National Autistic Society (The)

NAS Community Services (Hertfordshire)

Inspection report

Hertfordshire Resource Centre
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection of the National Autistic Society (NAS) Community Services (Hertfordshire) on 28 and 29 April 2016. We made telephone calls to the relatives of the people who used the service on 03 May 2016, in order to gather their views and feedback of the service. When we last inspected the service in January 2014 we found that the provider was meeting the legal requirements in the areas that we looked at.

NAS (Hertfordshire) is a domiciliary care service that provides around the clock care and support to autistic people living in their own homes. At the time of our inspection, there were four people using the service. They all lived in their own apartments in the community and received one to one support from members of staff.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager left in October 2015. A new manager had been appointed and they were going through the application process to become the registered manager of the service.

People were kept safe from avoidable harm. The staff understood the processes to be followed if they needed to report any concerns about people's safety and there were robust risk assessments in place that gave staff guidance on managing risk effectively, in order to keep people safe. There was enough staff on duty to safely support people in meeting their identified needs. People's medicines were managed and administered safely by trained staff. The provider had a robust recruitment policy in place to ensure that staff employed had the relevant skills and of good character required for the role.

Staff had received the relevant training required for their roles. They understood their role and responsibilities, and the needs of the people they supported. They demonstrated a clear understanding of the principles behind the Mental Capacity Act 2005 and supported people accordance with the act, where necessary. They sought people's consent before providing them with any care or support, and they supported people to access health services and professionals required to meet their identified healthcare needs.

People were treated with respect and their privacy and dignity was promoted. People were involved in decisions about their care and support they received.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure in place.

There were systems in place to deal with complaints and to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out. There were effective systems in place to monitor the quality of the service.

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.

The provider had systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place and there was sufficient staff to safely meet people's individual needs.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that had been trained to meet their individual needs.

People had access to other health and social care services when required.

The requirements of the Mental Capacity Act 2005 were met and people's consent was sought before any care or support was provided.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and compassionate.

Staff understood people's individual needs and they respected their choices.

People were involved in the decisions about their care and support.

Staff respected people, their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to follow their interests and hobbies.

The provider had an effective system to handle complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a change in managers in a short space of time and this has had a negative impact on the service.

A new manager was in post and they were going through the process of registering with the CQC to become the registered manager for the service.

There were gaps in the frequency of quality monitoring audits due to the lack of a stable manager.

The audits carried out by the provider were isolated to the service's offices and did not include visits to people's home where care and support were delivered.

NAS Community Services (Hertfordshire)

Detailed findings

Background to this inspection

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

This inspection took place over a three day period and was unannounced. It was carried out by one inspector from the Care Quality Commission (CQC). We visited the provider's offices on 28 and 29 April 2016. We also visited people in their homes, where we spoke with them and the staff who supported them, on 29 April 2016. On 03 May 2016, we carried out telephone interviews with people's relatives in order to gather their views of the service.

Before the inspection we reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed information about the home that had been provided by the local authority, staff and members of the public.

During the inspection we spoke with three people who used the service and four of their relatives to gain their feedback. We also spoke with four members of the care staff, the provider's positive behaviour support lead, the administrator, the CQC nominated individual and safeguarding lead for the provider and the new manager. We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for three people who used the service. We checked medicines administration records and looked at staff recruitment and training records. We looked at complaints received by the service and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People and their relatives told us that people were safe using the service, and they knew who they would raise concerns with if they felt unsafe. One person said, "Yes, I am safe because I have the staff supporting me, they help me with things like crossing the road. If I felt unsafe, I will ring the 'on call' [the provider's out of hours contact number] or my mum and dad." A relative we spoke with told us, "Yes, [Relative] is safe and happy. We see [them] often and have nothing that worries us about [their] safety."

The provider had an up to date safeguarding policy that gave staff guidance on the actions they needed to take in protecting people from harm. Staff told us they were aware of the policy and had received training in safeguarding. They were able to tell us the types of risks that could affect the people they supported, the measures that were in place to minimise risks and the actions they would take if people were unsafe. Staff were also aware of external agencies they needed to report concerns to about people's safety. One member of staff said, "Yes, I have done my safeguarding training. If I suspect [that a person was not safe], I will report it to the manager immediately or to the area manager. I can also report it to the company's safeguarding lead, the CQC and the local safeguarding team."

The provider also had in place a whistleblowing policy that enabled staff to report concerns about negative practices within the workplace without fear of consequences of doing so. Staff told us they were aware of this policy and would use it if they needed to. One member of staff said, "Yes, I understand the whistleblowing policy. I haven't had the need yet but I will definitely whistle blow if things were not right. I feel the company will support me if I blew the whistle."

There were risk assessments that were personalised to each person who used the service in relation to their support needs. The risk assessments were put into place to keep people as safe as possible. People and their relatives told us they were aware of the risk assessments and they took part in reviewing them regularly. One person said, "I have seen my risk assessment yes." A relative we spoke with told us, "We have meetings every so often to review everything." Staff told us they had access to people's risk assessments as part of their role in supporting them to remain safe. One member of staff said, "They all have risk assessments that are updated regularly. We are now in the process of updating all the risk assessments and most of them have been completed now." Staff further explained that copies of people's risk assessments were kept in their homes as well as in the provider's offices. A review of people's records kept both in their homes and in the provider's offices confirmed this was the case. We saw that people's risk assessments covered areas such as; safeguarding, lone working, personal safety, manual handling, infection control and medicines. Staff told us they monitored people's risks and informed the management team as well as their colleagues of any changes, so that the appropriate steps could be taken. One member of staff said, "We share information about any changes we notice with the manager so that the risk assessment could be updated. We tell the other staff during [shift] hand overs and we record it in the communication book. We also record it in the [person's] daily diary."

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who used the service. Records showed that all the

necessary checks were in place before each member of staff began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the provider to confirm that staff were suitable for the role to which they were being appointed.

People and their relatives told us there were enough staff to safely support people in meeting their needs. One person said, "Definitely yes, there are enough staff." They went on to tell us the names of the staff that regularly supported them. A relative also said, "Yes there are enough staff, the turnover is quite high so it would be nice if the staff stayed but there's always staff to look after [Relative]." We reviewed the service's roster and found that there were four permanent members of staff and twenty zero hours employees. The manager informed us of their plans to recruit at least four new members of staff on a permanent contract to ensure continuity and consistency. People who used the service required one to one support from staff and the roster reflected this. We saw that there were no shift in the whole of March and April 2016 that were left uncovered.

People were safely supported with the administration of their medicines. Each person had a risk assessment detailing what medicines they took and their preferred method of taking their medicines. We checked medicines administration records (MAR) for two people and saw that these had been completed appropriately with no unexplained gaps. Staff had been trained in medicines awareness and they confidently explained the actions they would take if people refused to take their medicines or if a medicines error had occurred. A member of staff said, "I will report any errors to the manager and then call the GP for advice."

Good

Is the service effective?

Our findings

People and their relatives told us that the care and support people received was effective, because the staff were trained, experienced, and understood their roles. One person said, "[The staff] know how to look after me, they are very good at their job." A relative told us, "They are highly trained and specialise in supporting people [living] with autism. They are the best people to look after [Relative] because they know [Relative] very well. We are very happy."

Staff told us they had received training in areas that the provider deemed mandatory in order for them to carry out their roles effectively. We reviewed the training records for staff and found that they had completed their training in areas such as; autism awareness, safeguarding people, food hygiene, emergency first aid, fire safety, safe administration of medicines, health and safety, and dementia amongst other courses. Staff told us that their training sessions were a mixture of online learning and classroom based learning. One member of staff said, "Most of our training is done face to face [classroom based], this way you can ask questions if you do not understand something. This makes the training more dynamic." The member of staff further explained that the training provided made them feel confident in carrying out their role.

Staff had completed a two week induction programme at the start of their employment. The induction programme involved staff completing the training deemed mandatory by the provider and learning about the provider's vision and values. It also involved working alongside experienced members of staff until they were confident to work safely with people who used the service. One member of staff told us, "My induction was really useful, it gave me the chance to meet the [people who used the service], read their care plans and meet my colleagues who also showed me how they [carried out their role]. I did about seven shadow shift with each person who used the service. [The provider] wanted to make sure I knew what I was doing before I worked on my own." The member of staff further explained that the induction enabled them to understand their role, the needs, preferences and history of the people who used the service.

Staff were supported in their roles by way of regular supervision sessions and annual appraisals of their performance. However, a review of the spreadsheet held by the managers to monitor when staffs' supervision was due showed gaps where these sessions had been missed. This we found was due to the fact that the service did not have a stable registered manager in post for a period of time but there was evidence that showed that an interim manager had taken steps to supervise staff. We spoke with the new manager about this and they told us of their plans to carry out supervision sessions with staff on a six weekly basis.

Staff had received training on the Mental Capacity Act 2005 (MCA), the requirements of which were met by the service. The 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 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. Staff understood the principles of MCA and their responsibilities within the act to gain people's consent before providing any care or support. One member of staff told us, "Yes, I have been trained in MCA. It relates to people's mental capacity to make decisions and if they can't, then decisions are to be made in

their best interest." Another member of staff said, "If people made unwise decisions and had the mental capacity to do so, my role will be to advise them of the consequences but their decision will be final so I have to respect that." The member of staff also said, "At the end of the day, if I am allowed to make my own decisions then so should the people who used the service. I treat people as I like to be treated, I like to be respected and I do the same for people." We reviewed people's records and found that mental capacity assessments had been carried out where required, and best interest decisions made with the involvement of relatives and professionals where necessary. We also found that people had given their consent to be supported by way of signed consent forms.

People were supported to maintain their health and wellbeing through regular contact with health care professionals and services. Where required staff arranged and attended healthcare appointments with people. Records of people's interactions with healthcare professionals were detailed in each person's health folder which they called 'the purple folder'. Staff told us they monitored people's well-being closely and if they noticed anything of concern they supported people to access the right healthcare service. People and their relatives confirmed this was the case. One relative said, "We have no complaints, they are good with that. They will help [Relative] to go to see the GP if something was not right." A review of two people's health folder showed regular contact with healthcare professionals.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring, kind and compassionate. One person said, "Staff are very nice and supportive. They listen to." A relative told us, "The staff are very nice and caring."

Staff interacted with people in a kind and supportive way. They understood people's needs and communicated with them in an appropriate manner. People told us they felt staff understood them when they communicated with them. One person said, "Yes, they listen to what I say and they understand me when I say something." Where people did not communicate verbally, we found that systems had been put into place to ensure effective communication. For example, one person communicated with the use of pictures and prompts, the staff printed and laminated a number of pictures to help communication with them. These pictures included the person's morning routine, the staff who supported them and their relatives who visited regularly.

People and their relatives told us that staff promoted people's dignity and privacy, and were respectful of them. One person said, "Yes, staff respect my privacy." A relative told us, "Yes, staff do respect [relative's] privacy and dignity, they don't talk about [relative] to other people and they treat [relative] like an adult." During our visit to one person's home we observed that staff respected the person's wishes and had removed their shoes when they arrived for their shift.

Records showed that, where they had been able to, people or their representative had been involved in making decisions about their care and developing their care plans. The service provided information to people and their relatives about an independent advisory service and an advocacy service they could contact to support them if necessary.

A leaflet that detailed information about the provider and the services they offered was available to the people who used the service. The leaflet outlined the type of services people could expect to receive and who they could contact if they were unsatisfied.

Good

Is the service responsive?

Our findings

People and their relatives told us that they were supported in a person-centred way and their needs were met. One relative said, "Yes [Relative's] support is personalised, [they] live in their flat on their own and staff come to support [them] there."

Each person who used the service had a care and support plan in place which they and their relatives told us they were involved in developing with support from staff. One person said, "Yes, I have a support plan, I have seen it." A relative told us, "Yes, I am involved in planning [Relative's] care." People's support plans followed a standard template used across the service but each person's plan was personalised to them and reflected their individual needs. Support plans included information on people's personal history, their individual preferences, their hobbies and interests. They also included clear instructions for staff on how to provide support to people in a way that was consistent. People and their relatives also told us they were involved in the regular reviews of people's care and support. One relative said, "We have regularly meeting to review the care yes." We saw that people took the lead in arranging annual care reviews and decided who they wanted to invite to their review. A member of staff who supported a person in arranging their review told us, "[Name] made the invitations for their review and sent them to the people they wanted to attend. On the day of the review we asked them if they wanted us to provide snacks for people who attended the meeting but they told us 'No!' as this was a serious meeting and you do not have snacks when you are in serious meetings."

People told us they were supported to pursue their hobbies or to take part in activities that were of interest to them. We saw that one person liked Disney cartoon characters and was supported to visit Disney Land Paris last year. When we visited this person in their home we found them watching the Disney cartoons on their television attentively. Another person enjoyed making music and visiting a local recording studio to record songs. This person told us they were supported by staff to record over twenty songs. They played their latest recording to us which was a song called 'Life of Mars' by David Bowie. Some relatives however told us they felt more could be done around supporting people to take part in activities that interest them. One relative said, "[Relative] needs a purpose to get up in the morning like going to college, clubs or something along those lines. I have talked to the previous manager about this but nothing happened." We brought this to the attention of the new manager and they informed us they were working with people and staff to identify further activities for them to take part in. For example, one person had already expressed interest in supporting the provider in recruiting new staff and this was going to be pursued in future recruitment drives.

The provider had a robust complaints policy and procedure in place. People were made aware of this when they started using the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they were not satisfied with their care. They told us they were comfortable raising concerns they might have about the support provided and knew their concerns would be addressed. One person said, "I will be happy to talk to [the new manager] or staff if I had any complaints. I have [the manager's] email address and will send [them] an email if I had anything that worried me." We saw that the complaints received by the provider where acknowledged within two working days and addressed within ten to twenty days depending on the complexity of the complaint. An easy read version of the

complaints procedure was available to people. This was aimed at making it easier for the people who used the service to make complaints if they needed to. We reviewed the complaints that had been received by the provider and saw for example, one complaint made by a person who used the service. The provider had appointed a senior manager to investigate the complaint. During the investigation process, the person had requested additional support by way of a particular member of staff to be present so that they felt more comfortable. The request was granted and the complaint was resolved to the person's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager in post at the time of our inspection. The registered manager left in October 2015 and was replaced by another manager in January 2016, but they left after three weeks to pursue other opportunities. A new manager had been appointed at the time of our inspection and they told us they were going through the application process to become the registered manager of the service with the CQC.

We found that the audits carried out for the management and administration of medicines and staff supervision were ineffective. There were gaps in the regular audits that had been carried out internally. The provider however, carried out quality assurance audits of the service at least twice every year. Feedback from these audits was given to both the manager and the organisation's board of trustees and where action was required, further visits were made to track the progress of the service. We spoke with the nominated individual who was the safeguarding lead for the service and they told us that the service had quarterly key performance indicators (KPIs) to meet. These KPIs focussed for example on the number of safeguarding incidents that had been referred and the scores from the audits completed by the provider and the local authority. The KPIs gave an overview of the service and the information gathered and had been feedback to the board of trustees so that there was accountability within the organisation.

The nominated individual also told us that as well as the audits carried out by them, managers of other services also carried out regularly audits of the service to assess the quality of the service they provided. They further explained that where concerns had been highlighted, a member of the provider's senior management carried out follow up visits to ensure these were addressed. We found however that these audits focused on the service's offices and did not include visits to people's homes where care and support was being delivered. We raised this with the new manager and the nominated individual and they told us they will raise this issue with the provider and ensure future audits include visiting people's home to assess how care and support was being delivered.

People's relatives and staff all told us that the change in managers in a short period of time has had a negative impact on the service but they hoped the new manager will provide stable leadership to the service. One relative said, "There has been 'ups' and 'downs' because they didn't have a manager but they've now got a new manager." Another relative told us, "We used to have meetings with the manager at least once a year to discuss how the service was doing but that stalled, hopefully that will get going again with this new manager." A member of staff we spoke with said, "The staff morale was slightly low but [new manager] is here now and already things are changing." Another member of staff told us, "We need a key worker or a manager to help organise things like repairs, a bit more." We discussed the concerns raised with the new manager and they told us they were in the process of developing a service improvement plan with support from the provider to tackle the issues.

The new manager, staff and the provider as a whole demonstrated an open and transparent culture throughout our inspection. Staff told us that it was a 'great' organisation to work for and that people who used the service were place at the centre of the work they did. A member of staff said, "I think it is a good

organisation to work for. Everybody gets on and [the new manager] is very friendly, open, transparent and fair. [Manager] is new but if they see something they are not happy with they address it." Another member of staff told us, "[The provider and the new manager] have a genuine interest in people who used the service. They really care." The new manager told us about the open door policy approach they had adapted which meant that staff were able to raise any concerns they had with them openly, without having to wait for a supervision session.

We found the new manager to be clear in their roles and responsibilities in leading the delivery of a high quality, safe, effective and compassionate care, to the people who used the service. We observed their interactions with the people who used the service and the staff, and found these to be positive.

The staff were also knowledgeable about their roles and responsibilities in supporting the people who used the service and the management in ensuring the service met people's needs. They told us they were involved in the development of the service by way of regular team meetings. We reviewed the minutes of the last staff meeting and found that the areas of discussion included; people's care plans, staff training, people's finances, annual health reviews for people, activities and some of the provider's policies.

There was evidence that the provider engaged with people and their relatives in gaining feedback about the service they provided in order for them to identify areas for improvement. Annual survey questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded, were happy with the quality of care provided.