

National Autistic Society (The)

National Autistic Society - Camden Road

Inspection report

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28 March 2019

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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:

National Autistic Society – Camden Road provides accommodation, care and support for up to 12 people with learning disabilities or autistic spectrum disorder. On the day of the inspection they were providing care for nine people.

People's experience of using the service:

The outcomes for people using the service reflected the principles and values of 'Registering the Right Support'. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Whilst people received their care and support in a safe way there were aspects of the premises that posed potential risks to people. Following the inspection the provider took prompt action to resolve these.

Systems were in place to protect people from harm and training supported staff to recognise when people may be at risk.

People were cared for by staff who knew them well and they supported people to develop their hobbies and interests and to be part of their local community. The service had been successful in supporting people to move from Camden Road and live independently in their own home.

People's independence was promoted and they were supported to make their own choices on how they wished for their support to be provided. Access to specific technology to meet people's complex needs and safe spaces for people to socialise were provided.

People's care plans and risk assessments were detailed and used by staff. Staff provided care and support in line with people's care plans.

People received their medicines in a safe way by staff who had been trained and assessed as competent in medicines management.

The registered manager ensured staff were recruited safely and received training to support people with autism.

People told us they felt confident their complaints would be listened to and information was made available to meet their communication needs.

Staff worked positively together and were complimentary about the registered manager and the support offered to them in developing their knowledge and skills.

The registered manager had a visual presence and encouraged people to give their views of the service and

make improvements. The service was open and displayed a positive culture with people at the centre of the service.

The service met the characteristics for a rating of good in four of the key questions and requires improvement in one of the key questions. Therefore, our overall rating for this service after the inspection was good.

More information is in the full report.

Rating at last inspection: Requires Improvement (Report published 10 January 2018)

Why we inspected: At the last inspection in November 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The service was rated overall Requires improvement with a Requires improvement rating in the Safe and Well led domains and a rating of Good in Effective, Caring and Responsive domains. This inspection was planned based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated requires improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

National Autistic Society - Camden Road

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection team consisted of two inspectors.

Service and service type: National Autistic Society – Camden Road provides accommodation, care and support for up to 12 people with learning disabilities or autistic spectrum disorder.

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.

Notice of inspection: We gave 48 hours' notice of the inspection site visit because it is a small service and staff and people are often out. We wanted to be sure staff would be there.

What we did: Before the inspection we looked at information we held about the service, including notifications that the provider had sent us. We reviewed all other information sent to us from stakeholders.

During the inspection:

The inspection site visit took place on the 28 March 2019. We spoke with one person who used the service and relative of another person. We also spoke with four members of staff and the registered manager. On 1 April 2019 we spoke with four relatives by telephone. We reviewed three people's care files, records of accident and incidents including notifications sent to us, training records, policies and procedures and audits and quality assurance reports. We also examined other records relating to the recruitment of staff and

the environment.

After the site visit we were provided with information relating to the improvements made to the environment following the inspection. We spoke with an environmental health officer who carried out a food hygiene inspection at the service in January 2019.

Is the service safe?

Our findings

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

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

At our last inspection we rated Safe as requires improvement because the provider was using restrictive practices which were not following current legislation and guidance and were not proportionate in relation to the risk of harm. This was a breach of regulation 13 (1) (4) (b) – Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At this inspection we saw that the provider had reviewed their procedures for keeping people under observation and these were no longer restrictive.

Preventing and controlling infection

- A local authority food hygiene inspection in January 2019 awarded a 'two star' rating which meant that improvements to food hygiene were necessary. We found that a food refrigerator door did not close properly and that the temperature inside the refrigerator was 10 degrees, which is two degrees above the recommended maximum. The registered manager told us they would look into replacing the refrigerator with a new one.
- The inside temperature of the refrigerator was not always recorded daily. This meant that possible faults with the refrigerator would not be identified.
- Cleaning standards were variable. Windows in one person's room had privacy film attached to them, but one had mould on it. The film had been unpicked in places. The person was known to pick at things such as this and put them in their mouth. The registered manager told us after our inspection visit that the film had been replaced.
- An extractor fan in a bathroom had a heavy layer of dust. An area around a sink was unclean and dusty.
- There were cleaning schedules, but these were not always completed, and it appeared from records that cleaning was not always undertaken. No cleaning took place at weekends. The registered manager told us they would introduce more detailed schedules for each room in the premises.
- The provider had infection control procedures to protect people and themselves from the risk of the spread of infection. Staff were trained in those procedures. This included using colour coded cleaning equipment, such as mops and buckets, to prevent cross-contamination.

Assessing risk, safety monitoring and management

- We found that people were not protected from risks associated with accessing some rooms. A room with a hot water tank had no lock and could be entered by people. This posed a risk of injury if a person entered the room. The provider told us they would secure the room following the inspection.
- A communal area had broadband cabling hanging loose from a ceiling which could easily be pulled by a person causing damage to the ceiling and possible injury. The registered manager told us that some people pulled at things or tore things from walls. The cable was fixed to the wall after our inspection visit.

- Risks associated with people's care and support were evaluated by the registered manager. Risk assessments included guidance for staff about how to support people safely without unduly restricting their choice or independence. For example, staff supported people to safely participate in activities such as making hot drinks and snacks, going out and taking holidays.
- Risk assessments were reviewed after incidents such as when people presented behaviour that challenged others and damaged property.
- Every person had a personal evacuation plan in the event of an emergency such as a fire. Staff knew how to safely evacuate people and themselves from the premises in the event of an emergency.
- Relative's told us Camden Road was a safe and secure environment.

Systems and processes to safeguard people from the risk of abuse:

- People gestured to us that they felt safe living at Camden Road.
- Relatives told us they believed their family members were safe. They told us people were safe because they were well cared for by staff. A relative told us, "I feel that [person] is safe here and protected and the care is centred around them."
- Relatives told us that staff understood people's behaviours, including behaviours that challenged others. A relative told us, "We feel [person] is safe. We did have concerns from the behaviour of another resident towards [person] but things are improving, and we feel staff keep [person] safe. Staff do all they can to prevent problems between other people living there."
- Staff understood people's behaviours and recognised when people presented signs that they may engage in behaviour that challenged others. Staff made timely interventions to defuse behaviours that posed a risk to people and staff. They received training in handling potentially challenging situations between people.
- Staff understood their responsibilities in relation to keeping people safe from harm and abuse.
- Staff knew how to report concerns, including allegations of abuse, and they were confident that the registered manager and provider would take them seriously.
- The registered manager reported safeguarding concerns to the Care Quality Commission, local authority adult safeguarding teams and to the provider's head office.

Staffing and recruitment

- The registered manager calculated staffing levels using a dependency tool to ensure that enough staff were on duty during the day and night.
- Staff and relatives told us that they felt there enough staff were on duty. We saw that staff were always present and attentive to people's needs.
- Staff made discreet observations of people and were ready to intervene when people showed signs of presenting behaviour that challenged.
- The provider followed safe recruitment procedures that ensured all the required pre-employment checks were carried out. This reduced the risk of unsuitable staff being employed. When they wanted to be, people were involved in interviews of job applicants.

Using medicines safely

- People were supported to have their medicines at the right times.
- Only trained staff who had been assessed as competent supported people with their medicines.
- People had medicines care plans which explained how their medicines must be given. Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People told us they had PRN medicines when they needed them.
- Medicines were stored securely and regularly audited by the registered manager to ensure they were being managed safely.

Learning lessons when things go wrong

- Staff used the provider's system for reporting incidents. The register manager reviewed these to identify any trends or patterns.
- Risk assessments were reviewed to minimise the risks associated with people's behaviours.
- After a person experienced an injury whilst making a hot drink, a relative was involved in discussions about how that activity could be made safer without restricting the person's independence.

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

Good: 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 and regularly reviewed. This ensured that the service could continually meet people's needs.
- Staff told us that they read people's care plans to ensure they understood people's needs effectively.
- Staff had 'handover' meetings where they shared information about people to ensure that people experienced continuity of care and support from one staff shift to the next.
- Staff meetings were used to ensure staff had the latest information about people.

Staff support: induction, training, skills and experience:

- Nine staff had left the service towards the end of 2018 and had been replaced by new staff. They received an induction programme and training. A new member of staff told us, "My training prepared me well."
- The provider specialised in support of people who lived with autism and ensured staff received training about autism.
- Staff put their training into practice. For example, they identified when people became anxious and supported them to return to a calmer state by talking with them and engaging in an activity such as looking at photographs.
- Staff received supervision and appraisal meetings that gave them an opportunity to discuss their training and development needs. A staff member told us they found their supervision meetings helpful because they had feedback about their performance and discussions about people's experience of the service.

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

- Staff ensured that people always had a choice of nutritious food and drinks.
- Staff prepared meals of people's choice. Some people participated in preparing meals.
- Relatives told us they had no concerns about the support people had with their nutrition. A relative said, "We have no concerns about [person's] food and drinks. They look well." Another relative told us, "[Person] has plenty of food and drink" and a third said, "[Person] has the food they like, they have lots of fruit and vegetables."
- There was an ample supply of food and drink at Camden Road to ensure people could have snacks and meals when they wanted.

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

- Staff we spoke with demonstrated in-depth knowledge of people's care plans.
- The service worked closely with a range of health professionals to ensure that people received the right

type of support.

- People had access to healthcare as required, for example annual health checks.

Adapting service, design, decoration to meet people's needs

- Camden Road consists of two adjoined properties. The layout and design met the needs of people living there. People had use of communal areas.
- People's rooms were personalised to their taste. Their rooms were places where they enjoyed following their interests and hobbies.
- Communal lounges were functional with minimal ornaments or fixtures. The registered manager told us this was because some people tended to damage things.
- The décor of the home was basic. A relative told us "The paintwork is horrible, it looks run down" and another relative said, "Environmentally it could do with some attention as it is a bit run down."
- The provider did not own the premises. Maintenance was carried out by a landlord who inspected the property and made repairs. The provider was responsible for decorating the premises. People's rooms were personalised and communal areas reflected people's preferences.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that it was.
- Staff understood the principles of the MCA and told us how they adopted these principles in practice, for example always obtaining people's consent before providing support and providing them with information to make informed choices, for example about shopping and holidays.
- The registered manager understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: 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 were treated in a kind and caring way by staff who demonstrated patience and compassion towards them.
- Staff engaged in conversation with people about what they had done that day. They expressed genuine interest to demonstrate that people's happiness mattered to them. For example, we saw staff look through a large collection of photographs with a person which was something they clearly enjoyed.

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

- Staff explored people's interests and involved them in deciding how they wanted to develop them. For example, a person who had never flown abroad was taken to an airport so that they could see and experience what a holiday abroad entailed.
- People were encouraged to express their views using signs and languages they had been taught. We saw staff engage in conversation with people using communication techniques people understood.
- People used unique expressions and gestures to express how they felt and what they wanted. Staff understood these. A relative told us, "[Person] knows what they want and do not want. Staff understand their preferences, they do their utmost to satisfy [person]."
- People were supported to make their own choices and decisions about their care and support. They decided how much support they wanted and how they wanted to spend their time.
- We had mixed views from relatives about how involved they were. One relative told us, "They involve and contact me, and we have a good dialogue with the home; an excellent relationship." Another relative said, "We had a review recently which was beneficial to see how [person] was getting on. However, another relative told us, "We used to have an annual review that we were involved in, but we have not had one in the last four years."
- The registered manager and staff understood their obligations in relation to Equality, Diversity and Human Rights. They knew how they would promote cultural diversity if people from different cultures used the service, for example introducing culturally diverse meals and understanding about different faiths.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people who used the service. People told us they felt respected by staff. Staff told us how they respected the privacy and dignity of people they were supporting by ensuring that any personal care was in the privacy of people's rooms.
- People could spend their time where they wanted. They could go to their rooms at any time where they were not disturbed.
- People were supported to maintain relationships with family and friends who were welcome to Camden

Road at any time.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: 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 were supported to receive individualised care.
- Care plans contained details of people's preferences, likes and dislikes. Staff told us that they used the care plans to aid them to provide person-centred care. Care plans we saw were detailed, easy to follow and contained information for staff about how people wanted to be supported.
- Staff completed daily records of how people were supported and what people had done so that they could monitor people's welfare.
- Staff supported people to maintain links with family members and friends.
- Staff supported people to visit places that were of interest to them or of which they had fond memories. A person showed us photographs of places they had been to. And it was clear those visits had given them a lot of pleasure.
- Staff supported people to be independent and less reliant on support. For example, people took different levels of responsibility for their laundry and keeping their rooms tidy. Some people were involved in preparing meals and others helped staff keep communal areas tidy.
- People were supported to follow their faith when they wanted to.
- Staff supported people in line with the Accessible Information Standards (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- People's care plans included a 'communications' section which explained what signs, words and phrases they used to express themselves. Staff communicated with people in ways they understood, and staff understood people's unique phrases and gestures.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place that was available in an easy to read format.
- Relatives knew how to make complaints using the provider's complaint's procedure.
- One relative told us, that after they had raised a concern they met with the registered manager and agreed improvements that could be made to the way a person was supported to make their own hot drinks.
- There was a whistle blowing policy in place and staff told us that they would use the policy to report any concerns and issues.

End of life care and support

- At the time of the inspection, there was no one receiving end-of-life care.
- People were asked about their end of life wishes and preferences as part of the assessment process. Where people had specific requirements, these were documented in care files.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we rated Well-led as requires improvement because the systems and processes in place were not operated effectively to improve the quality of the services provided. We also found that records were not maintained securely and were not stored in line with current legislation and nationally recognised guidance. These were breaches of Regulation 17 (1) (2) (a) (c) – Good governance of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

We found at this inspection that improvements had been made.

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

- The registered manager and staff shared and lived the provider's values of providing support to people that helped them achieve their goals of increased independence.
- The registered manager ensured that staff had relevant training and support to meet people's needs. They were rebuilding a staff team after several staff left in a short space of time in 2018.
- The provider supported the registered manager by ensuring they had access to the provider's team of autism specialists and a senior management team.
- The registered manager supported staff to understand CQC's role and the five key questions we ask when we inspect services.
- The provider's quality assurance system was based on CQC's fundamental standards of care. They used this to make self-assessments of compliance with those standards.

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

- The registered manager understood their obligations to be open and transparent and take accountability when things go wrong.
- The registered manager submitted statutory notifications to us, as required by law and the ratings of the service were displayed on their website and within the home.

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

- The registered manager was improving arrangements for relatives to be better informed and involved in developing the service.
- The registered manager involved staff in discussions about improving staff morale and improving the service after the set-back of a large number of staff leaving. Staff were involved in decisions about the

running of the service, for example how staff breaks were organised and the allocation of workloads.

- The registered manager encouraged and acted on staff suggestions about improving people's experience of the service. For example, after a staff member suggested that a person used shops further away from the service to encourage them to walk more, this was tried out. It proved successful and the person was healthier and fitter.
- The provider organised annual surveys of their services. They were in the process of sending questionnaires to people, relatives, staff and health professionals who were involved in people's support. This was to get their views of their experience of the service. The surveys were managed by the provider's head office.
- The registered manager told us they would ensure that relatives would be invited to annual reviews of their family member's care plan if that was what the family member wanted or if the relative had a legal right to be involved.

Continuous learning and improving care

- The service was committed to continuous improvement.
- The registered manager was supported by head office staff and an area manager who regularly visited the service.
- The registered manager and provider used their quality assurance system to drive improvement. They had a plan to improve the service.
- The registered manager improved their monitoring of the premises to ensure that items requiring attention, such as damaged paintwork, were dealt with promptly.

Working in partnership with others

- The service had developed good links with a variety of organisations and charities that provided services for vulnerable people. Through those links the service has supported people to find paid employment and voluntary work.