

Autism Unlimited limited

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. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 5 people with autism, learning disabilities and mental health needs were receiving 24-hour support with personal care in their own supported living accommodation.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

People were supported to have maximum choice and control of 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.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

Staff did everything they could to avoid using physical interventions and these were only used as a last resort in line with people's plans. The service recorded when physical intervention was used, and staff learned from those incidents and how they might be avoided or reduced.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Right Care:

The people we met during our inspection were able to use their preferred method of communication to express they felt safe and were happy with the care staff who supported them.

Relatives of people using the service told us their loved ones were kept safe from potential harm as the service regularly reviewed risks to people and, put measures in place to reduce the likelihood of harm. Records showed us staff encouraged people to be independent and take positive risks to ensure people lived as full lives as possible.

Staff knew people well and had been trained to recognise signs and symptoms of abuse. Staff knew who to raise concerns to both internally and externally and, felt confident to do so if they had any concerns.

People who had individual ways of communicating such as, using body language, sounds, sign language, pictures and symbols could interact comfortably with staff and others involved in their care and support. Staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Right Culture:

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.

People and those important to them, including advocates, were involved in planning their care.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

This service was registered with us on 13/08/2021 and this is the first inspection.

The last rating for the service under the previous provider was good (published on 1 April 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. 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 their own homes in '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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 12 April 2023 and ended on 19 April 2023. We visited the office location and

people in their homes on 14 April 2023 and spoke with parents of people who used the service on 13 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 5 supported living settings and met with 5 people who used the service. We spoke with 3 relatives on the telephone to ask about their experience of the care provided. We also spoke with the nominated individual, registered manager, deputy managers, care co-ordinator, and received written feedback from support staff. During our inspection we observed care practices and the interaction between staff and people. We reviewed a range of records that included 3 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 2 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.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe from the risk of abuse. Staff had received training and knew how to recognise signs and symptoms of abuse.
- Staff knew who to report concerns to within the service and were confident their concerns would be listened to by the registered manager. Staff knew who to report to outside the home if they were not.
- The service had followed local safeguarding arrangements and safeguarding referrals had been made appropriately to the local authority.
- People used sign language to tell us they felt safe and were happy with the staff who provided support to them. Relatives told us, "They look after [person] very well. Everything is in place to keep them safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service had a proactive approach to anticipating and managing risks to people. Risks to people's health and wellbeing had been assessed and plans were in place to instruct staff how to keep people safe from harm whilst promoting independence and taking positive risks. This included trips out in the car, using the kitchen and going on holiday.
- Staff did everything they could to avoid using physical interventions and these were only used as a last resort in line with people's positive behaviour plans. The service recorded when physical intervention was used, and staff learned from those incidents and how they might be avoided or reduced.
- Risk assessments were regularly reviewed to ensure people remained safe. Staff met regularly to share any concerns and ensure actions were taken to keep people safe.
- The homes people lived in were regularly checked by staff to ensure they were safe, this included gas safety checks, fire safety checks and house repairs. People had personal emergency evacuation plans in place. These provided key information to assist emergency services in the event of an incident that required people to be evacuated.
- Staff had completed mandatory core safety training including first aid, fire safety and health and safety awareness training.
- People who expressed their frustration, upset and anger through their behaviour had positive behaviour support plans in place. They were person centred and created with them, external learning disability professionals and people closest to them. These had been effective at supporting people to express themselves in the safest way possible.
- The service had a robust system in place to ensure lessons were learned when things went wrong. For example, following one incident of a medicines error records showed a no blame fact-finding conversation with staff. Communications were sent to all staff reminding them of the importance of following the medication administration chart. A new weekly medicines audit was put in place to reduce to likelihood of

the error happening again.

Staffing and recruitment

- There were enough staff to meet people's needs with the use of agency staff. The service was actively recruiting for their own staff. Only staff from the agency were used who had been supporting the same people for a long time and knew them well.
- Agency profiles were in place to evidence their skills and training; agency staff had completed an induction to the service and the person they supported and were provided with clear documentation, so they knew the person well.
- Full employment checks had been completed to ensure the right staff had been recruited into the service. To ensure staff were of good character and had the right skills employment checks such as references, full employment history and DBS checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives told us, "They sometimes have to use agency. It is the same agency staff. So, to [person] they are just normal staff" and, "The turnover of staff is relatively low. It is a good steady staff team."

Using medicines safely

- Medicines were managed safely. Staff completed medicines training and, were signed off as competent by senior staff before they were able to administer medicines to people. Staff competencies were regularly checked to ensure people had their medicines administered as prescribed.
- Medicines prescribed for as and when needed (PRN) had protocols in place for staff to follow.
- Medicines were checked by senior staff to ensure they were safely administered through regular audits.

Preventing and controlling infection

- Staff had plentiful access to personal protective equipment as needed and followed updated government guidance to ensure people were protected from the spread of infections.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

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

- People's needs were assessed before they started to use the service to ensure their care needs could be met.
- People were asked how they wanted their care provided and this formed the basis of their individual care plans.
- Staff followed best practice guidance in relation to administering medicines, providing care and support and promoting independence with positive risk taking to ensure people lived a full life.

Staff support: induction, training, skills and experience

- Staff had the right skills and training to fulfil their jobs. Staff completed mandatory training and additional training specific to their roles such as, Autism Acceptance, Signalong and, Epilepsy Awareness.
- Staff new to the service completed a 12-week induction including training in line with 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 told us they felt supported, particularly since the recent change in management team. Staff had opportunities to discuss their performance and professional development during regular 1:1 meetings with their line manager and, felt confident they could request additional training if needed. One staff said, "I have been well trained and equipped to do my job." Another told us, "My induction was good, I was well trained helped with every tool needed for me to work with people we support."

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

- Staff supported people with a healthy diet. Where people had been assessed as at risk of eating too fast or eating non-food items staff had been provided with clear instructions to best support them.
- We observed a person being supported to drink by a member of staff who counted slowly whilst they drank to prevent the person from drinking too much too fast.
- People were encouraged to choose their own meals, to shop for their own ingredients and, supported to cook their own meals.
- Relatives told us, "They go shopping with them, they try to make healthy food, they cook with [person] under supervision" and, "[person] is offered choices. They take them shopping and they discuss with them when out. [Person] picks what they like."

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

- Staff worked with healthcare professionals to ensure holistic person-centred support. For example, the service had regularly worked with speech and language therapists, occupational therapists, learning disability nurses to support people using Community Wessex – East services.
- People had access to healthcare professionals including GP's, district nurses and dieticians when needed.
- People were encouraged to exercise daily by going out for regular walks and taking part in sports they enjoyed.

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.

- Staff understood and worked to the principles of the MCA. Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Applications to the Court of Protection had been made appropriately for people who were being deprived of their liberty where they needed this level of protection to keep them safe. Staff were knowledgeable about any Court of Protection's in place for people and how these were being monitored.

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; Respecting and promoting people's privacy, dignity and independence

- Staff treat people with kindness, dignity, and respect. People communicated in their preferred method to tell us they were happy with the staff. We observed staff knew people well and had built good relationships to know how to best support them.
- Staff told us they knew people well and knew how to support people if they were upset or distressed. One staff member told us, "I'm very aware of my service user's anxiety and whether they are comfortable or not. We've had lovely walks and trips out which is so nice and important for our day to go well."
- Another staff member said, "The service user I support sometimes is upset and often I help them manage their anxiety by turning the atmosphere in a good or better mood using jokes and sound interactions that they like. Another thing I found useful to do when the person I support is upset/anxious (and which I am proud of it as this is now used as a strategy in their care plan and by most of the team) is to distract/redirect the person to do some activities together, in this way most of the time we avoid the escalation, and eventually the person will calm down without the need of using the PRN (as required) medication."
- Staff told us they felt they went above and beyond to provide the best support possible to people. One staff member said, "I am always there for the people I support for whatever they need. I have stayed on late and come in extra to support the individuals to appointments or outings. I have supported the individual to gain more information on potential jobs and courses they would like to pursue, so they can make a choice and achieve the best they can in their life. I listen to what the individual wants and needs and try to implement the support they need."
- Relatives told us staff were caring and kind. We received comments such as, "[person] is respected. For example, with their personal care they encourage [person] to do as much as [person] can for themselves.", "They give [person] their pyjamas to put on and then they close the door. They give [person] lots of time before going back in, staff stay outside when [person] showers but might go in to put some shower gel on their flannel as otherwise [person] will empty the whole thing" and, "They understand [person] very well, [person] is totally treated with respect and the staff go the extra mile."

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

- People were supported to communicate their views and be involved in decisions about their care by staff who knew them well. One relative told us, "Staff have made a lot of progress to make sure they know them and their wishes well. The staff are the experts."
- Staff understood the importance of people making decisions about their care and seeking people's consent before they commenced care.

- One staff member said, "For individuals I have supported who are nonverbal, I ensure I communicate with them in the best way for them. This is different for each individual and may be by using PECS (Picture exchange communication system), signalong or talking verbally. I gain their consent before doing anything to support them, from entering their rooms, opening their windows, to administering medication. It is important as we are here for them. They have the right to be respected and treated with dignity and refuse care if they wish. They have the right to choose."

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; End of life care and support

- People had detailed person-centred care plans that contained their care needs, wishes, and wants. Staff told us, they had enough information to ensure people's needs were met.
- Care plans were created with the person, those closest to them and relevant healthcare professionals. They were regularly reviewed and updated. A relative told us, "The care plan has been reviewed in the last few months. They sent the care plans to us, and we were asked what to add."
- Staff knew people well and supported them to have choice and control. A staff member told us, "We support people in the community that have complex needs, are supported on a 2:1 basis; their choices regarding their daily lives are at the heart of what we do. We work to their pace and how that person is feeling on the day; one of the people we support uses PECS as their voice and has their own signing dictionary and routine, which is incredibly important to them. Staff empower [person] to make decisions around their care such as giving them the choice of where [person] wants to go on their daily outing, choices around food and clothing."
- At the time of our inspection no person using the service required end of life care and support.

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 were well supported to communicate in their preferred communication method to ensure their wishes, wants and needs were expressed.
- We observed staff communicating with people according to their communication needs, using signalong (sign language), PECS and body language.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place. Relatives told us they had not needed to raise any concerns or complaints and felt comfortable to approach the registered manager if they needed to do so.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People benefited from a registered manager, deputy managers and staff team who promoted a positive culture. They focused on people being treated as individuals and being able to continue to live full and rewarding lives.
- Staff told us they felt proud to work for Community Wessex - East, and described the culture of the service as, "Nice working environment, teamwork is encouraged, good communication and, I feel appreciated."
- Staff told us the registered manager and management team were supportive. Comments included: "I'm very happy with the management team, [registered manager] is competent, experienced, and approachable", "[registered manager] is a good leader and stays authentic" and, "The management has improved massively since [registered manager and deputies] joined the team. They are friendly, knowledgeable and make themselves visible. [registered manager] has had a massive positive affect on the whole company, and I hope they realise this."
- Relatives knew who the registered manager and deputies were. A relative told us, "[registered manager and deputies] are very pleasant." Another relative said, "[registered manager and deputies] have [person] interests at heart. They are knowledgeable people."
- People, relatives, and staff were included in the running of the service. Relatives told us they could contact the office at any time and were kept up to date through email communication.
- Relatives told us the service was well-led. One relative said, "Yes, it is well-led. Particularly in the last 18 months, it has been a lot better. They are responding quickly to both phone calls and emails and the staff feel supported." Another relative told us, "It is well run, and they care. Their motive is clearly people using the service and they want to provide a good service."
- The registered manager said, "I am proud of the journey we are on as a team in Community Wessex - East, the resilience staff have shown over the last few difficult months with uncertainty within the community and obstacles we have overcome as a management team, the change in staff culture and the positive changes we have been able to make for the people we support."

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 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 families and people.

- The registered manager made sure we received notifications about important events so we could check appropriate action had been taken.

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

- Quality assurance systems and processes covered a broad scope of monitoring, including at management and provider level. Actions were discussed in meetings to drive improvements.
- Actions identified were monitored and completed in a timely manner. Learning was shared with both the staff team and other services within the provider group where appropriate.
- There were systems in place to regularly review accidents, incidents and safeguarding referrals including root cause analysis to find out how and why things went wrong. The events were discussed at regular meetings to share learning and prevent events from re occurring.
- The service actively sought feedback on the service provided. Quality surveys were sent out to people, relatives and staff providing opportunities to identify any areas of improvement. One relative told us, "They telephone and send us a questionnaire. They are good at involving us."

Working in partnership with others

- Community Wessex – East worked in partnership with other organisations and professionals. The registered manager told us, "We have links with local volunteering groups, a therapeutic horticulture charity, a community therapy farm and colleges where some of our young people attend."