National Autistic Society (The)

NAS Community Services (Central London)

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

This inspection took place on 30 August 2017 and was announced. NAS Community Services (Central London) is a domiciliary care service providing care and support to adults who have a diagnosis of autism, a learning disability, or a developmental impairment. The service provides flexible 24 hour care and support packages to people living in five accommodation units in the Westminster area. Nine people were using the service at the time of our visit.

At the previous comprehensive inspection on 22 and 24 April 2015 we found the service was meeting all of the legal requirements and regulations associated with the Health and Social Care Act 2008. We indicated that there were areas of service delivery that required improvement and rated NAS Community Services (Central London) as requires improvement overall.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Where people were unable to contribute to the care planning process, staff worked with people's relatives and representatives and sought the advice of health and social care professionals to assess the care people needed. This ensured people's support needs could be identified and met before an individual support plan was developed and staff were allocated to work with people.

The service provided a responsive and person centred approach to ensure support provided adequately met their specific needs. Care records contained what was important to them, their preferences, notable information about them such as their personality type or hobbies they had, their dreams and aspirations. This meant support staff had clear and specific guidance on how best to support people using the service.

People's risk assessments were completed and these covered a range of issues including guidance around accessing the community and personal safety. Assessments were up to date and reviewed in line with the provider's policies.

Staff were familiar with the provider's safeguarding policies and procedures and able to describe the actions they would take to keep people safe. Relatives felt their family members were safe and trusted the staff providing support and care.

Staff supported people to attend health appointments and had received training in first aid awareness. There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being. These included contacting people's GPs, social workers and family members for additional advice and assistance.

People's independence was promoted and staff actively encouraged people to participate in activities. People were supported to attend day centres, take part in exercise classes, go on trips out and away on holiday.

Staff were aware of people's specific dietary needs and preferences and offered people choices at mealtimes. Where people were not able to communicate their likes and/or dislikes, staff sought advice and guidance from family members.

There were arrangements in place to assess and monitor the quality and effectiveness of the service.

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.

Relatives told us they felt their family members were safe and that they were supported by staff who knew how to keep them safe from abuse and harm.

Staff were employed to provide care and support to people via robust recruitment procedures.

People were supported to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training, supervision and support to meet their needs effectively.

People were supported to attend healthcare appointments to ensure their needs were met.

There was information in people's care plans about their dietary needs and the support they required to eat and drink, including specialist diets.

Is the service caring?

Good

The service was caring.

Relatives told us that staff were kind and caring.

Staff encouraged people to make their own choices regarding their daily routines and to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Relatives, senior staff and healthcare professionals were involved in developing people's care and support plans.

Staff demonstrated that they understood how to communicate effectively with the people they supported.

People were supported to take part in the activities they enjoyed.

Is the service well-led?

Good

The service was well-led.

The service was without a registered manager. An acting manager was in post until a suitable candidate was recruited to the post of registered manager.

Efforts had been made to obtain the views of the people supported by the service and their relatives.

The service undertook 'spot checks' to ensure the quality of the care and support people received. When necessary, action was taken to improve people's experience of the service.

NAS Community Services (Central London)

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 30 August 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. This inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed the information we held about the service. For example, information shared with us by members of the public, healthcare professionals and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection we spoke with two managers a team leader and a support worker. Following the inspection we spoke with four relatives of people using the service. We reviewed four care plans, five staff files, training records, medicine administration records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives told us they felt their family members were safe and well cared for by the staff supporting them. One relative told us, "[My family member] is safe. [They are] cared for by people who really understand [their] difficulties." Another relative told us, "I'm very happy that [my family member] is taken care of and is safe."

The service had safeguarding and whistleblowing policies and related procedures in place which were accessible to staff. Staff were able to describe the types of concerns that might arise and present a risk to the people they supported and told us if they had any concerns about people's safety or wellbeing they would take swift action, including reporting their concerns to managers and where appropriate to the police and the Care Quality Commission (CQC). Relevant information had been shared with the local authority when incidents had occurred.

Care plans we looked at contained up to date risk assessments that identified risks to people's safety and/or that of others. Risk assessments covered areas such as accessing the community, road and personal safety. Healthcare professionals were involved in discussions and decisions about managing known risks. Risk assessments provided staff with the required information about how risks should be managed to protect people and staff were able to explain how they managed risks to people's safety when supporting them. Risk assessments were reviewed annually or before if required and provided information as to who had been involved in the review process.

Where staff were responsible for prompting people's medicines, staff had completed training in medicines administration and first aid awareness. Medicines administration records (MAR) were signed accordingly. The deputy manager told us they audited people's MAR charts on a weekly and monthly basis and that any errors or omissions identified were discussed with the relevant staff members. We saw records that verified this auditing process had been completed, however, not all MAR charts had been completed to record the correct month of the year.

There were effective staff recruitment and selection processes in place. Before staff began working at the service they were required to provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. Staff underwent checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions in order to help providers make safer recruitment decisions.

We looked at five staff files and reviewed information confirming appropriate pre-employment checks had been carried out to help ensure only suitable staff were employed to work with people using the service. There were sufficient numbers of staff deployed to the service and procedures in place to cover any staff absence.

Good

Is the service effective?

Our findings

A relative told us their family member received care and support that was "person-centred and tailored completely around [their] needs." Another relative said, "Overall, [staff] do a really good job."

Staff were required to complete an induction which included classroom and e-learning sessions, shadowing and observation of practice. Staff confirmed the training they completed included, safeguarding, moving and positioning, first aid, autism awareness, health and safety and communication training. Staff told us that they felt their colleagues worked hard and that they were a good team. One staff member said, "We all connect. I like this job, it's not easy, you learn every day."

Staff had one to one meetings with their managers every six weeks during which their welfare, development and performance were discussed. The acting manager told us that supervision sessions were based on a reflective model of practice and that staff were required to select an area of their work to reflect on and discuss. Staff told us they felt able to discuss any concerns they may have during these sessions and found them constructive and useful. Records of supervision sessions were kept in staff records and stored safely.

The provider had measures in place to ensure that it was working in line with the Mental Capacity Act (2005) (MCA). The Act 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.

We found that the provider had worked with the local authority to assess people's capacity where this was required. Relatives told us they were involved in care planning and the review process and met staff and other health and social care professionals on a regular basis to discuss and review care and support plans in the best interests of their family members.

There was information in people's care plans about their dietary needs and the support they required to eat and drink, including specialist diets. Care plans contained information about people's preferred foods and drinks, and staff recorded what people had eaten on a daily basis.

Relatives confirmed staff supported their family member with healthcare appointments when required. People who used the service had health action plans in place which were reviewed on an annual basis. People also had hospital passports, which are documents designed to communicate important information about a person's needs to hospital staff in the event of admission.

Good

Is the service caring?

Our findings

Relatives we spoke with told us that on the whole they were happy with the care and support their family members received from the service.

People's care and support plans contained comprehensive information about each person using the service. One page profiles contained a brief overview of important information such as what was important for the person and how they wanted to be supported and by whom. There was also key information outlining people's daily routines, information about how people communicated and any behaviour the person had which may challenge and the possible triggers and action required to minimise this.

Staff were knowledgeable about the needs of people they supported. Staff members were able to tell us about the people they supported and able to easily describe the person's care needs and things that were of interest to them. One relative told us that some staff members had been working at the service for over 10 years and that this provided consistency and stability for their family member.

Relatives confirmed they found staff friendly and that they treated their family members with respect and in a kind and caring way. Relatives told us staff were "very understanding", "dedicated", "patient" and had formed "good relationships" with their family members.

Staff were mindful of protecting the privacy and dignity of the people they supported. They told us they made sure they closed curtains and doors when assisting with personal care. One relative told us, "[staff] are doing the best they can" but felt that staff could provide a greater level of care and more support in relation to oral care, nail care and when choosing appropriate clothing for their family member.

People's health and wellbeing was monitored regularly. People were supported to access a wide range of healthcare professionals. Where staff identified a need for professional healthcare input, referrals were made in a timely manner. We saw records of referrals to dietitians, social workers, behavioural workers and GPs.

Staff told us they enjoyed working at the service. One relative told us, "Nobody looks after your children like you do but overall [staff] do a really good job."

Good

Is the service responsive?

Our findings

An initial assessment was completed prior to any support being delivered. A senior member of staff visited people and their family members to assess what support people needed and to find out about their likes, dislikes and preferred routines. This information was used to ensure support was provided by suitably experienced and qualified support workers. We saw information demonstrating that the service worked with family members, education, health and social care providers to organise transition support plans for people before they moved to the service on a permanent basis.

Care plans were comprehensive and provided clear guidance around all aspects of people's care including their likes and dislikes, history, preferences for care delivery, medical history and things that were important to them. Care plans included a one page profile, that explained how people preferred to communicate and things staff needed to know before supporting them. Care plans were reviewed regularly by managers and where appropriate updated to reflect people's changing needs. Review meetings took place and relatives, care managers and key support staff attended to share their views about people's progress.

Staff demonstrated that they understood how to communicate effectively with the people they supported. Staff knew what signs to look for and told us they communicated with gestures, body language, pictures and sounds. They knew their likes, dislikes, offered choices and promoted independence as much as possible. We saw examples of communication aids, including visual story boards used to explain road safety, moving home and circles of support and staff were able to give examples of how they involved people they supported in making decisions about their care and support.

People were encouraged to participate in a range of activities. A relative told us, "[My family member] is always out and about in the community." Other relatives told us that their family members attended day centres, went for walks, visited cafés and went shopping. We heard from staff that people went on holiday, went to the cinema, took part in leisure activities such as swimming and gym sessions. A member of staff told us, "[People using the service] can do anything they want to." We're always looking for new things to do. It's their life and their choice." Daily logs recorded people's activity levels and monthly summary sheets were completed showing how people had been encouraged to participate in activities.

Staff were clear about how they would manage concerns or complaints. They said they would refer any complaints to their managers. Relatives confirmed that if they had a concern they would call the office direct and the concern would be dealt with effectively. Staff told us, "A manager is always available. [The deputy manager] is very good at providing a response and if [they] don't know the answer [they'll] find out. We always get a quick response." No formal complaints had been received since our last inspection took place in 2015.

Good

Is the service well-led?

Our findings

We were informed by the acting manager that the service had been operating without a registered manager since August 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The acting manager who had been employed by the provider for the past 14 years told us she was in post until a suitable candidate was recruited to fill the vacant registered manager position. Staff told us they felt supported by the manager and both relatives and staff told us they felt the service was well-led. A relative told us, "The dedication of the staff is amazing. They don't cut corners. All [the staff] seem to have a very close relationship with [our family member]. [Staff] are very fond of [them] and [they] of [the staff team]. We are very keen to maintain this."

The manager demonstrated a good understanding of the service and communicated well with the people using the service, their relatives, staff and supporting agencies. Training, supervision and appraisal records were well maintained and kept up to date. A system of monthly reviews provided good detail about people's lives, their goals, participation levels and any changes to their support plans. Staff told us that communication arrangements and staff morale were good.

The acting manager promoted a culture that was inclusive to people using the service, relatives and staff. Relatives attended regular review meetings with staff and other external agencies where efforts were made to obtain the views of the people supported by the service and their relatives. Staff were also encouraged to share their views during regular team meetings and provide feedback on people's needs, staffing, training and other matters relating to the service. Feedback on the service was used to drive improvements.

Staff told us they knew who to inform and contact if they wished to raise concerns or if relatives wanted to make a complaint. There was a 24 hour on call service for staff to contact, with clear criteria for when this should be used. Processes and records were in place to evidence and oversee incidents such as safeguarding concerns, complaints, incidents or accidents. These issues were documented, reported to the local authority and investigated appropriately and the provider had a clear overview of the service and how it was progressing.

There was a system of audits in place which monitored and assessed the quality of service provided in areas such as medicines, the environment and health and safety. The manager told us that senior management carried out quarterly quality assurance spot checks. This was an unannounced internal audit which identified areas of good practice and improvements. Any action required was fed back to managers to address with the team or specific staff member as required. Other audits were completed on a monthly basis and gathered information on a range of service delivery issues, provided recommendations and detailed any action that was needed and when actions had been completed and improvements delivered.