National Autistic Society (The)

NAS Community Services (Croydon)

Inspection report

Mansfield House
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South Croydon
Surrey
CR2 6HP

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14 June 2018

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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 14 June 2018. This was the first inspection of the service since it moved location and re-registered with the Care Quality Commission at this location in April 2017.

NAS Community Services (Croydon) is a supported living service. Supported living services are where people live in their own home and receive care and/or support in order to promote their independence. The accommodation was provided by another organisation and as NAS Community Services (Croydon) is not registered for accommodation with the CQC, the premises and related aspects were not inspected. At the time of our inspection the service was providing support to five people in two locations.

NAS Community Services (Croydon) has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager in post who was engaged in the process of registering with the Care Quality Commission (CQC) to be a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their care and support from staff trained to keep them safe. The service reported safeguarding concerns and actively participated in safeguarding investigations. The risk that people might experience avoidable harm were reduced by the plans in place to mitigate them. Staff at NAS Community Services (Croydon) had been vetted by the provider and deemed suitable to provide support. People received their medicines in line with the prescribers' instructions.

People's needs were assessed and met by supervised staff. Staff received training which gave them the skills and knowledge to meet people's needs. People accessed healthcare services whenever they needed to and were supported to eat well. Staff treated people in line with the mental capacity act and deprivation of liberty safeguards.

Staff treated people in a respectful manner. People and staff were developing positive relationships. People's communication needs were assessed and met and their privacy was promoted. Staff supported people to maintain the relationships that were important to them.

Staff delivered planned support designed to meet people's assessed needs. People participated in activities within the home and in their community and staff promoted people's independent living skills. The provider had a complaints policy in place which was accessible in easy read formats.

There was a new manager in post who led a largely new staff team. People and staff expressed confidence in the skills, knowledge and leadership of the manager. The provider gathered the views of people, relatives and staff and used the feedback to improve the service. Robust quality auditing processes were in place and the service worked in partnership with other organisations when delivering care and support.

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. People where supported by staff who were trained to safeguard them from abuse.

People's risks were assessed and plans were in place to mitigate risks.

There were enough staff available to support people safely.

Robust recruitment procedures were in place to ensure that people were supported by safe and suitable staff.

People received their medicines appropriately.

Is the service effective?

Good

The service was effective. People's needs were identified and assessed.

Staff were supervised and trained in delivering support.

People ate well.

Staff supported people to access healthcare services.

People were treated in accordance with the principles of the mental capacity act 2005.

Is the service caring?

Good

The service was caring. Staff treated people with dignity and respect.

People's communication needs were assessed and they were supported to make choices.

People's privacy was respected and their confidentiality was maintained.

People were supported to maintain contact with their relatives.

Is the service responsive?

Good

The service was responsive. Staff delivered support in line with agreed care plans.

People engaged in a range of activities.

Staff supported people to develop skills in independent living.

The provider acted on complaints it had received.

Is the service well-led?

Good

The service is well-led. The service had a new registered manager in post.

Staff felt supported in their roles.

People's views were gathered and used to shape the service.

The provider conducted on-going quality assurance checks.

NAS Community Services (Croydon)

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 14 June 2018 and was announced. We gave the service 72 hours' notice of the inspection visit because it is small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection we reviewed information we held about the service. This included statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

We spoke with two people, two staff and registered manager. We reviewed three people's care records including their needs assessments, support plans, risk assessments and medicines administration records. We read four staff files which included their recruitment, training and supervision records. We reviewed the provider's quality assurance checks as well as their health and safety, fire safety, food safety and infection control practices. We also carried out general observations. Following the inspection we contacted three relatives and three health and social care professionals to get their views about the care and support people receive by NAS Community Services (Croydon).

Good

Is the service safe?

Our findings

People receiving support from NAS Community Services (Croydon) felt safe. One person told us, "I am good here. I'm fine." Another person responded, "No" when asked if they were concerned about their safety or the support they received.

The risk of people experiencing avoidable harm was reduced by the service. Staff supported people with risk assessments. Where risks were identified action was taken to reduce them. For example, where people presented with risks in relation to specific activities these were assessed and steps taken to ensure the safety of people and others. Where required the service made referrals to health and social care professionals for specialist assessments. Staff implemented the recommendations of these assessments to keep people safe.

People were protected from abuse, neglect and improper treatment. The service had clear safeguarding procedures in place. Staff were familiar with the service's safeguarding procedures and explained to us the actions they would take if they suspected people were at risk of abuse. However, one relative told us, "We have had safeguarding issues… and a lot of not listening to family by upper management levels [of the provider organisation]." We reviewed information related to safeguarding and found that where safeguarding concerns had been raised the provider fully cooperated with investigations and took action to keep people safe. The registered manager understood their role within the provider's safeguarding procedure and their responsibility to notify external agencies about any safeguarding concerns that arose.

The safety of people who presented with behavioural support needs along with those they interacted with were promoted. Healthcare specialists assessed people's behaviours which may challenge and provided staff with strategies to prevent their occurrence. Guidelines were also developed to enable staff to support people to calm down once they became agitated. Staff recorded all instances where people presented with behaviour support needs including what happened before the incident and how staff responded. This information was reviewed by healthcare professionals to improve people's support plans.

There were enough staff available to ensure people received their care and support safely. At the time of our inspection the service was carrying a number of staff vacancies. These were covered by staff working overtime along with bank staff and one regular agency worker. This meant that people received consistent support from people with whom they were familiar. A recruitment drive was underway and the registered manager showed us records relating to a number of recently successful candidates. People were protected by the robust recruitment processes used by the service. These included interviewing candidates, reviewing references from previous employers, checks against criminal records and confirming candidates' identities.

People received their medicines safely. Staff were trained to administer medicines and medicines were stored securely. We reviewed people's Medicines Administration Record (MAR) charts and found no errors or omissions in staff recording. Staff supported people to regularly attend medicines reviews with healthcare professionals.

Staff ensured that people's home environment was clean and hygienic. To prevent the risk of illnesses

associated with poor hygiene practices staff wore personal protective equipment (PPE) when supporting people with personal care. Additionally staff followed the appropriate guidance in ensuring a sanitary kitchen environment. This included the monitoring of fridge temperatures and regular cleanliness audits. Staff received regular training in infection prevention and control along with food safety training.

Good

Is the service effective?

Our findings

People's needs were assessed and detailed within care records. People, their relatives, health and social care professionals and staff participated in needs assessments. Needs assessments were holistic and covered a range of areas including people's communication, skills, behaviours, aspirations, nutrition and safety. Care records reflected people's preferences for how their needs should be met.

People were supported by staff trained to meet their needs. Records showed that staff had received training in the areas required to deliver effective support to people. Training included health and safety, equality and diversity, managing behaviours, person centred planning and food safety. The registered manager maintained a matrix to plan staff training and to ensure staff skills and knowledge were up to date.

The provider inducted new staff into the service. The induction process included training in care areas, meeting people, reading care records and shadowing team meetings as they provided support. New staff said they felt supported by the provider's induction process and the welcoming atmosphere created by the registered manager and staff team. One member of staff told us, "I couldn't have actually asked for more. Everyone has been so welcoming and helpful. All the staff have had great advice and tips for me."

People's support was delivered by a supervised staff team. The registered manager provided staff with supervision meetings. These meetings were used to review people's changing needs and how staff met them. The service had a system for annual performance appraisals in place but none of the staff at the service had been in post for a year. The registered manager explained that staff would receive an appraisal after being in post for a year and would be automatically enrolled on to the provider's 'academy' where they would receive further training in relation to the provider's values.

People ate well. People were involved in menu planning and were supported to shop for food items and ingredients. They also participated in preparing meals. One person told us, "I cook good. Staff help me." People were encouraged to eat balanced and nutritious meals and to maintain their hydration levels throughout the day.

Staff supported people to maintain good health. Health Action Plans were in place and people had hospital passports. Both of these documents contained important information about people including details of their health needs, support needs, communication needs and medicines. Staff recorded the outcome of healthcare appointments in care records for later review. People were supported to receive regular Wellman checks. This involved the routine monitoring of people's weights and blood pressure as well as addressing grooming issues such as nail and hair care. Health records noted the names and purposes of people's medicines. This information was made available in an easy read format that contained pictures to aid people's understanding.

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 and hospitals 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 and staff received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's consent to support was always sought by staff. People were supported with mental capacity assessments when required and the provider implemented and reviewed the service's practices to ensure they were not restrictive.

Good

Is the service caring?

Our findings

People were supported by caring staff. Whilst most of the support team were new to the service positive relationships had developed between people and staff. People had allocated keyworkers. These were staff with specific responsibilities for supporting people. Keyworking responsibilities included developing a rapport, supporting people on an individual basis, planning activities and maintaining person centred records.

Staff treated people with respect. We observed staff engaging with people in a courteous and humorous manner and we saw people responding positively to this. Care records were written in a way that conveyed respect for people. For example, care records contained a section entitled, "What people like and admire about me." Within one person's care records it was stated that they, "Loved having a laugh", were "Full of energy", "Gentle" and "Cool." When asked if they agreed with these descriptions the person smiled broadly and told us, "Yes." Care records also noted what was important to people. For example, one person's records noted that spending time with family and friends, listening to music and dressing well was important to them.

People's individual communication needs were met. Health and social care professionals assessed people's communication needs and staff acted upon their findings. Where assessments resulted in support guidelines these were incorporated into people's care records. For example, one person's care records advised staff to offer a person no more than three tangible choices at a time to prevent them from becoming overwhelmed. Another person's care records directed staff to use pictures to support them to make decisions.

People were supported to maintain contact with those who were important to them. Staff supported people to visit, write to and phone relatives. Care records noted dates of significance for people. These included the birthdays of parents, siblings and other relatives. The service was caring towards the relatives of people and made them feel welcome when they visited the service. For example, staff drove and collected the relatives of one person and brought them to the service to attend events. How the service communicated with relatives was determined by relative's preferences. For example, some relatives preferred to be contacted by telephone, email or text message whilst others preferred to discuss matters face to face when visiting the service.

People's privacy was respected. Staff did not enter people's bedrooms without being invited in. Staff maintained the confidentiality of people's personal information by ensuring care records were stored discreetly and could not be seen by visitors. Staff ensured that people's dignity was upheld by supporting people to manage their personal care needs in the privacy of their own bedrooms or within bathrooms with their door closed.

Good

Is the service responsive?

Our findings

People received individualised support based upon their assessed needs and preferences. Staff developed personalised support plans with people which reflected people's strengths, wishes and support needs. People had personalised 'autism profiles' within their care records which detailed how people expressed themselves, understood information, interacted with others and the importance of structure. This meant staff had the information they required to deliver person centred care.

People were supported to engage in activities of their choice. One person told us, "I like it here. I have hobbies." Care records noted people's interests and staff supported people to participate in them. We found people were supported to participate in a range of activities. At home people engaged in sensory activities, music, table top games, photography and car maintenance. Within the community staff supported people with nature walks, bowling, going to the cinema, colleges and to day services. People were supported to go on holiday each year. Records showed people had been supported to go to destinations including Norfolk, Camber Sands, Wales, Portugal and France.

Staff protected people from the risk of social isolation and promoted social inclusion. The service engaged with the Stay Up Late group which promotes the rights of people receiving care and support to engage in meaningful social activities in the evening and at night. Through the Stay Up Late group staff supported people to develop 'gig buddies'. Gig buddies are volunteers who support people to go to concerts and theatre performances which finish late. People attended a monthly disco in a neighbouring London borough and were supported to attend barbeques at other services and were planning to host their own barbeque in the summer.

Staff assessed people's cultural needs. Care records noted dates of cultural importance for people. For example, for one person care records noted that Christmas, Easter, Lent, Father's Day and Mother's Day were important to them. People received the support they required to meet their spiritual needs. For example two people were supported to go to church services on Sundays. People were also supported around their sexuality. Staff supported people to discuss matters around which they were becoming increasingly aware. This included discussions around personal space, appropriate conversations with strangers and physical intimacy.

People were supported to develop their independent living skills. Staff supported people with skills teaching activities at home and within their community. For example, at home skills teaching activities focused around tasks such as meal preparation, housework tasks and personal care. Within the community some people were supported around travel training and working towards the long term goal of using public transport to get to specific locations and activities without staff support. Where people had chosen to, staff supported them to obtain work experience. This included one person who was supported to develop the skills to be a 'secret shopper' and report on their customer experiences.

The provider had a complaints policy in place. People had access to an easy read version which contained pictures. The provider's policy offered people the opportunity to make complaints using a number of

methods including telling staff, the manager, a relative or a friend, writing a letter or recording a CD or DVD. Where complaints were made the registered manager shared them with senior managers and where appropriate with the provider's human resources department. Complaints were investigated and responded to in writing. In addition the service arranged meetings for complainants to discuss the findings of investigations and any resulting learning. We found that the provider took action when required following complaints. This including disciplinary action.

Good

Is the service well-led?

Our findings

NAS Community Services (Croydon) had a manager who had been in post since December 2017. He had started the process of registering to manage the service at the time of our inspection. People and staff were complementary about the manager. One person described him as, "A good guy." One member of staff said, "The manager is really good. He knows so much and is happy to share what he knows." Another member of staff said, "The manager is particularly supportive to those of us who do not come from care backgrounds." Whilst we received positive comments about the management of the service one relative told us, "Individual middle management are understanding [but] effective management is intermittent and not supported at senior/systems level." Adding, "We are trying to work with the NAS to change things but I had to be very forceful and provocative to get us in this position."

Staff told us they felt supported and happy in their work. One member of staff told us, "[The manager] goes out of his way to pass on the positive feedback he has received about me from others and that's great." Another member of staff said, "I feel at home here, I feel good about coming to work. I enjoy every shift." There was an open culture at the service and staff felt encouraged to share ideas about improving the support people received. For example, Team meetings were used to discuss people's needs and support. This included changes to people's health, activities and communication with relatives. Staff told us they felt comfortable and confident about sharing ideas about improving the service in team meetings. Team meetings were used to discuss people's changing needs including matters related to people's health, activities and communication with relatives.

The manager received support from the provider organisation. Senior managers provided the registered manager with training, supervision and appraisal. Senior managers also undertook quality checks at the service. The manager regularly met with the registered managers of other National Autistic Society services in meetings used to problem solve and share good practice. The manager told us they found these meetings and the informal communication with registered managers in between meetings very helpful.

People were supported to meet as a group and share their views about the service they received. Records of house meetings were maintained and available for review. We read that people used house meetings to discuss issues such as activities, the décor of their home, holidays and matters of individual relevance. Staff also supported people to share their views and aspirations in person centred meetings to which relatives and relevant health and social professionals were invited to attend.

The provider sought the views of relatives when reviewing and shaping the provision of support to people. This included surveys, meetings, reviewing feedback, complaints and information from reviews. One relative told us, "What NAS do is good. They ask the family what we think." However, not all relatives felt positive about the receptiveness of the provider organisation to their views and suggestions. One relative told us, "We are trying to work with the NAS to change things but I had to be very forceful and provocative to get us in this position." Adding, "We feel like a nuisance and a hindrance mostly." We found that the manager acted on feedback and took action to make improvements based upon suggestions from people, relatives and health and social care professionals.

People received support from a service which continuously reviewed its practices. The manager undertook a range of quality checks. These included of people's finances, the environment, health and safety, communication books and diaries, maintenance and safeguarding. Action was taken where shortfalls were identified. For example, when a medicines error occurred the registered manager investigated the issue, addressed the matter with staff and notified both the local authority and CQC.

NAS Community Services (Croydon) worked alongside a number of other services in the process of delivering support to people. These external organisations included healthcare professionals such as mental health specialists, the GP, pharmacist, dentist and optician. The service also engaged with other social care providers, adult education providers and the local authority.