decorated which they really liked.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with them.
- People's communication needs were identified, recorded and highlighted in their care plans and staff understood the AIS.
- People were supported with a variety of communication aids to help them communicate. These included, Picture Exchange Communication System (PECS), photographs and specific sign language systems such as Signalong and Makaton. These are language programmes that use symbols, signs and speech to enable people that are unable to communicate verbally to communicate with others.
- People had individual communication passports which provided clear guidance on how people preferred to communicate. Information and procedures were also available in pictorial easy read formats and included guidance on safeguarding procedures, hospital passports and health plans.

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

- Staff knew people very well, what their interests and hobbies were and what things were important to them and what events they enjoyed. Staff worked well together to ensure people were given the opportunities to take part in activities they enjoyed and that maintained their independence.
- One relative told us, "Efforts are made to make sure [person] has a varied timetable in terms of access to the community and activities...they are evidently very happy in their own home environment."
- The registered manager told us they had arranged for people to make up a choir and they had really enjoyed the experience. People had detailed activity schedules which included a wide range of activities and hobbies they enjoyed, such as, drumming, swimming, trampolining, sensory room, water play and music.
- Activities were tailored to each person and provided on an individual basis to enrich people's lives, keep people active, maintain their independence and prevent social isolation.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family and friends.
- People were supported to make full use of their mobility cars and staff regularly took people out to places they enjoyed and were of interest to them. One member of staff said, [Person] has their own car and is very settled in it now. They really like their drives out, we go everywhere we can."

Improving care quality in response to complaints or concerns

- A complaint policy and process was in place and had been shared with people, friends and families. We reviewed a complaint that had been received. The complaint had been fully investigated and actioned in accordance with the providers complaint policy.
- A pictorial easy read version of the complaint's procedure was available for people who required additional support to understand information.
- A relative told us, "We feel/would feel very comfortable about raising any concerns, regardless of nature, whether they were substantial or trivial and everything in between, either directly with staff or with the local office if there were needed to. "

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.
- Staff told us they understood the importance of capturing people's preferences and choices in relation to this time of their life and would work closely with palliative care professionals to ensure people's health needs were met.
- Senior staff had started discussions with people and their relatives around people's end of life wishes. People's cultural and spiritual preferences would be respected throughout the process.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well led. Leaders and the culture they created promoted high quality, person centred care.

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

- The registered manager was clear about their registered manager role and responsibilities. Notifications had been made to CQC as required by the regulations.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
- We received comments from some staff and some relatives that raised concern for the impending changes of management the service would shortly be going through once the registered manager had left the service. Comments included, "I am now worried that [registered manager] is going, there will be too much heaped on the plate of the manager who will be covering, they will have to cover both services, it may be too much. The [registered manager] has been very, very supportive... they have gone over and beyond to ensure [person] is settled in their house." And, "The services strengths are the service they provide to people. Although at the moment there is a little lack of direction. It feels like everyone is leaving and not getting on top of things...seems like a lack of oversight... they seem overly stretched with not enough support for them although they ensure staff are supported well."
- We discussed our findings with the registered manager who confirmed recruitment for a replacement registered manager was ongoing and the provider was putting contingency plans in place to ensure the continuity of the service.

We recommend the provider ensures effective oversight and management of the service to ensure people receive safe, effective care and support.

- The quality of the service was checked through regular monitoring visits and audits carried out by senior staff. Checks and audits covered a full range of people's care needs including checks on medicines, infection control, care and support plans, staff rotas and health and safety of premises.
- Staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files. The provider had a whistleblowing policy and staff knew how to raise concerns if needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. Staff told us they felt confident to

view their opinions and felt they would be listened to.

- People and their family's views about the service were sought through a range of methods which included home visits, telephone conversations, reviews and quality assurance surveys. The surveys were in a pictorial form and an easy to understand format to make them accessible for all people. The quality assurance questionnaires had been reviewed and analysed and any shortfalls in service had been highlighted. However, actions required had been identified but records did not always show the outcome of what actions had been taken. We discussed our findings with the registered manager who confirmed they would ensure this would be corrected.

We recommend the provider implements a system to ensure resulting action and outcomes from quality assurance questionnaires are captured, to provide a complete audit trail.

- The service worked collaboratively with a range of health and social care professionals to ensure people's changing needs were addressed and people received appropriate support.
- The registered manager attended local forums and network groups where initiatives and best practice was shared.

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

- Staff, relatives and parents provided positive views on the open, honest and supportive culture of the service. Staff told us they really enjoyed their roles and providing the good levels of care and support for people.
- Staff told us they felt well supported. We asked staff what they thought the service did well, one member of staff answered, "The care they provide. It is a good service, they look after people well. It's a great charity."
- Staff commented communication within the service was very good with detailed handovers at the beginning of each shift and clear communication systems in use that worked well. One member of staff said, "They are really good at communication, I always know if there are any changes with people."
- People received individual, person centred care from a staff team who were dedicated to providing people with good care and support. Staff worked well as a team together for the benefit of all people.
- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with people and their relatives.

Continuous learning and improving care

- The registered manager and staff team had a commitment to learning and making improvements to the service people received.
- There was evidence that learning from incidents, accidents and investigations took place and appropriate changes were implemented.
- There was a process of continual improvement and quality assurance in place. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs.