

Autism.West Midlands

Community Supported living-St Pauls

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Community Supported living-St Pauls is a supported living service providing personal care to people with a range of needs and included learning disabilities or autistic spectrum disorder. At the time of our inspection, eight people were being supported in their own flats within a supported living complex. People also had access to a large shared garden and a communal lounge. The service supported four other people in their own home in the community, however only one of these people received personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People and relatives told us people were provided with safe care and support at Community Supported living-St Pauls. Risks to people's health and well-being had been identified and thoroughly assessed. Records contained clear guidance to staff on how to manage risks to keep people safe. Staff knew about people's individual risks and how to minimise these.

There were enough knowledgeable and suitably skilled staff to provide safe care and treatment. Each person had their own core team of staff who knew them well. Staff were kind and caring, and treated people with dignity and respect. The provider had a robust recruitment procedure which prevented unsuitable staff from working with vulnerable adults. Staff told us they took pleasure in their role and enjoyed working at the service.

People had enough to eat and drink and their nutritional needs had been assessed. Guidance was provided in care plans for staff about how to encourage people to maintain a healthy diet. People could eat when and what they wanted to.

People received their medicines as prescribed. Medicines were ordered, stored, administered and disposed of safely. Good infection control processes were followed.

People's needs, and preferences had been assessed before they received support from the service. People's care and support was planned in partnership with them, those closest to them and appropriate health professionals. Records showed referrals had been made to other healthcare professionals to ensure people remained well where necessary.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice, inclusion and independence. People were encouraged to make day to day decisions about their care. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent .

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider and registered manager were committed to providing high-quality person-centred care within the service. There was a focus on valuing people's unique characteristics and enriching the lives of autistic people living in the West Midlands. Regular checks and audits took place to drive improvements at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Community Supported living-St Pauls

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in eight 'supported living' flats, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 24 September 2019 and ended on 26 September 2019. We visited the office location on 24 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited and spoke to five people that used the service. Not all of the people we met were able to share their experiences with us due to their complex needs, so we spent time observing how staff interacted with people. We spoke two relatives about their experience of the care provided. We spoke with the registered manager, assistant manager, an acting senior support worker, four support workers and the quality and autism practice manager. We reviewed a range of records. This included three people's care records and two people's medication records. We looked at two staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with a healthcare professional who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were provided with safe care and support. Comments included, "I know [person] feels safe and secure because they would tell me if they didn't" and, "I am safe here."
- During our inspection we were invited to visit people in their flats. We saw people appeared relaxed and comfortable in staff members' presence.
- Staff received safeguarding training and understood their responsibilities to keep people safe from avoidable harm. Staff told us they felt able to raise concerns and had confidence the registered manager would investigate these thoroughly. One staff member told us, "It is our responsibility to identify if things aren't right. If there is any thought a person is in danger, we must follow our procedures and report it."
- Systems and processes were effective in managing and responding to safeguarding concerns. The registered manager understood their safeguarding responsibilities and had made referrals to the local authority and informed us, (CQC) where necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and thoroughly assessed. Records contained clear guidance to staff on how to manage risks to keep people safe.
- Staff knew about people's individual risks and how to work in line with the guidance provided. For example, staff knew how to manage risks associated with people's various health conditions, whilst going on trips outside the home or when cooking.
- Some people being supported by the service were at risk of harming themselves or others because of how they demonstrated distress. Records detailed early warning signs and gave staff clear guidance on how to reduce distress that may put people at harm. One member of staff told us, "We have detailed training in recognising distress and de-escalation. It is all about listening to the person and doing what works for them."
- Each person had an individual plan of what to do in an emergency situation which included how to support them to leave their home in a fire.

Staffing and recruitment

- At our last inspection, we found some improvements were required to the recruitment process. At this inspection we found these improvements had been made and the provider had a robust recruitment process which prevented unsuitable staff from working with vulnerable adults. Staff told us they were unable to start working at the service until the provider had received all required pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] and satisfactory references.
- The service had been through a recent staffing issue and as a result, staff from other services in the

provider group had supported the service to maintain safe staffing levels. This had now been resolved and there was a stable staff team in place who knew people well. A relative told us, "The registered manager and everyone really had to dig in. They didn't let it affect the people that lived here."

- People and relatives told us there were enough suitably skilled staff to meet people's physical, emotional and social needs. A relative told us, "[Person] is never without staff. They always have the staff they need."
- The provider offered a 24 hour on-call system for staff to seek emergency advice when necessary.

Using medicines safely

- Records demonstrated people received their medicines as prescribed. Medicines were ordered, stored, administered and disposed of safely.
- We identified one issue where staff had not followed the correct procedure for booking in medication. However, we were confident this would have been identified in the next medication audit and immediate action was taken by the registered manager. They discussed the error with staff and a new process for booking in medication was introduced.
- Staff had been trained and deemed competent before they administered medicines. This was regularly re-assessed to ensure staff continued to follow best practice guidelines.
- Detailed protocols guided staff when administering 'as required' medicines which ensured people were given their medication consistently.
- The registered manager ensured regular medicine audits were completed to ensure any issues were identified and acted upon quickly.

Preventing and controlling infection

- Staff received infection control training and told us about the importance of following good infection control practices. One staff member told us, "It is important we wear gloves and aprons to prevent cross contamination. There are plenty in each person's flat and we also wash our hands."

Learning lessons when things go wrong

- Staff understood their responsibility to report and record any accidents, incidents or near misses. These accidents and incidents were reviewed by the registered manager and action was taken to reduce the risk of re-occurrence.
- Where an increase of accidents or incidents had been identified, referrals had been made to the provider's behaviour specialist or other outside agencies for additional support in minimising the risk going forward. Plans were in place for all accidents and incidents to be centrally analysed by the provider to identify specific patterns and trends by their behaviour specialist.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and preferences had been assessed before they received support from the service. This assessment enabled the registered manager to make an informed decision as to whether the service could meet each person's individual needs.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.
- Information gathered from these assessments were used to develop individual care plans in line with current best practice guidelines. These had been regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care from competent, knowledgeable and skilled staff who had the relevant training to meet their needs.
- The provider's induction for staff new to care included training to achieve the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. This showed the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
- Records demonstrated most staff were fully compliant with staff training in line with the providers expectations. Plans were in place to ensure all staff were fully complaint following our inspection visit.
- Training was developed around people's individual needs and included specialist training such as autism and diffusing distress that could impact on others. The provider had recognised the need for a more in-depth epilepsy training and this was planned following our inspection visit. Despite this, staff understood how to keep people safe by following the detailed epilepsy care plans.
- Staff spoke highly of the training they received and told us they had regular supervision meetings to discuss their performance. Comments included, "I feel confident in my role because of the training and support here" and, "The training is really good."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs had been assessed and guidance was provided in care plans for staff about how to encourage people to maintain a healthy diet whilst minimising risks such as choking. One staff member told us, "It is important we cut [person's] food into 20 pence piece size to reduce the risk of choking."
- Staff supported people to plan their own menu's and encouraged people to have a varied and balanced diet. People had access to a choice of food and drink and could eat at times to suit them. One person told us, "The staff take me food shopping. I have enough to eat and drink."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed referrals had been made to other healthcare professionals to ensure people remained well. One person had recently had a change in swallowing and a referral had been made to speech and language therapists for additional advice and support. Their advice had been added to the person's care plan and shared with the staff team. Other referrals had been made to the community nurse team where there had been changes in a person's behaviour.
- Staff understood their responsibilities to ensure people received timely care and reported any changes in a person's health to the management team. A healthcare professional told us, "All of my instructions are followed and they contact me when necessary."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager had a good understanding of the MCA. They had undertaken capacity assessments to determine which decisions each person could make for themselves and which decisions should be made in their best interests. Where restrictions were in place, such as the front door being locked, the registered manager had applied for this to be legally authorised.
- Best interests' meetings had been held, however these had only been agreed and signed by staff. It was not clear if the decisions made had involved the person, members of family, healthcare professionals or other people interested in the welfare of the person. The registered manager assured us they were in the process of reviewing these with all parties involved with each person's care.
- Staff understood the principles of the Act. One staff member told us, "We are always assessing if people can make daily decisions. We always give people a choice of what they would like to do, drink, and eat. We must always explain what's going on in order to give them enough information. You can't make a choice if you're not given the information."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them in a kind and caring way. Comments included, "The staff are kind and nice," and, "I like the staff."
- Relatives also gave positive feedback about the care their loved one received. One relative told us, "I am constantly thanking the staff. You can really see how much they care." Another relative told us, "[Person] is very well looked after. Every single one of the staff are very caring."
- During our time spent with people, we observed relaxed and friendly interactions between them and staff. Staff listened to people and responded in a kind and compassionate way.
- We saw one staff member place a blanket over a person who was relaxing on the sofa and then softly moved the person's hair out of their eyes. In the communal area, one person approached a staff member and held their hand.
- Staff told us they took pleasure in their role and enjoyed working at the service. Comments included, "I absolutely love working here, its brilliant" and, "I love supporting the people here. They are all unique and I find it really rewarding."
- People were encouraged to celebrate important events such as birthdays and were encouraged to maintain social relationships with family and friends. During the week of our visit the service was preparing for a 'diversity day' by sampling foods from different cultures and wearing special clothing. One staff member told us, "We live in a multicultural area and it is important everyone feels included."
- A healthcare professional told us, "Overall it is a good place. They care."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make day to day decisions about their care. One person told us, "I choose what I have for dinner. I picked my soup."
- We saw staff respecting people's wishes about how they wanted to spend their time. One person did not want staff to remain in their flat. The staff member respected the person's decision and left the flat, but remained close enough if the person needed any support.
- Where people needed extra help to make decisions and did not have an appropriate person to speak on their behalf, referrals had been made to advocacy services to support people in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We saw staff knocking on people's doors and people looked well cared for. A relative told us, "I think they treat [person] in a dignified way. They are always clean and

wearing nice clothes. In fact, all the people living there are."

- During our inspection visit we saw staff encouraging people to remain independent. People were encouraged to maintain their home, complete personal shopping and to take part in activities within the local community.
- Staff understood the importance of promoting people's independence. One staff member told us, "We don't take away their independence. What we do here is supported living. That is supporting people to live as independently as possible."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was planned in partnership with them, those closest to them and appropriate health professionals. A relative told us, "I am involved and give my opinion but ultimately [person's] week is completely planned around the things [person] likes to do."
- People's care plans were personalised and provided information for staff on how to support people in the way they preferred. For example, one person preferred to take their medicine in their kitchen with a glass of water.
- The support staff provided made a difference to people's lives. One person had recently transferred to the service from one of the provider's residential services. Their flat had been completely adapted to the person's needs and decorated by them. With staff support, this person had developed their self-confidence and social skills, and was able to go into the community on a daily basis which they had previously found difficult. The staff had also successfully supported this person to have a holiday abroad on two occasions. Their relative told us, "The staff at St Pauls have changed [person's] life. [Person] is doing remarkably. They simply understand autism and have experts in-house we can go to straight away if there are any bumps in the road. It is a team effort to get it right."
- Staff were proactive and focussed on ways to reduce the distress people may experience from their complex conditions. One staff member had supported a person to create a relaxing outdoor space where they could enjoy models of their favourite cartoon characters and twinkly lights. This personal space had a positive impact on the person's wellbeing. One relative commented, "Before [person] moved in they were anxious and had a lot of outbursts. Now they don't have half as many. What they (staff) have done is remarkable."
- The registered manager told us they were keen to continuously improve and whilst staff knew people well and what they wanted to achieve, these goals and aspirations were not always recorded in people's care records. New individual person-centred review meetings were planned to develop this further to ensure all staff were working towards people's individual goals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities to ensure people with a disability, impairment or sensory loss were given information in a way they could understand.
- Each person living at the service had a unique 'communication passport' which detailed their individual

preferred method of communication.

- We saw a variety of communication methods being used during our visit such as Makaton (sign language designed to provide a means of communication to individuals who cannot communicate efficiently by speaking), objects of reference and easy read records.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and was given to people when they started to use the service in a way they could understand. However, there had not been any complaints in the 12 months prior to our inspection visit.
- Some people were able to tell us they could talk to staff if they were upset or had any concerns. For others, staff explained they would be able to identify changes in a person's behaviour if they were not happy about something and they would act to resolve this. Relatives told us they knew how to complain but told us they had no reason to. One relative told us, "The service listens to any issues we might have but I wouldn't call them complaints."

End of life care and support

- At the time of our inspection visit there was no end of life care being delivered. However, the registered manager explained if this was required, the service would liaise with other healthcare professionals to ensure people received the right care and support.
- We found further improvements were required to explore and record people's end of life preferences in their care plans. The registered manager assured us this would be done following our inspection visit.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager were committed to providing high-quality person-centred care within the service.
- There was a focus on valuing people's unique characteristics and enriching the lives of autistic people living in the West Midlands. The registered manager told us, "It is all about inclusion and giving people with autism the same opportunities as everyone else."
- Staff understood the provider's vision and values. One staff member told us, "What we do here is supported living. That is supporting people to live as independently as possible just like you and I."
- People and relatives spoke positively about the leadership at the home. Comments included, "The registered manager is amazing. He really cares about every single person. It is by far the best service we have had. Everything is done properly" and, "We have a really good relationship with the registered manager and head office staff. We can talk and they listen."
- Staff felt supported by the registered manager who valued the work they did. One staff member told us, "The management is brilliant. They really back you up."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked in a transparent and open way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their regulatory responsibilities. They had provided us (CQC) with notifications about important events and incidents that occurred in the service and had displayed their current rating both at the service and on their website.
- The provider had a clear and effective governance system in place to ensure people received high quality and compassionate care. Management systems identified and managed risks to improve the overall quality of the service and included regular staff competency assessments which ensured people received care and support from effective staff members.
- Regular checks and audits took place to drive improvements at the service. Any issues identified were then transferred into the service improvement plan. For example, the provider was introducing positive behaviour support training to the staff team and care plans were going to be improved to focus on proactive

strategies. Individual person-centred review meetings were also planned to further improve and focus on people's individual goals and aspirations.

- The registered manager kept up to date with the latest good practice guidelines by attending local provider forums and internal provider meetings where best practice and any changes in legislation were discussed.
- Staff members were also involved in continuously improving the service and a representative from the staff team was invited to attend the provider's 'best practice sessions.' This involved staff members from various locations within the provider group coming together to share ideas and drive improvement. One recent example of sharing good practice included enabling choice through specific pictures. The registered manager told us, "A masala fish looks very different to other types of fish, but it is what that person recognises as fish."
- The registered manager spoke positively about the support they received from the provider. A representative from the senior management team visited the service regularly and carried out their own checks to ensure the service was working in line with the regulations. The assistant manager told us, "The CEO is very visible in the service. They always make sure they meet our new staff in their induction."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was well known by people at the service and people appeared comfortable and relaxed in their presence.
- Feedback was actively sought from people, relatives, staff and professionals about the service. Surveys were sent out and review meetings were arranged, to gain feedback about the service that was provided.
- Staff confirmed they had regular team meetings where they were able to discuss the service provided and people's needs. A staff member said, "We have staff meetings every single month where we discuss each person or any changes. I find them really useful."
- The provider had started to develop links in the local community to raise awareness about autism. For example, a local bank had been approached and had supported Autism West Midlands with fundraising and raising autism awareness in their local branch.