National Autistic Society (The)

National Autistic Society - Camden Road

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

Overall summary

We carried out our inspection on the 27 and 30 of October 2015. The first day of the inspection was unannounced, we returned announced on the second day.

The service provides accommodation for up to 12 young adults living with autistic spectrum disorder, learning disability and similar disabilities. There were 10 people using the service at the time of our inspection. All the residents had a diagnosis of severe learning disability.

The service was divided into two units called house A and house B which are connected by a door. Both units are run as one service and resources are shared between the two houses.

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

Summary of findings

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 were safe at National Autistic Society (NAS) – Camden Road. Staff understood their responsibility to keep people safe. They were familiar with the provider's safeguarding procedures and used them when necessary. Staff reported safeguarding concerns to the registered manager or the deputy manager. The managers referred concerns onto the relevant authorities.

There were enough staff on duty to meet people's need. Staffing levels were based on people's assessed needs and dependencies.

People received their medicines as prescribed. The provider had effective protocols for managing and administering people's medication safely. Medicines were stored according to guidelines, and were correctly disposed of when no longer required.

The provider ensured that staff had the right skills to meet people's needs. This was achieved through a comprehensive induction and training programme. Staff felt supported through the delivery of training and individual support from the managers.

The registered manager and other staff who we spoke to had a good understanding of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards and its relevance to their work.

People were supported to have enough to eat and drink. They had access to a variety of healthy meals that they enjoyed.

People had prompt access to healthcare services when needed and were supported to attend healthcare appointments.

Relatives gave us positive feedback about the caring attitudes of staff.

Staff were knowledgeable about people's individual needs. Staff were committed to offering people a good service that improved the quality of their lives and allowed them to be part of the wider community.

People using the service and their relatives were involved in reviews of their care and support. The extent people were involved depended on their mental capacity and the complexity of their needs. The provider offered people access to advocacy services.

The provider had effective procedures for monitoring and assessing the quality of service that promoted continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew what constituted abuse and neglect, and knew their responsibilities to keep people staff from harm.

There was enough staff with the relevant skills and experience to meet people's needs.

Medicines were stored and administered safely and correctly disposed of when no longer required.

Good

Is the service effective?
The service was effective.

Staff had the right knowledge and skills to be able to support people using the service

People were supported with their nutritional and health needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

Staff supported people with kindness and respected their dignity and privacy.

Staff supported people to be involved in decisions about their care and support.

Relatives could visit without undue restrictions.

Good

Is the service responsive?
The service was responsive.

Care was focused on the individual needs of people.

People using the service and their relatives contributed to in the planning their care and support.

The provider supported people to know how to make a complaint if they were unhappy. The provider listened to people's views and acted upon them.

Good

Is the service well-led?
The service was well-led

People using the service, their relatives and staff were involved in developing the service.

The provider has quality monitoring systems in place to monitor the quality of service and identify areas for improvement.

The registered manager had support of senior managers to overcome challenges and achieve good outcomes for people using the service.

Good

National Autistic Society - Camden Road

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 the 27 and 30 of October 2015. The inspection was unannounced. The inspection team consisted of two inspectors.

Before our inspection we reviewed information we held about the service. Information we reviewed included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

Due to the complex communication needs of most people using the service, we were only able to speak to one person. We observed staff and people's interactions, and how the staff supported people. Our observations supported us to determine how staff interacted with people who used the service, and how people responded to the interactions. This was so that we could understand people's experiences. We also spoke with five staff members including the registered manager and deputy manager and had telephone conversations with relatives of four people who used the service, and a health professional who visited the service. We looked at the care records of four people who used the service, information about training that staff had completed, people's medication records, two staff recruitment files and the provider's quality monitoring documentation.

Good

Is the service safe?

Our findings

A person who used the service expressed, with the help of a support worker, that they felt safe at Camden. They said, "I like living here, I do lots of things." Relatives of people using the service told us they felt people using the service were safe. One relative told us, "I have every confidence in them [staff] to keep [person using the service] safe." Another relative told us, "They [staff] know what is what", meaning that staff knew how to keep people safe.

Staff we spoke with demonstrated that they had a good understanding of signs of abuse and neglect. They also knew their responsibilities to keep people safe. Staff told us that they would report any concerns initially to the deputy manager and the registered manager. They were confident that managers would take any concerns seriously and act promptly. A support worker told us, " They take things seriously." Staff knew they could raise safeguarding concerns directly with the local authority, police and the Care Quality Commission.

The provider had a comprehensive staff training and induction program which included safeguarding training about how to protect from harm. Other training courses included equality and diversity training. This meant that staff were skilled to keep people safe from harm and discrimination.

People were safe from risks of trips and fall because the home was tidy and free from clutter. The premises were well maintained. Sharp kitchen utensils and cleaning products were not accessible to people using the service for their own protection.

People's care plans included risk assessments for a variety of activities associated with their care and general wellbeing. Risk assessments contained information about risk management solutions. This meant staff were aware of how to support people safely. There was summary information about people in their grab sheet, in the event that a person required emergency support or hospital admission. Risk assessments also allowed people to remain safe without restricting their independence. For example, people who are able to could access the kitchen to get their own snacks and drinks with appropriate supervision and support from staff. People had access to a sports room which contained gym equipment. A staff member told us "it's all about positive risk taking."

Staff used a 'behaviour observation and monitoring' system to identify changes and trends in people's behaviour. This information was used to review how people could be supported when they presented behaviour that challenged others. Additionally, if a person displayed behaviour that showed that they were unhappy, staff were able to identify the triggers for that behaviour and consider alternatives about how the person was supported.

We saw that people received support from staff as soon they required it. We saw from comparing training records and staff rotas that there were enough suitably skilled and experienced staff to meet people's needs. The managers determined staffing levels based on people's assessed dependencies and needs. We observed people received one-to-one support from staff. There were enough staff on duty to ensure that people could participate in their chosen activity irrespective of their assessed level of need. Staff told us that they had "extra [on-call] staff on duty if extra support was required". We were also able to confirm this from reviewing the staff rotas.

The provider had recruitment procedures that ensured that as far as possible that they employed staff with the right skills and experience to support the people living at Camden Road. The provider did not have any systems to assure them that agency staff had the right skills to support people who used the service, however the deputy manager advised that agency staff would buddy up with experienced staff, this meant that people were always supported in a consistent manner to meet their needs. The provider carried out all of the required pre-employment checks before a new worker was allowed to support people using the service.

People received their medicines as prescribed by their doctors. Only staff who had been trained to administer medication did this. The provider had safe protocols for managing and administering people's medicines. The provider's protocols had been checked by a GP. Medicines were stored securely and safely. This meant that people were protected from unsafe access and potential misuse of medicines. The provider had procedures for supporting people to receive their medicines at times they were not at Camden Road, for example when they accessed the community for social inclusion activities. Medication checks were carried out three times daily at the end of each shift to ensure that all medication had been given correctly. We reviewed records that showed that a senior member of

Good

Is the service safe?

staff completed a weekly medication audit which ensured that medication had been stored and administered correctly. The provider had protocols which guided staff on when and how to administer medicine which had been prescribed 'as required'.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge of the individual needs and preference of people. Due to the complex needs of the people using the service, we were unable to ask them directly about the staff who support them. However, we observed that staff were aware of each person's needs and supported each individual in a tailored manner. We also saw that from people's response to the residents' questionnaire that they liked the staff who support them. Relatives were complimentary of the staff; a relative told us "nobody understood [person using the service] before, as soon as they went to NAS Camden Road it was like a miracle. They understand [person using the service], and it means a lot to me."

Relatives also told us that they were confident that staff had the right skills to support people. Staff told us that they had good training support. A member of staff said "Training is pretty good, when I need to do any training, it's available." Staff received comprehensive induction on commencing employment. This included training to understand the specific needs of people living with autism. Newer members of staff also spent time shadowing more experienced staff. This meant that new staff gained experience of how to meet people's individual needs. It also meant staff provided a smooth and consistent support for people who use the service. The provider had a training programme which ensured that staff were skilled to support people whose behaviour may challenge others. We saw from training records that staff were up to date on this training. We also observed staff interactions when supporting people whose behaviour may challenge others. They were confident, measured and reassuring in the support that they offered to these people.

People who lack capacity to make their own decisions regarding their care protected by the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that people who use services do not have their freedom restricted inappropriately. Staff had training on MCA and DoLS. Staff we spoke with had a good awareness of MCA and DoLS and its relevance their work. We saw records that showed that the provider had assessed people's capacity to make a variety of decisions in accordance with the requirements of the MCA. Staff supported people to remain independent to make their own choices where they are able to. We observed a person give consent before staff administered their medication. The provider had applied for DoLS authorisation for people who required this. This meant that people's liberty was only deprived when it was in their best interest, and that it was done in a safe and correct way.

People were supported to have a healthy balanced diet. They told us they enjoyed their meals at Camden Road. Care plans included information about people's nutritional requirements. Staff who prepared meals had received training in food hygiene. Staff were also aware of people's individual nutritional needs and preferences. People were offered a choice of meals; this included a takeaway at the weekend. People had access to their choice of snacks. People could also choose to have a meal at a local restaurant. A person who used the service told us, "I have been to the pub for lunch today." People were offered extra support to choose what they would like to eat. For example, one person used a 'sticky chart' to convey their choice of meals for the day.

A relative told us, "They [staff] take [person using the service] to the doctors promptly". A health professional told us, "I do not have any concerns. They have been good ." We saw records that people were supported to have prompt access to health care professionals and that the provider was proactive in seeking medical advice and support for people.

Good

Is the service caring?

Our findings

Relatives complimented the caring attitudes of staff. One relative told us, "You can see that staff care for the people there. I am happy with the care." Another relative told us, "The support has been brilliant." Another relative said, "the staff are motherly", meaning that staff were caring.

We observed that staff supported people in a reassuring manner and that support was centred on the person not on the task that was being completed. We saw that people's care plans contained information about people's specific needs and preferences. For example a care plan had information on good examples of what different styles of communication might mean to the person who was not able to communicate verbally. This meant that staff were able to communicate with people so that they felt they mattered. Another care plan contained details of the person's routines, what various behaviours might mean, recognising risks and challenges and what support staff should offer in different scenarios. Staff who we spoke to were knowledgeable about people's individual and specific needs and preferences, and they had the skills to support people with their needs in a caring way.

During our visit, we listened to a friendly conversation between a person who used the service and their support staff. Staff addressed the person by their name; staff also asked the person what they would like for their lunch. On several occasions, we heard staff offer people choices. For example, staff offered people a choice of activities, or where they would like to sit. We observed a staff handover session that occurred in between shifts. Staff shared information about people's care, activities, mood and welfare during the shift. This meant that staff starting the new shift could provide seamless support and people received a continuity of care irrespective of which member of staff was supporting them.

People were supported to be involved in making decisions about their care and support. The provider offered people access to advocacy services. One person who has the capacity to do this, actively uses an advocate and regularly reviews their own care plans with support from staff. People chose the décor of their bedrooms. People's bedrooms were furnished according to their preferred choice and individual sensory stimulation. For example, some people chose to have bright colours in their rooms. In the provider's recent residents' survey, most people agreed or strongly agreed that staff listened to them. A relative told us, "[person using the service] states their preference. They [staff] listen and do it."

People's care plans were not always stored securely. Following consultation with the people who use the service, some people agreed to have their information secured in their bedroom. However, where people did not have the mental capacity to choose to have their information in their rooms, we found that some of their information was stored in an unlocked space in a communal lounge. This meant the provider could not assure that only authorised people had access to people's information. We brought this to the provider's attention; the provider immediately made alternative secure arrangements and removed the people's personal files from the communal lounge.

Staff respected the privacy and dignity of people using the service. We saw that special blinds had been put in a person's bedroom to promote their dignity when they slept. People could choose to join in activities with other people or spend time being alone. Staff had a good understanding of their responsibility in promoting people's privacy and dignity. A support worker told us, "I ensure that the doors are closed when supporting people with their personal care." Another member of staff told us, "this is their home; we [staff] come in and respect them." They went on to give examples of how they would respect people's privacy and dignity to include knocking on people's door before entering their room, sharing information about people only with authorised persons, and speaking about people using languages that respected and promoted their dignity.

Relatives told us that they were able to visit NAS – Camden Road without unnecessary restrictions.

The provider sent end of life questionnaires to people's relatives to ensure that in the event of a person's death they could provide support that was sensitive and reflective of people individual preferences.

Good

Is the service responsive?

Our findings

Most people using the service were not able to communicate with us due to their complex needs and we sought not to interrupt their daily routine. A person who was able talk with us told us, "[staff] help me. I like to go out to eat. I also like helping to do the shopping." A relative said, "I like the work they have done with [person using the service]. I am so proud of NAS".

People were supported to plan their care and communicate their preferences to staff. For example, we observed one person who was using a visual timetable to plan their routine. Staff used this to help the person choose activities for the day, and made changes as the person chose different things. This timetable was accessible by the person all the time and they often asked for support to go through it.

People's care plans contained detailed information about their personal preferences, specific needs and focused on a holistic approach to meeting people's needs. The provider recognised the needs of autistic people and provided support that met their needs. For example, the provider had developed its own day care team which consisted of staff who knew people and could organise day care activities that reflected people's individual choices and needs. This meant that people received consistent support which met their assessed needs. The provider told us that this good practice has been successfully replicated in other services within the organisation and has achieved good outcomes for people using the service. Staff supported people to follow their interest and aspirations. For example, a person told us about a spa break she went on. This person had chosen the details of the break and staff provided the support required to achieve this. Staff also told us how they liaised with a local pub to ensure that a person who liked to eat at local pubs and restaurants could continue to do so.

We saw that the provider was very proactive in ensuring that people were included in the wider community. People's records showed that they had access to daily social inclusion activities that support them to be part of the wider community. We observed staff take people out to activities that people had chosen for the day. One person told us, "I've been out to buy a new coat". The service provided a two person escort system to ensure that people with additional needs were not isolated from the community. People also had access to a nearby allotment should they chose to use this. Every person using the service had access to a holiday each year. A person told us, "I went to holiday in Spain."

Relatives told us that they are involved in people's care planning. Two relatives told us that they people used to have annual review meeting which they [relatives] used to attend. One relative said, "[person using the service] is entitled to a review meeting every 12 months; they haven't had one for two years". However the relative emphasised that this didn't matter because "we are consulted every time". Another relative said "they used to have annual reviews, not anymore. I communicate via a home diary. We are very involved". Irrespective of the provider not being consistent with frequency of formal review meetings with relatives, they told us that they were actively involved in care and support of people who used the service.

The provider uses various communication tools to support people to attend and contribute to person centred planning (PCP) meetings with their key workers. PCP meetings are held to plan a person's support in a way that improved their improved their independence. The extent of people involvement varied depending on the complexity of their needs and mental capacity.

People were supported to maintain relationships with their relatives and friends. We looked at a care plan which included dates of special events and dates in the life of the person and people that mattered to them. This person stated what they wanted to do on those dates and how staff were to support them to achieve this. We saw in another person's care plan that it was important to them to have regular visits to their family. We saw records that showed that this person was supported to have these visits regularly. The registered manager told us how the service is working with and supporting a person and their family to overcome challenges which would allow this person to be able to have overnight family visits with support from staff to meet their needs when in their family home.

Relatives told us they knew how to raise concerns and complaints. One relative told us, "I have not made any complaints, I will raise my concerns with the manager." Relatives told us that the managers took concerns seriously, and acted promptly. A relative said, "they listen, and do it." The registered manager told us how a resident has been supported to grasp the concept of being able to

Good

Is the service responsive?

complain, and is able to do this successfully "through language and verbalisation." The service continues to explore and find communication tools that may help each person to be able to complain or raise concerns.

Relatives were encouraged to give feedback about the service by means of an annual questionnaire. However, the registered manager told us that only three out of 10 parents completed and returned these questionnaires, even though the service sends out stamped addressed envelopes. The registered manager told us they would look at the questionnaires and consult with relatives to improve the response rates.

People had access to consistent support which was able to meet assessed needs and was sympathetic to people's need for consistency and minimum disruption. For example, care plans contained `grab sheets' which contained personalised information about the person's needs and preferences. This was used to pass information about the person to other professionals in the event of an emergency or hospital admission. A relative told us that they used a communication book to ensure that the service were aware of any changes or needs that happened in the time the person spent in their family home. We also saw that staff had a communication book and handover book that staff used to record important information that happened in a shift. Staff starting a new shift would read this on commencing their shift and could refer to these while supporting people. A staff member told us, "consistency equals to routine which calms their [people who use the service] anxieties, and in turns results to decrease in use of 'PRN' [as circumstances arise] medication."

Good

Is the service well-led?

Our findings

The registered manager and deputy manager supported staff to meet the standards they expected of them. They did this through training and supervision. Staff supervision was held regularly. Senior staff often completed audits to check that people received their care safely from staff.

We also reviewed the provider's compliments, comments and complaints policy which contained a tailored appendix to support people with additional needs to make their views known. Staff meetings were held regularly where staff could bring their views. Staff also held regular PCP and development meetings where people's key workers shared information about their support, and how the service could support people better. Staff were also encouraged to give feedback about the service by means of an annual survey. The survey included questions to find out the effectiveness of communication and training to staff. One staff told us, "There was a questionnaire given to staff earlier this year. I don't know what's done with the information."

The registered manager told us that the service "has an ethos of inclusion and openness for all staff; to ensure that staff saw residents' best interest as paramount". Staff we spoke to were passionate about their role in supporting people. One member of staff told us that the objective of the service could be best described as "making their [people who use the service] lives better; making them more independent and part of the community." Another staff told us that the best thing about the job was that "seeing the residents happy is rewarding." We also saw that some of the staff were themselves parents of children on the autistic spectrum. The registered manager told us that he consulted with these members of staff too to learn from their own personal experiences.

Management of the service was visible to people using the service, relatives, visitors and staff. Relatives' comments include, "I have a good relationship with [registered manager]". "I speak with [registered manager] often". The "[registered manager] is very approachable. He plays an active role." All the staff who we spoke to were complimentary of the support that they receive from the registered manager and deputy manager. One staff told us, "the managers are flexible, transparent and helpful. The managers are so good, they are dedicated. " Another staff said, "I get good support from the managers." Staff told us they were confident to approach the registered manager and deputy manager about any issue. Staff told us they knew how to raise concerns. A staff member told us, "I know how to raise a concern or complaint. I know I can go up a level if needed."

The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. The provider notified the Care Quality Commission of relevant events at the service.

The registered manager spoke passionately about the need to find alternative accommodation that best meet the needs of people and challenge so far in achieving this. He told us that he is being supported by the area manager to source suitable accommodation that will allow the provision of more individualised care and enhance the independence of people using the service.

The provider had procedures for monitoring and assessing the quality of the service. This included staff, resident and parents annual survey, staff audits, review and monitoring of operational systems. The service is assessed and monitored by the organisation's autism accreditation service, and have gained the required accreditation status. The service is also quality assessed by managers from other services within the organisation. We looked at the provider's latest internal quality assurance report and saw that the provider had implemented some recommendations for improvement. For example it was recommended to increase the frequency of staff supervision, and staff told us that they had bi-monthly supervisions and could request any further 1:1 support when required.