

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

Inspection report

Diamond Business Centre
Attley Way, Irthlingborough
Wellingborough
Northamptonshire
NN9 5GF

Tel: 01933653200
Website: www.autism.org.uk

Date of inspection visit:
11 December 2017
12 December 2017
18 December 2017
19 December 2017

Date of publication:
27 February 2018

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

NAS Community Services (Northamptonshire) is a domiciliary care agency. It provides personal care to older adults with learning disabilities living in their own homes in the community.

The first comprehensive inspection of the service took place on 30 November 2016, and we rated the service 'Requires Improvement'. The provider was also in breach of Regulation 17 of the Health and Social Care Act Regulations 2014, Good governance. This was because sufficient quality assurance systems were not in place to assess the safety and welfare of people using the service. The provider completed an action plan telling us how they planned to improve the service to meet the breach in regulation.

This inspection took place on the 11, 12, 18 and 19 December 2017. We checked whether the provider had completed the actions as set out in their action plan. We found they had made sufficient improvement of the service and had met the breach in regulation.

At the time of our inspection, two people were receiving care under the regulated activity of 'personal care'.

The registered manager had left the service in September 2017. 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 provider was actively seeking to recruit a new registered manager. The deputy manager was providing interim management of the service supported by the area manager. Soon after the inspection, the provider confirmed they had been successful in appointing a new manager and they would be submitting an application to register with CQC.

Lessons had been learned to improve safety across the service. The provider was committed to the continual improve the service and sought feedback from people using the service to increase their involvement in developing the service. Quality audits were taking place, to monitor the health, safety and wellbeing of people using the service. Meetings took place with senior managers to discuss and address areas identified from audits and action plans were in place with timescales for completion.

Staff had received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. The management of medicines followed best practice guidelines. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all

providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received comprehensive induction training when they first commenced work at the service. On-going refresher training ensured staff were able to provide care and support for people following current practice. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. The staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People had their privacy, dignity and confidentiality maintained at all times. The provider followed their complaints procedure when dealing with complaints.

People had their diverse needs assessed, they had positive relationships with staff and received care in line best practice meeting people's personal preferences. Staff consistently provided people with respectful, kind, caring and compassionate care.

The provider fostered an open and transparent culture. When required to do so, they reported notifiable events to the CQC and other relevant agencies.

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 knew how to recognise and respond to any concerns regarding people's safety or welfare.

Risk assessments identified the specific risks to individuals and regularly reviewed and updated when necessary.

Where the service took on the responsibility of administering and managing people's medicines the staff followed best practice guidelines.

The staff recruitment procedures were sufficiently robust.

Staff followed infection control procedures to reduce the risks of spreading infection or illness.

Lessons were learned when things went wrong, to improve safety across the service.

Is the service effective?

Good ●

The service was effective.

People received care from staff with the right training to meet their specific needs.

Staff received sufficient supervision and support in order to carry out their roles and responsibilities.

Staff supported people to make choices following the principles of the Mental Capacity Act, 2005 (MCA).

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet.

Is the service caring?

Good ●

The service was caring.

People received support from staff that were caring, compassionate and treated them with respect, kindness and empathy.

People received consistent care and support from staff in line with their personal preferences.

People had built trusting relationships with staff.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS).

Information was available for people on how to access advocacy services.

People were empowered to raise concerns or complaints without fear of discrimination.

Is the service well-led?

Good ●

The service was well-led.

In the absence of a registered manager, the deputy manager and the area manager had taken sufficient action to improve the quality monitoring systems to meet the breach in regulation, as identified at the last inspection.

Soon after the inspection, the provider confirmed they had appointed a new manager who would be applying to register with the Care Quality Commission.

The management and staff were committed to providing quality care for people using the service.

NAS Community Services (Northamptonshire)

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 was the second comprehensive inspection of the service. It took place on 11, 12, 18 and 19 December 2017 and was announced. The provider was given 48 hours' notice, because the service provides a community care service and we needed to ensure someone was available to facilitate the inspection.

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the last inspection in November 2016, the provider was in breach of the regulations and we rated the service requires improvement.

Prior to the inspection, we asked the provider to complete 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.

We planned for the inspection using information we held about the service. This included statutory notifications. A statutory notification is information about important events; the provider is required to send us by law. We also took into consideration information we had received from commissioners who monitor the care and support of people using the service.

During the inspection, we visited two people receiving personal care from the service. We spoke with two care staff, the deputy manager and the area manager.

We reviewed the care records of two people using the service and three staff recruitment files. We also reviewed records relating to the overall management and quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe with the people who supported them and we observed they looked relaxed and at ease around staff. One person said, "I really like the staff, I like their smiling faces, we get on very well." Staff told us and records confirmed they had received safeguarding training. One staff member said, "I have had safeguarding training and I know how to raise any safeguarding matters, both internally and externally." Records also confirmed staff had received safeguarding training. The provider was aware of their responsibility to raise all safeguarding matters to the local safeguarding team and the Care Quality Commission as required.

People had individual risk assessments that identified specific risks to them. The assessments gave clear information for staff on how to manage the risks. Positive behaviour support plans were in place and regularly reviewed, records showed that staff followed the plans to support people to manage their own behaviour. For example, they followed guidance on supporting people to use coping strategies, on outings in the community, dealing with noise and large crowds.

Records showed that staff received training in health and safety to include, infection control, moving and handling, and positive behaviour. This ensured they followed the most recent guidance to keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us, and records showed, the provider endeavoured to match staff according to people's preferences. For example, staff that were good listeners, that smiled and gave positive feedback and praise. A member of staff said, "The staffing situation has vastly improved, we now hardly ever use agency staff, those that are used are regulars that know the people we support very well." The provider told us they had recruited more staff, and that agency staff received full training and induction into the service. The provider told us they used agency staff profiles when allocating staff to support people. This approach ensured people received care from staff that knew them well and understood their needs. At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs.

The provider followed safe staff recruitment procedures. One staff member said, "I have worked in the care sector for many years, I was very impressed with how thorough the recruitment procedures were." Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. This demonstrated the provider had taken appropriate action to ensure staff employed to work at the service were suitable.

Systems were in place to manage people's medicines. People told us they received their medicines on time. One person said, "I am happy with how they [staff] look after my medicine." Staff told us, and records showed they had received training in the safe handling and administration of medicines. Records showed assessments took place on the staffs' competencies to manage people's medicines safely. Records also showed the medication administration records (MAR) were completed accurately after each person had received their medicine. Regular medicines audits took place to ensure people received their medicines safely.

Staff told us, and records showed they received training on infection control and supplied with Personal Protective Equipment (PPE) to protect the spread of infection or illness. Records showed spot checks included checks that staff were following infection control practices.

Staff reported accidents and incidents and understood their responsibilities to raise any concerns in relation to people's safety. Regular quality audits took place to monitor the health, safety and wellbeing of people using the service. The deputy manager and area manager analysed the audit findings to identify any shortfalls in the service provision and appropriate action taken to address them. For example, risk assessments were updated and changes in care delivery was communicated with the care staff. These measures ensured lessons were learned to continually drive improvement across the service.

Is the service effective?

Our findings

Records showed that pre assessments took place to identify people's diverse needs; to ensure the service could meet their needs and provide the correct level of support.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff listen to me, they know what to do to help me." Staff confirmed they received a comprehensive induction to the service, which included close mentoring, regular probation reviews and on-going training and support. One staff member said, "I can honestly say, the introduction to the service, the training and support you get is fantastic." Another member of staff commented they had found the training "very informative and insightful." They also commented that they felt the service gave staff lots of opportunities for career progression. The staff training records confirmed staff received induction training followed by on-going training that was appropriate to their roles and responsibilities.

The staff told us, and records showed the staff received regular one to one supervision from their supervisors and an annual appraisal of their work performance. One staff member commented, "This Company is a good care service to work for, they are very supportive, there is always someone available to talk to." Records showed each staff member received regular supervision, to reflect on their work and development needs and an annual appraisal.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. The staff knew the importance of respecting people's choice of food and drinks and ensuring people had a varied nutritious diet. One person said they went food shopping with staff, that the staff prepared their meals for them and they enjoyed their meals. Within the care plans, there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

Each person had a health action plan that detailed their medical history and the support needed to manage their wellbeing and healthcare needs. Records showed people's health was reviewed regularly and staff supported people to attend medical appointments. The service worked closely with other healthcare professionals involved in people's care. Such as, the GP, the community nursing teams, learning disability and mental health professionals.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

Staff told us, and records showed they had received training on the MCA 2005. The provider confirmed that no people using the service received care under the Court of Protection. The service worked in line with the

principles of the MCA 2015, and observations made during the inspection confirmed staff sought consent before providing care or support to people.

Is the service caring?

Our findings

The service had a positive and caring culture that people, relatives and staff supported and promoted. People told us they were well supported and well cared for. One person said, "I like the staff we get on very well."

We saw compliments received from people about the staff that provided their support. One person had commented how much they liked one particular member of staff; they said they made them feel happy, because they were cheerful. The person said the member of staff was 'fantastic'. This member of staff said, they had built trust with the person and really enjoyed providing their care.

Staff were enthusiastic about their jobs and reflected pride in their work. They demonstrated in their words and actions they were committed to supporting people to live as independent as possible. One member of staff said, "I love my job, it is very satisfying and rewarding helping people to be as independent as possible."

The staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were fully involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives. If people felt discriminated against under the Equality Act, information was available on how to access the help of an independent advocate. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

The staff told us they were always mindful of maintaining people's privacy especially when providing personal care. Records showed the spot checks on care practices observed how staff upheld people's privacy and dignity.

Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis.

Is the service responsive?

Our findings

People received good care that met their needs. One person said, "[Name of staff] is like a ray of sunshine, keep smiling, you're great." The staff used a supportive approach to enable people to be as independent as possible. They supported people to develop self-help skills and to do as much as possible for themselves.

People's care plans provided information on the level of support required to meet people's care needs. They were regularly reviewed and updated as and when people's needs changed, this ensured people received the relevant care and support. Staff knew people well and knew of their backgrounds, hobbies and interests. Staff supported people to follow their dreams and aspirations, they encouraged people to lead full and active lives and be as independent as possible. The care plans gave details as to how autism affected the person, how people communicated, and people within their 'circle of support', such as family members, friends, staff and other healthcare professionals.

The Accessible Information Standard (AIS) came into full force in July 2016 and is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS. One member of staff we spoke with told us they had completed a course in sign language, and commented, "I found it fascinating." We saw that literature about the service was available for people in picture, large print and easy read formats.

People were encouraged to raise any concerns or complaints. One person using the service wrote down any concerns they had on a piece of paper and handed it to the staff. Staff said this approach provided the person with reassurance and helped reduce their anxiety levels. Records showed complaints were responded to appropriately.

At the time of the inspection no people using the service were receiving end of life care, however staff had received appropriate training to meet the needs of people should end of life care be required at any time. The provider told us that at the appropriate time for each individual, their wishes in relation to end of life care were discussed with them and their families.

Is the service well-led?

Our findings

At the last comprehensive inspection in November 2016, the key question Well-Led was rated requires Improvement and the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of managerial oversight and the quality monitoring systems required improvement. The provider sent us an action plan telling us how they planned to make the necessary improvements. At this inspection, we found the provider was meeting the regulation.

The registered manager had left the service in September 2017. The provider was actively seeking to recruit a new registered manager for the service. Soon after the inspection, they confirmed they had appointed a new manager who would be submitting an application to register with the Care Quality Commission. In the interim the deputy manager was overseeing the management of the service supported by the area manager.

People were positive about the care they received. One person said, "I am very happy, I get good support, the staff know me well."

The staff said they felt they had good support from their supervisors, the deputy manager and the area manager. They said the managers were approachable and they felt listened to and that managers took seriously any concerns raised with them. One staff member said, "The senior staff and managers are very easy to get along with, the staff are encouraged to be open and talk about things." They told us they felt empowered to raise any concerns they may have and they were aware of the safeguarding and whistleblowing procedures.

The deputy manager and the area manager ensured they were open and transparent about the management of the service. One to one supervision and appraisal systems were in place, during which staff had the opportunity to discuss service delivery and their learning and development needs.

Since the last inspection, the systems to monitor and oversee the service had been improved. The systems to audit the quality of the service had been strengthened. Audits were taking place on people's medication administration records (MAR), risk assessments, care plans, accident and incident reports and daily records. To drive improvement of the service, areas identified for improvement had action plans with timescales for completion. Records showed timely action had been taken to address shortfalls in the service.

Systems were in place for people to provide feedback on the quality of their care. This was gained using satisfaction surveys and during spot checks. Records showed the provider took action to address the feedback received from people.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information with health and social care professionals.

The latest CQC inspection report rating was on display at the service and on the provider website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.