

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

Inspection report

22-24 Princess Sreet
Gravesend
Kent
DA11 0DN

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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 January 2017 and was announced. The registered manager was given 48 hours' notice. We needed to be sure that members of the management team were available to talk to. The service was previously inspected on 26 February 2014, when no breaches of legal requirements were identified.

There was a registered manager in post. 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.

The service provides support to adults and young people with autism who live in their own homes in the community. At the time of this inspection, they were providing personal care and support to one person. The office is based in Gravesend and people were residing at a supported living service in Herne Bay.

We found staff understood their responsibilities to ensure people were safe. They knew how to report abuse if they suspected it was occurring and could identify types of abuse.

There were enough staff working for the service to meet people's needs. There was an effective recruitment system in place to ensure only suitable staff were employed.

People's care needs were assessed prior to them using the service. Care plans gave detailed information on what care and support people required. They also included risk assessments.

There were systems in place to safely manage and administer medicines to people. Staff had been trained in the safe administration of medicines.

People were cared for by staff who were trained and supported to meet their needs. The provider had a programme of training for all staff.

Staff understood the principles of the Mental Capacity Act 2005 and supported people to make decisions and acted in their best interests when providing care. Consent was sought before care and support was carried out.

People could express their views and were involved in making decisions about their care. Care records contained information about people's wishes, likes and dislikes, needs and preferences.

The registered manager worked well with other health professionals to ensure people's needs were met. When requested, staff supported people at mealtimes to ensure they ate and drank enough.

Staff treated people with respect and dignity and encouraged them to be independent. They knew the people they cared for well.

People and their relatives were provided with information on how to make a complaint. People were happy with the way staff were looking after them.

The registered manager had systems in place to monitor the quality of the service provided. They carried out regular audits and were committed to provide a good quality service to people.

Staff felt the registered manager was approachable and supportive. They were given opportunities during staff meetings to share ideas and make suggestions about the service. Staff were clear about their role and responsibilities and who they were accountable to.

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 were aware how to keep people safe from abuse and how to report any incidents appropriately.

There were sufficient numbers of staff to meet people's needs and staff recruitment processes were robust.

Risk assessments had been carried out and there were control measures in place to minimise potential risks to people.

People were supported to receive their medicines safely when this was required.

Is the service effective?

Good ●

The service was effective. People received care and support from staff who had been trained to carry out their roles.

Staff had an understanding of the Mental Capacity Act 2005 and sought people's consent before providing any care and support.

Where people required assistance preparing food staff assisted with this in an appropriate way.

People were supported to maintain good health. The registered manager worked with other health professionals to ensure people received the care and support they needed.

Is the service caring?

Good ●

The service was caring. Staff respected people's choices and ensured their privacy and dignity was maintained.

People were involved in decisions about their care and staff respected their opinion and promoted their independence as appropriate.

Is the service responsive?

Good ●

The service was responsive. People's care needs were assessed prior to them using the service. Care plans gave detailed information about the care and support people required to meet

their needs.

The provider had a policy and procedure for dealing with any concerns or complaints. Information on how to make a complaint was available to people and their representatives.

Is the service well-led?

Good ●

The service was well-led. People and staff spoke positively about the management of the service and were also complimentary about the service provided.

There were systems in place to monitor the quality of the service.

Staff were aware of their responsibilities and had access to policies and procedures to guide them in their roles.

NAS Community Services (Kent)

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.

This inspection took place on 10 January 2017 and was announced. The visit was carried out by one inspector.

Prior to 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. The provider also supplied information relating to people who used the service and staff employed at the service.

Before the inspection, we reviewed all information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur, including injuries to people receiving care and safeguarding matters. A notification is information about important events which the registered provider is required to send to us by law.

During the inspection, we looked at one person's care records, two staff files, records associated with the quality and safety of the service, staff training, policies and procedures, and accident and incident records. We spoke with the registered manager.

After the inspection we spoke by telephone with one person who used the service and two members of staff.

Is the service safe?

Our findings

The provider had policies and procedures for safeguarding people, and these were available to staff. When we asked people if they felt safe using the service, they said, "Yes".

We saw staff received training about safeguarding people from harm and abuse. They could describe the different types of abuse and the action they must take if they suspected harm or abuse was occurring. For example, they said they would report any concerns immediately to the registered manager who would take appropriate action such as informing the local safeguarding team. This meant staff had a good understanding of the safeguarding procedure, could identify types of abuse and knew what to do if they witnessed any incidents.

The registered manager was clear about their responsibility to report safeguarding issues to the local authority safeguarding team and about notifying us at the CQC. Staff received regular refresher training in protecting people from abuse so their knowledge of how to keep people safe was kept up to date. The subject was also discussed at team meetings. All these helped to make sure people were safe and protected from abuse.

The registered manager carried out assessments to identify any risks to people who used the service. Staff were aware of the risk assessments and knew how best to support people in different situations, for example, when they were distressed or anxious. The actions staff should take to reduce the risk of harm to people were included in their detailed risk assessments. For example, one risk assessment stated, "[Person] needs to be reminded about upsetting others, try to divert their attention to something positive when they are feeling anxious. If they become loud it might be best to move to another area or location. There might be something upsetting them, but they are not able to express themselves." Staff received training in positive behavioural management and this helped to ensure people were supported safely.

We also noted there were risk assessments undertaken regarding the environment where people lived and this helped to identify any risks in relation to the health and support needs of the person. Staff undertook training in emergency first aid and health and safety, which provided them with the knowledge and skills to help keep people safe. For example, one member of staff told us they had recently completed a three day course in first aid.

We saw there were arrangements in place to deal with foreseeable emergencies. People had a personal emergency evacuation plan (PEEP) which identified the assistance they would need for safe evacuation in the event of a fire at the service. There was a very low level of accidents and incidents. Accidents and incidents were monitored closely by the registered manager and steps were taken to reduce incidents and accidents from happening again.

The provider had a safe recruitment process in place. We looked at two staff recruitment files and saw appropriate checks had been carried out. Three references were obtained along with a check from the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and

prevent unsuitable people from working with people who need support. New staff were not allowed to start work until all their pre-employment checks had been received. People were given the opportunity to interview prospective applicants and their feedback was considered when new staff were employed. All these helped to ensure people were kept safe and prevent unsuitable staff from working with people who required care and support.

There were enough staff to ensure people's needs were met. The number of staff required to meet people's needs was based on the number of hours of care the provider had agreed by the local authorities. For example, at present they were providing 12 hours a day for the person using the service. However, the registered manager informed us they were in discussion with the person's care manager to increase it to 15 hours a day.

The registered manager told us when staff were off sick or on leave, they themselves or other members of staff covered those hours. The provider did not use any agency staff. This helped to ensure consistency in meeting people's needs. There was very low turnover of staff within the service. Staff felt there were sufficient staff working for the service and were happy working for the provider.

There were appropriate arrangements in place regarding the management of medicines. The provider had policies and procedures on the safe handling and management of medicines. Staff undertook training about the safe administration of medicines and there were facilities to ensure medicines were kept safely. The registered manager informed us that no one was on any prescribed medicines at the time of our visit. One member of staff described to us the actions they would take if a person was prescribed a course of antibiotics by their doctor. They said, "I will make sure the person takes their medicine as prescribed. For example, three times a day and ensure they complete the course." This helped to ensure people would receive their medicines safely if they needed help to do so.

Is the service effective?

Our findings

People were cared for by staff who had the skills required to support them effectively. People commented the staff were good and they were happy with the service.

The provider's training programme ensured people were supported by staff who were trained to deliver care safely and to an appropriate standard. We looked at the training records and saw staff had completed training in a number of areas such as health and safety, Mental Capacity Act 2005, fire safety, safeguarding, first aid and medicine management.

The registered manager told us that in addition to regular training, staff undertook specialist training which was based upon people's specific needs. For instance, staff had received in-depth training about autism. This helped to ensure staff had the knowledge to meet people's individual needs.

Staff told us they received a variety of training and this helped them in their roles. One member of staff said, "The training sessions are very good. We have regular training." There was a system in place to identify when staff training needed refresher training and this helped to monitor staff training and ensured staff were up to date with skills and knowledge. Staff told us they had access to lots of training. Two members of staff had requested to receive further enhanced training in risk assessments. This would help them to become more knowledgeable in this area and to assess and control risks.

When staff commenced working at the service they completed an induction programme to prepare them for the role. This included training and familiarising themselves with the provider's policies and procedures. They were also enrolled on the 'Care Certificate'. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Before staff started working on their own, they shadowed other care staff and this helped to develop their skills and their confidence in their role to support people. The registered manager informed us that new staff had to complete a satisfactory probationary period before continuing to work for the service.

Staff told us they felt supported by the registered manager. The provider has a system in place to ensure staff received regular supervision and an annual appraisal. We looked at staff supervision records and saw staff training and development needs were discussed and any concerns/ideas staff might have. The registered manager said they wanted staff to take on more responsibilities and had begun to delegate out the supervisions to senior staff within the teams. Staff felt the regular one to one meetings they had with the registered manager were very helpful. One member of staff said, "I have regular supervision and find them very useful."

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. 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 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.

The registered manager said if there were concerns about people's capacity, they would refer it to the appropriate professional for an assessment. They had a good knowledge of the Mental Capacity Act 2005. We saw they had arranged meetings about people's care and the person, their relatives and other care professionals were invited. This helped to ensure people received care and support that was in their best interest. Staff had received training in the Mental Capacity Act. They explained how they always asked for the consent of the person before providing care and support.

The registered manager worked with health professionals to ensure people's needs were met. There was evidence of the involvement of external professionals in people's care and treatment such as GPs and dentists. Staff supported people to attend appointments and records were kept of all healthcare appointments. People had a health action plan which provided information about their medical conditions. They also had an annual health check carried out by their GP. We noted there was information and guidance for staff on how best to monitor people's health. People also had a 'Hospital passport' in place. Hospital passport is designed to give hospital staff helpful information about people and their health when they are admitted to hospital.

People were provided with support with their meals. Staff helped them to take an active role in food shopping and preparation. They also assisted people to plan what weekly shopping to buy and what meals they liked to eat. However, this could be changed if the person wanted something else to eat. Staff accompanied people to the local shops to do their shopping. When staff prepared the meals, people were encouraged to help out. For example, they would cut the vegetables. Staff were aware of people's dietary needs, what they liked to eat and drink. They encouraged people to eat healthily but also respected people's decisions about food choices.

Is the service caring?

Our findings

People commented positively on the way the staff cared and supported them. They were given information about the service so they were aware of what to expect and how staff would support them. From records we saw, staff also were provided with relevant information to make sure they knew the care and support needs of people and how to meet them. People had a 'pen picture' in place which provided a lot of very useful information about them.

There was a small team of staff working at the supported living service. This helped people to have continuity of care and support from staff who knew their needs well. The registered manager told us the staff team worked well together and this was confirmed by staff. Staff were able to demonstrate a good knowledge of the people they were caring for. One member of staff said, "[Person] likes singing, they don't like loud noise."

People were treated with respect and their privacy was upheld. Staff explained to us how they maintained people's privacy and dignity. For example, one member of staff told us, "When I am helping with personal care, I make sure the curtains are drawn and the door is closed."

People were supported to be as independent as possible. For example, staff encouraged people to do their laundry and helped with household chores such as cleaning their rooms. Staff knew what people were able to do for themselves and supported them accordingly. For example, one member told us, "[Person] is able to help prepare a meal, but will not be able to cook it."

Staff were aware that information about people's care and support was personal and sensitive. They knew they should not disclose information without people's consent and only shared with people who have the right to see it. This demonstrated that staff understood the importance of maintaining people's confidentiality. Staff received training in the Data Protection Act 1998 which controls how your personal information is used by organisations, businesses or the government.

The registered manager informed us they were actively looking for an advocate for the person using the service at present. However, they had not been able to find one, they were making contact with other advocacy services within the area. An advocate is a person who ensures the views and wishes of people are taken into account and will speak on behalf of people in situations where they don't feel able to speak for themselves.

People were helped to maintain relationships with people who were important to them. Relatives were welcomed to the service. People also used other means of communication such as video calling and the phone to keep in touch with their family members.

Is the service responsive?

Our findings

Before a person started using the service, the registered manager undertook an assessment of their needs. People and their relatives were involved in this. The registered manager informed us that following the assessment, if they were able to offer a service, they would discuss and agree on how they would meet the person's needs. They also sought information from relevant professionals such as from the care managers. The person and their relatives were then invited to see the service and to meet with the staff and other people who used the service. Staff were also provided with information about people prior to their admission to the service. This helped with the settling in period for the person as staff were aware of their needs.

From all the information gathered, the registered manager developed a support plan. Care records were person centred and included people's individual preferences, likes and dislikes, in relation to their care which ensured staff understood people's needs. It also included a detailed personal history of the person and how they liked to communicate. People were involved in developing their support plan. Relatives were involved too in the care of their loved ones and were supported to make their views known about the care provided by the service.

Support plans were reviewed to ensure people's changing needs were identified and met. Staff responded to changes in people's needs in a timely way and provided the support they required. They had a good understanding of people's needs and had built up a good relationship with them. They knew how to meet their needs well.

A copy of people's care records was kept at the registered office as well as in the supported living service so staff were able to refer to them as necessary. People confirmed they had seen copies of their care plans.

People were encouraged to follow their hobbies and personal interests and staff encouraged them to do things they liked. For example, one member of staff told us, "[Person] likes singing and we make sure this happens." People were supported to go out in the community and engaged in social interests relevant to their individual preferences such as drama sessions. This helped to ensure people were not socially isolated.

People were able to express their views and were involved in making decisions about their daily lives. They were, for example, able to choose how they would want to spend their day or where they wanted to go for the day. The registered manager told us people had a choice of what they like doing and gave us an example where they took a person out for lunch. The person chose a meal and a drink, which they would not normally have. However, they had it and enjoyed their time out.

People could choose to spend their time in their bedroom or in the communal area. They also liked to go out in the community and staff helped them accordingly. One member of staff told us, "[Person] likes walking, we go for long walks, especially during summer time, and they love it." Sometime people just liked to have a chat with staff and they were available to speak with them. This showed people's choices were respected and they were involved in all aspects of their care and support.

People told us if they had any concerns or complaints, they would talk to the registered manager. One person said, "If I am not happy, I will talk to [registered manager]." The registered manager told us they were always available to speak with people and listen to their concerns. They visited the service weekly and if people had any concerns they could speak to them. This helped them to resolve any issues before they became complaints.

Staff mentioned they encouraged people to discuss anything with them and if any concerns were identified, they would bring to the attention of the registered manager. A member of staff told us, "If [Person] is not happy about something, I will talk to them and also inform the manager." Staff knew how to respond to complaints people raised and understood the complaints procedure.

The provider had a complaints policy and procedure in place which was made available to people and their representatives. It contained information about how to make a complaint and timescales for a response. The policy was also available in an easy to read format. We noted there had not been any complaints recently. The registered manager told us as soon as any issues were raised they would address it to ensure people and their relatives were happy with the service they received. People were provided with information about how to complain to other agencies if they were unhappy with the way the investigation had been conducted.

Is the service well-led?

Our findings

People were happy with the service and the registered manager. They were satisfied with the service they received.

Staff told us the registered manager was very approachable and very supportive to them. One member of staff told us, "[Registered manager] is very good, I can talk to them." Another staff mentioned the registered manager visited the service regularly and they could talk to them if they were concerned about anything. They told us, "I can always ring [registered manager]." This showed the registered manager was accessible. Staff felt listened to and told us there was a culture of openness within the service. The registered manager had an open door policy, staff, people who used the service and their relatives could contact them at any time either by email or by phone as they were responsible for more than one service.

Staff were aware of their roles and responsibilities and those of the registered manager. There was a clear management structure in place and lines of accountability. Staff were happy working for the provider and said it was a good place to work.

We saw staff meetings were held every four to six weeks and this gave staff opportunities to share ideas, make suggestions about the service and discuss any update in policies and procedures. Staff told us they were able to discuss concerns and make suggestions during those meetings. This showed the registered manager operated an open door policy where staff felt they were listened to and shared ideas or concerns.

There were systems in place to monitor and assess the quality of the service provided. The registered manager monitored the service to ensure people's needs were met and staff were delivering the care people wanted. They were committed to improving the service and recognised where improvements were needed. Staff, relatives and people who used the service were regularly asked for their views about the service and any concerns they had. The registered manager also sought feedback from other professionals involved in care and support of people living at the service. They carried out regular audits which included areas such as people's care records, daily records and fire safety checks.

Services which are registered with CQC have a legal obligation to notify us about certain events, so that we can take any follow up action that is needed. The registered manager was aware of their legal responsibility and had informed us of certain events.

A representative of the provider visited the service twice a year and prepared a report of that visit. If any concerns were identified, they were brought to the attention of the registered manager. This showed the service was monitored regularly to ensure the staff as well as the registered manager were providing a good service to people.

We noted the provider had a number of policies and procedures in place. These were available on the provider's internet system and staff had access to. This helped to ensure staff were aware of their responsibilities and adhered to the provider's policies and procedures.

