

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

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

This inspection took place on 8 and 11 July 2016 and was the first inspection of the service. On 8 July we visited the service's office and met with the registered manager. On 11 July we visited the home of the person using the service to meet them and speak with support staff. Both visits were announced as this is a small service and we needed to be sure people would be available to assist with the inspection. We gave the provider 48 hours' notice of our visit on 8 July and arranged to complete the inspection on 11 July.

NAS Community Services (Harrow) is a supported living service that provides care and support to people on the autistic spectrum living in their own homes. When we inspected, the service was supporting one person.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

People using the service were protected because staff understood the types of abuse that might occur and knew what to do if they had concerns about a person's welfare. All support staff had completed safeguarding adults training.

People using the service received the medicines they needed safely. Staff stored medicines securely and kept accurate records each time they supported people with their medicines.

The provider carried out checks to make sure new staff were suitable to work with people using the service and there were enough staff to meet people's care and support needs.

The provider supported staff and provided the training they needed to work with people using the service.

The provider and registered manager understood the principles of the Mental Capacity Act 2005 and had followed its requirements. Staff supported people using the service to make decisions about their care and support.

The service was responsive to people's health care needs and people were able to access the healthcare services they needed.

People using the service were able to choose where they spent their time. They spent time in their room when they wanted privacy and in communal areas when they wanted to be with support staff.

We saw very positive interactions between support staff and the person using the service and staff respected the person's privacy.

The provider made information available to people using the service and their relatives on how to make a complaint.

Support staff had a good understanding of the person's support needs, routines and preferences.

The service had a manager who was registered with the Care Quality Commission (CQC).

People's relatives and staff told us managers were approachable and supportive.

The provider had systems in place to monitor quality in the service and make improvements.

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 protect people using the service. All support staff had completed safeguarding adults training.

People using the service received the medicines they needed safely.

The provider carried out checks to make sure new staff were suitable to work with people using the service and there were enough staff to meet people's care and support needs.

Is the service effective?

Good ●

The service was effective.

The provider supported staff and provided the training they needed to work with people using the service.

The provider and registered manager understood the principles of the Mental Capacity Act 2005 and had followed its requirements. Staff supported people using the service to make decisions about their care and support.

The service was responsive to people's health care needs and people were able to access the healthcare services they needed.

Is the service caring?

Good ●

The service was caring.

People using the service were able to choose where they spent their time.

We saw very positive interactions between support staff and the person using the service and staff respected the person's privacy.

Support staff had a good understanding of the person's support needs, routines and preferences.

Is the service responsive?

Good ●

The service was responsive.

Staff supported people to maintain relationships with people who were important to them.

People's care and support was individually provided, based on their needs and preferences.

The provider made information available to people using the service and their relatives on how to make a complaint.

People using the service were encouraged and supported to engage in social and recreational activities.

Is the service well-led?

Good ●

The service was well led.

The service had a manager who was registered with the Care Quality Commission (CQC).

People's relatives and staff told us managers were approachable and supportive.

The provider had systems in place to monitor quality in the service and make improvements.

NAS Community Services (Harrow)

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 on 8 and 11 July 2016 and was the first inspection of the service. On 8 July we visited the service's office and met with the registered manager. On 11 July we visited the home of the person using the service to meet them and speak with support staff. Both visits were announced as this is a small service and we needed to be sure people would be available to assist with the inspection. We gave the provider 48 hours' notice of our visit on 8 July and arranged to complete the inspection on 11 July.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications of significant incidents the provider sent to us and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

During the inspection we spoke with the registered manager, the relative of the person using the service and checked records in the office. These included care records, recruitment records for three staff and records of complaints. We also visited the supported person's home to meet them, spoke with two support staff and reviewed care records kept in the home. The person using the service had complex needs and we were unable to communicate with them verbally.

Is the service safe?

Our findings

One person's relatives told us they felt their family member was safe. They said, "I know my [family member] is safe in the house. I have no worries at all."

The provider had systems in place to protect people using the service from the risk of abuse. Staff training records showed all support staff had completed safeguarding adults training and those we spoke with understood and were able to tell us about the types of abuse people might experience. Their comments included, "I would tell my manager straight away if I thought there was any abuse" and "We would never accept any abuse. If I was worried about [service user's name] I would speak to my manager. If my manager wasn't available, I'd speak to their manager."

The person using the service received the medicines they needed safely. Care records showed support staff managed prescribed and PRN ('as required') medicines for the person using the service. Staff stored medicines securely in a lockable cabinet in the person's home and completed a record sheet each time they gave the person their medicines. The records were up to date and we found no errors or omissions.

The provider carried out checks on staff before they started work to make sure they were suitable to work with people using the service. Staff records included an employment history, references from previous employers, proof of identity and right to remain and work in the United Kingdom and Disclosure and Barring Service (DBS) criminal record checks. Staff told us they had attended an interview and met the person using the service before they started working with them. They also confirmed the provider had carried out checks before they were allowed to work in the service.

The provider deployed sufficient numbers of staff to meet the needs of people using the service. The registered manager also told us they based staffing levels on an assessment of the person's needs and this ensured they had the support they needed to access activities in the local community. When we visited the person's home, two support staff were on duty and the rota showed that the provider maintained the agreed level of staffing.

Staff rotas showed the person using the service when we inspected was supported by two members of staff at all times during the waking day. At night, there was one waking member of staff and a second member of staff asleep in the person's home who could provide assistance if required. We noted that the rota showed some staff had worked for extended periods of time without a day off or a number of consecutive shifts without a break. We discussed this with the registered manager who explained that some staff had worked additional shifts while the service recruited new support staff. This had ensured continuity of care and support by staff the person knew and who knew their care and support needs.

The provider had completed a risk assessment of the environment before the person moved into a new property, shortly before our inspection. They had then taken action to mitigate identified risks. For example, a gas fire was disconnected and the housing association responsible for the property confirmed that the shower screen was made from reinforced glass. Care records also included risk assessments for access to

community activities, including swimming. The risk assessments included clear guidance for staff on how to support the person but we saw no evidence that staff regularly reviewed the assessments. The registered manager told us the provider's policy was to review risk assessments at least annually, or more frequently if the person's support needs changed, but they needed to ensure this happened consistently.

Is the service effective?

Our findings

The provider supported staff and provided the training they needed to work with people using the service. Support staff told us they met regularly with their manager to discuss their work with people using the service, their training and development needs and to feedback on good practice and areas requiring improvement. Their comments included, "Yes, I meet with [manager's name] every four to six weeks and more frequently if I need to talk about anything" and "I get all the support I need, from other team members and managers, they are all very good."

Training records showed that staff had completed training the provider considered mandatory. This included safeguarding adults, autism awareness, health and safety and medicines management. Where support staff had not yet completed training in a particular topic, or where they needed refresher training, the registered manager confirmed they had places on the next planned training session.

The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers. The registered manager told us the provider was introducing Care Certificate training to ensure all staff received the training they needed to work with people using the service. Training records showed three support staff had completed their Care Certificate training. Support staff told us they felt well trained to do their jobs. One said, "[The provider] trains staff well, there's a mix of e-learning and face to face training, but it's all useful." A second support worker told us, "The training is good, it really helps us to do our job more effectively."

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 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. We checked whether the service was working within the principles of the MCA and found that the provider and registered manager understood the principles of the MCA and had followed its requirements. Where required, the provider worked with people using the service, their family and professionals involved in their care to make sure any decisions they made about care and support were in the person's best interests. Support staff told us the person they worked with was able to make choices about aspects of their daily life but more complex decisions would be discussed and agreed with others.

Care records included information about the person's nutritional and dietary needs. This showed the person liked a wide range of foods and gave staff clear guidance on how to ensure the person's had enough food and drinks they enjoyed. Staff recorded the person's food likes and dislikes and kept a record of the meals they provided. They also told us they supported the person to visit local restaurants for meals and we saw they recorded these in the daily notes. Care records also showed that support staff had prepared a meal to celebrate a religious festival and invited the person's family members to the home to eat. The person's relative told us they appreciated the efforts support staff had made and said they had really enjoyed celebrating the festival with their family member.

The service was responsive to people's health care needs. Care records included information about the person's health care needs and how staff would support them to make sure they were met. We saw staff supported the person to access general healthcare services and the provider also arranged for specialist assessments and advice for support staff to meet the person's needs. For example, the provider's behaviour coordinator had developed a sensory profile of the person and written clear guidelines for staff on how the person communicated. Staff told us they knew that when the person took the car keys or door keys, they wanted to go out and if they took drinks from the staff then this meant they were thirsty.

Is the service caring?

Our findings

A relative told us, "The staff are excellent. They know my [family member] and are very caring." They added, "It's a very good service, we are very happy."

People using the service were able to choose where they spent their time. We saw that the person we visited in their home spent time in their bedroom when they wanted privacy and in communal areas when they wanted to be with the support staff. Staff respected the person's privacy and told us they carried out regular checks to make sure the person was safe. We saw very positive interactions between support staff and the person using the service when we visited. Although the person had complex needs and was unable to communicate verbally, we saw support staff had a good relationship with them and understood how the person made their wishes known.

Support staff told us they offered the person choices about aspects of their daily lives, including what to eat and how and where they spent their time. There were sufficient staff available to ensure the person did not have to wait for support.

Care records included information about how the person spent their time each day. Support staff told us they were currently only able to support the person to go out if they used public transport as there were no drivers on the staff team. The registered manager told us the provider was actively recruiting staff that could drive the person's car. Most of the activities we saw recorded in the daily care records took place in the person's home. Staff told us they did offer other activities outside the service but the person sometimes refused to take part and they respected this decision. We discussed this with the registered manager who told us they would remind support staff to record when they offered activities the person refused.

Is the service responsive?

Our findings

A relative told us they were fully involved in the admission process. They told us their family member had recently moved home and they, and other family members, felt they had been fully informed and involved by the provider. They told us the move was well organised and support staff took the time to make sure the move went well and did all they could to help the person adapt to their new home. They also told us, "Staff work with my [family member] in a very calm way and have helped him so much."

Staff supported people to maintain relationships with people who were important to them. Care records showed the person using the service wanted to see family members regularly and daily support records showed staff supported them to visit family members on a mutually agreed basis.

People's care and support was individually provided, based on their needs and preferences. The registered manager told us that before people started to use the service they worked very closely with the person and their family. They carried out pre-admission assessments to ensure they understood and could meet the person's support needs. Each person had a care plan that guided staff on how they needed to support them to be in control of their daily lives. The plans detailed people's individual talents and skills and the things that were important to them. For example, it was important for the person to keep in contact with family members, eat a wide range of foods, go out for trips in their car, to go for walks in different locations and for support staff to respect their routines. The support plans also included the person's dreams and aspirations, for example, to live more independently and to cook their own meals.

Staff completed a daily record of the support they gave people using the service. From our observations and the daily records we saw, we concluded that people received care and support that was based on their individual preferences and needs.

People were encouraged and supported to engage in social and recreational activities. Care records contained information detailing the person's interests and hobbies and this enabled support staff to plan activities to suit their individual needs and preferences. Records showed staff supported the person to take part in planned activities, in the service and the local community. Staff recorded activities that reflected the person's interests as detailed in their support needs assessment.

The provider made information available to people using the service and their relatives on how to make a complaint. This information was available in an 'easy read' format and the provider had updated it in January 2016. They recorded complaints and responses were sent to complainants in line with the provider's procedures and timescales.

A relative told us they had no reasons to complain about the care and support their family member received at the service. They said if they did, they would speak directly with the registered manager. Their comments included, "If I need to, I speak with [registered manager]. He listens and speaks to the staff and things are sorted out."

Is the service well-led?

Our findings

People and those important to them had opportunities to feedback their views about the service and the quality of the care and support they received. A relative told us, "If I want to speak with [the registered manager] about anything I just have to call and make an appointment, it's never a problem." The service had a registered manager and a clear management structure. A relative of the person using the service and support staff told us they knew who the managers were. They told us managers were approachable and supportive. The registered manager was aware of the need to notify the Care Quality Commission (CQC) of incidents and important events, in accordance with their statutory obligations, and demonstrated the skills of good leadership.

The provider's stated core belief was "We believe people on the autism spectrum should be understood, supported and appreciated." Support staff told us the provider was a good employer and they enjoyed working for them. Staff were aware of the values and aims of the service and demonstrated this by telling us how they promoted people's rights, independence and quality of life. For example, they told us how they had supported the person using the service to progress to riding a bike independently during companion cycling sessions they attended.

The provider enabled staff to contribute to improving the service. Staff told us they were well supported and felt they could speak with the manager at any time about any concerns they might have. Their comments included, "We have good managers, who tell you when you do well and if you get something wrong" and "The team works well, there's good communication". There were clear lines of accountability within the service with each shift having a clearly designated member of staff in charge. An on-call manager was also clearly identified at all times in case of emergencies.

The provider, registered manager and support staff completed audits to monitor quality and identify areas of improvement. The provider's Human Resources Director completed a quality monitoring visit report in January 2016. They did not visit people using the service but spoke with the registered manager and staff and reviewed records. The registered manager told us they had taken action to address recommendations made in the report.

The registered manager told us they and the service manager carried out regular audits of people's finances and medicines management. Support staff told us they carried out checks in the person's home of food hygiene practices, infection control and health and safety. The registered manager confirmed the housing association that owned the person's home would be responsible for any continuing maintenance and repairs.