

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

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 10 & 15 November 2016 and was announced. The service was last inspected in November 2013 and was found to be meeting all the regulations we reviewed at that time.

NAS Community Services (Godalming) is registered to provide Personal Care services to people with learning disabilities and autism. The services they provide include personal care, housework and assistance with medicines. At the time of this inspection the service was supporting three people with learning disabilities, living in supported accommodation.

The service had a registered manager in post. 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 200 and associated Regulations about how the service is run.'

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Staff understood what constituted abuse and were aware of the steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. The provider ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Care workers told us and we saw from their records that they had received training in relevant areas of their work. This training enabled staff to support people effectively.

Care workers understood their responsibilities in relation to the Mental Capacity Act 2005. People told us and we saw from their records they were involved in making decisions about their care and support and their consent was sought and documented.

People were supported to eat and drink in a safe manner. Their support plans included an assessment of their nutrition and hydration needs. People told us they chose what they ate and staff supported them with meals.

People told us they were treated with dignity and respect. Care workers understood the need to protect people's privacy and dignity. People told us staff knocked on their doors before they entered their homes.

The service encouraged people to raise any concerns. We saw there had not been any recent complaints.

Care workers gave positive feedback about the management of the service. The registered manager was approachable and fully engaged with providing good quality care for people who used the service. They encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service.

The service had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for 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.

Staff understood how to protect people from abuse and harm.

Risks to people's health and welfare were assessed and managed.

People were protected through the staffing arrangements, which were flexible to meet their needs.

Recruitment practice protected people from staff who might not be suitable to work with adults.

Is the service effective?

Good ●

The service was effective.

People received individualised support that met their needs. People told us they were involved in planning and choosing their care and were able to make decisions for themselves.

Care workers were supported to fulfil their roles and records of regular supervision and appraisals had been kept. They told us they were supported by the management.

People were able to make choices about what they ate and were supported to eat and drink in a safe manner.

Is the service caring?

Good ●

The service was caring.

Care workers told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

People were involved and their views were respected and acted on.

The service ensured they provided the same care staff whenever possible so people had continuity of care.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before the provision of care began to ensure the service was able to meet their needs.

The support plans and risk assessments detailed people's care and support needs. These were reviewed every three months monthly or earlier if any changes to the person's support needs were identified.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

Is the service well-led?

Good ●

The service was well-led.

Care staff felt supported by the registered manager who they described as approachable.

There were systems in place to ensure that the quality of the service people received was assessed and monitored.

NAS Community Services (Godalming)

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 checked 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.

The inspection took place on 10 and 15 November 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. At the time of this inspection the service had three people who used their service.

Before the inspection the provider completed a 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 plan to make. In addition, we reviewed information we held about the service. This included any notifications and reports provided by the service.

We spoke with two people who used the service. We were not able to speak to people's relatives because they were not available to speak with us. We also spoke with the registered manager, four care workers, team leader and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for three people using the service, staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well. One person told us, "I feel safe, happy and content." Another person told us, "I am very well looked after. It is safe here."

People who used the service were protected from the risk of harm and abuse. The provider had a safeguarding policy and procedure together with contact details of the local safeguarding team. Staff had received training in safeguarding adults. We spoke with six staff and they knew and were able to tell us about signs of abuse, including relevant reporting procedures, such as reporting concerns to their manager, team leader or where appropriate, the local authority or Care Quality Commission (CQC).

We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, references, proof of identity and criminal records checks. The registered manager told us that no one would be allowed to commence work until all the relevant pre-employment checks had been completed. This helped to ensure that only people deemed to be suitable by the agency were employed to work within the service. A staff member told us, "I had to wait to commence work until all checks were completed, including criminal checks."

There were policies and procedures for managing risk and staff understood and followed them to protect people. One staff told us, "What is good about risk assessments here is that we facilitate positive risk taking." That is, the risk assessments were managed thoughtfully, taking into consideration the least restrictive approaches and interventions. Staff were aware a balance needed to be struck between risk and the preservation of rights. We saw examples of when staff had assessed the risks associated with particular activities including going out on holidays, activities, eating and medical issues. In each case there were arrangements in place to ensure people were supported to enjoy freedom and a varied experience.

Risk assessments had been carried out and recorded in people's care records. We saw that each person had individual risks assessed as part of their initial and on-going assessment of needs. Risk assessments covered a range of areas, such as safety and security at home, slips trips and falls, medicines, and the physical environment. One person's risk assessment gave detailed instruction of how to manage behaviours that could challenge the service. Staff told us and records showed that all staff had received training in positive behavioural approaches such as SPELL (Structure, Positive, Empathy Low arousal, Links). There were instructions for staff to use low arousal approaches when supporting this person. Copies of risk assessments were kept at people's homes to ensure staff were able to access them as required.

The service had an IT system in place for all accidents and incidents to be recorded. Records were then sent to the provider so they could be analysed to identify any themes or trends which might be helpful in mitigating future risk. When patterns were found, prompt action was taken and monitored. This included referral to health professionals, such as the GP, occupational therapist, psychiatrist and psychologist.

People were safe because staffing levels were assessed and monitored to ensure they were sufficient to meet their identified needs at all times. There was a rota system in place to ensure that enough staff were on

duty. Staffing levels were flexible so that if people needed extra support due to illness or to take part in their particular interests there were staff available for this. We saw an example on one rota where staffing levels had increased beyond the usual ratio to support staff to care for a person who needed temporary extra care.

Appropriate recruitment checks took place before staff started work to reduce the risk of unsuitable staff being deployed at the service. Staff told us they went through a thorough recruitment and selection process before they started working for the service. Staff files evidenced that all necessary checks were completed prior to staff beginning employment. These checks included a Disclosure and Barring Service (DBS) check, evidence of identity, right to work in the country, and a minimum of two references to ensure that staff were suitable and not barred from working with people who used the service.

People said they received help with medicines in the way they wanted and were happy this was working well. They were supported to take their medicines by staff trained in medicine administration. There was a policy in place for their reference. When a medicine was administered or prompted this was signed for by the staff member.

Is the service effective?

Our findings

People and their relatives confirmed care workers had the right skills and knowledge needed for their role. One person told us, "Staff are very good with me. They support me with my travel and at times help me to prepare difficult meals." Another person said, "Staff do their best to support and help people like me."

Care workers completed an induction to ensure they were aware of their roles and duties, and that they were able to undertake them competently. They had a comprehensive induction period which included completing specific training and shadowing more experienced members of staff. The induction followed the Care Certificate induction standards, which are nationally recognised standards of care which care workers needed to meet before they can safely work unsupervised. Relatives told us they thought the care workers were highly trained and knowledgeable.

Care workers regularly attended training to ensure they had the knowledge and skills to undertake their roles. Training information showed that care workers had completed core training and specialist training such as epilepsy and dementia care where required to meet people's specific needs. Care staff confirmed there was good access to training opportunities and personal development was encouraged. A care worker told us, "The training is good. Any relevant training outside the core training is supported." Regular competency assessments were undertaken to ensure care workers provided safe care to people in such areas as moving and handling, and medicine administration. A care worker told us, "We have a refresher medicines training every six months. This keeps us up to date."

Care workers told us they felt well supported by the management. The service had a system in place for individual staff supervision. Staff told us and records confirmed they were supported through regular supervision. Appraisals were undertaken annually to assess and monitor staff performance and development needs. The registered manager told us, "We do reflective supervision. This is not management led. Staff are required to come with topics to discuss and that is what we talk about." Care workers confirmed supervision was a two way process and were able to discuss any topic with the management. This ensured that people were supported by staff who were also supported to carry out their duties.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. Care workers were knowledgeable about the requirements of the MCA and issues relating to consent. They knew if people were unable to make decisions for themselves that a 'best interests' decision would need to be made for them. Care records showed people's mental capacity had been assessed in regards to making specific decisions about their daily lifestyles. For example, one mental capacity assessment showed one person understood what their medicines were for. The assessment concluded, the person was 'capable of consenting to [their] medication and [they] had consented to continue to take it'. This person told us, they were involved in planning and choosing their care and were able to make decisions for themselves.

People were appropriately supported by staff with their healthcare needs. Care workers worked with other healthcare professionals to monitor people's conditions. One person told us they visited their GP

independently, another told us the staff supported them to make their appointments and accompanied them. Care plans included details of how people needed to be supported to keep well. One person told us, "Staff help me with hospital appointments."

People were supported to eat appropriate food and drink that met their needs. People told us they were able to have food and drink they wanted and staff supported them to prepare their meals. Dietary requirements for people were detailed in their care plans. The registered manager told us many meals were pre-prepared frozen meals but some staff would cook with a person a meal they particularly liked. In one example, one person at risk of developing diabetes was referred to a dietitian to monitor nutritional intake. Care workers supported this person to cook and had given the person a recipe book, from which the person chose a variety of healthy meals.

Is the service caring?

Our findings

People told us they were very happy with the care and support they received. They said they were treated with dignity and respect by care workers. One person told us, "The manager is really what a manager should be; polite, kind and understanding. The same could be said about all staff."

Care workers treated people with respect and upheld their dignity. Care plans gave guidance on how people should be treated to ensure their dignity was upheld. People told us they were always given a choice and care workers respected their decision. They told us staff ensured the doors were closed and curtains drawn together when supporting them with personal care. Care workers spoke respectfully at all times about people when they were talking with us. When talking about people's privacy, a care worker told us, "Their room is their room. We make sure we knock before we enter." This member of staff went on to say, "If there is a situation that could compromise [people's] privacy, staff will provide appropriate support."

There were arrangements in place to ensure people were involved in expressing their views. Where people were unable to express their views family members or advocates were involved in decision making processes to ensure people's views were expressed wherever possible. Records showed there had been formal review meetings with people using the service, their relatives and local authority representatives. We saw from records views of people and their representatives were taken on board.

People were encouraged to maintain links with people that were important to them. People visited their relatives and friends. Care plans reflected the importance of maintaining these relationships for people and we saw from staff meeting minutes that staff were reminded to enable this. People told us that they regularly saw family and friends. One person told us, "I am going to spend time with my family during Christmas." A staff member told us, "We host partnership parties and parents are invited."

The registered manager said they tried to provide people with the same regular carers so they could get to know their needs and build up trusting relationships. People told us that they had some regular care workers that knew them well. A care worker told us, "We do our best to meet [people's] needs. [People] are matched with staff they get on with." Care workers told us if there was a change of carer for any reason people were notified in advance about that.

People's care records outlined their religion and cultural needs. Staff were aware of people's backgrounds, and were respectful of people's religions and cultures. This included ensuring their preferences in regards to personal care and nutritional needs. Staff had been provided with training on cultural awareness. A care worker told us, "We take care of [people's] preferences. We make sure this is supported."

Is the service responsive?

Our findings

People received individualised support that met their needs. People told us they were involved in all aspects of their care and support and that care workers worked with them to determine the support they needed. One person told us, "I went abroad on my own. Staff and management went above and beyond. They helped me with booking and everything else." Another person said, "I have been travelling with support from staff and I now feel more confident to travel on my own."

People's needs had been assessed and information from these assessments had been used to plan the support they received. The registered manager told us they carried out an initial assessment of a person's support needs to ascertain if the service had the capacity to meet their needs. We saw the service had the capacity to meet people's needs. There were sufficient staff who knew people's needs well. One person told us, "I am well looked after." Another person said, "Staff always come around and support me."

Support plans were seen as fundamental to providing good person centred-care. They reflected people's needs, choices and preferences. People's changing care needs were identified, and regularly reviewed with the involvement of the person and put into practice. At the time of this inspection, we saw support plans were being transferred to an electronic format for ease of use.

People had a choice about who provided their personal care. They were empowered to make choices and have as much control and independence as possible. We saw many examples of this. For instance, one person's review, identified the person preferred working with certain care workers and this was supported. Another person preferred set times for their particular support and this was also supported.

People were asked for their views and opinions, however there were no formal arrangements detailing the action being taken in response to people's views. This had also been noted in an audit undertaken by one of the organisation's senior managers in August 2016. The audit had reported 'feedback is clearly sought and received but there is no evidence of what the management team then do with this information'. At this inspection we saw that the service had begun taking action. They had developed an action plan detailing how they were addressing this. In the interim the service was using service user meetings to explore people's views. For example, we saw the service had responded positively to views expressed by people in one to one meetings.

Where people had activities outside of their homes such as for shopping, attending healthcare appointments or going to a day centre and they needed support to continue with these activities, appropriate support was provided according to their preferences. Each person had their own individual interests and activities which had been allocated specific days and times. All people attended day services, which offered a range of activities, including writing newsletters, cooking and social skills. In addition people pursued other activities including voluntary work, adult educational classes and holidays. One person told us, "Staff are doing activities centred around individual's needs." This was evaluated monthly to check if this was having a positive impact on people.

A process was in place to record and respond to complaints. People told us they knew how to make a complaint. They said staff responded positively to any complaints or concerns raised. The complaints procedure was displayed throughout the service in a style that was easily understood by visitors and the people who used the service. The registered manager told us that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service. We saw there hadn't been any recent complaints.

Is the service well-led?

Our findings

People told us they thought the service was well managed. One person said, "The management are very good." Another person said, "The [registered manager] and staff are very good."

The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. Staff told us they were encouraged to consider ways they could provide people with better standards of care and support. One care worker told us, "The manager is very supportive. She listens to us." Another care worker said, "The manager is our friend but at the same time the manager. She is so approachable. This is a dream team." Staff said they were able to raise issues and make suggestions about the way the service was provided in one to one meetings and team meetings.

The service held regular team meetings. Staff told us there was an open culture within the service and staff had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.

There was a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, administration of medicines and health and safety. Staff were aware of these policies. We saw that safeguarding information and mental capacity policies had been written in easy to read format following recommendations from a recent audit.

We spoke with the registered manager and the team leader about the checks they made to ensure the service was delivering high quality care. The registered manager and the team leader visited people to check that the service was meeting their needs. We found that through these visits actions were sometimes needed. The provider took the necessary actions and followed this up with the person to ensure that the service had responded satisfactorily to their needs.

Systems were in place to assess and monitor the quality of the service. These included a comprehensive audit programme to check the safety of the building, equipment, medicines management, care records, health and safety and staff records. The audits were evaluated and where required action plans were in place to make improvements in the service.

People and their families were asked for their views about their care and support and they were acted on. For example, regular care reviews were held and review records detailed people's feedback on the service they were provided with and suggestions to improve the service and raise any concerns or complaints. The provider's annual review included the views of people and families using the service. A satisfaction survey had been carried out in January 2015 and the provider had received positive feedback. This showed us that the provider valued the views of people.