

# National Autistic Society (The) NAS Community Services (East Anglia)

## 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

NAS Community Services (East Anglia) provides care and support to adults with autism living in three 'supported living' settings, so that they can live as independently as possible. Two of the premises were located in Suffolk and one in Cambridgeshire. 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. This service was registered on 26 May 2016. This was their first inspection.

At the time of this announced comprehensive inspection of 14 February 2018 there were seven people who used the service. The provider was given 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people so that we could visit them in their homes to find out their experience of the service.

A registered manager was 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.

People and their relatives had developed good relationships with the support workers and the registered manager. People received care that was personalised and responsive to their needs. They were able to express their views and support workers listened to what they said and took action to ensure their decisions were acted on.

People's care records were accurate and reflected the support provided. Support workers consistently protected people's privacy and dignity.

People were supported to have maximum choice and control of their lives and support workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Procedures and guidance in relation to the MCA were followed which included steps that the provider should take to comply with legal requirements.

Systems were in place to minimise the risks to people, including from abuse, mobility, nutrition and with accessing the community. Support workers understood their roles and responsibilities in keeping people safe.

Recruitment checks were carried out with sufficient numbers of support workers employed who had the knowledge and skills through regular supervision and training to meet people's needs.

Where people required assistance with their medicines, safe systems were followed. Support workers were provided with training in infection control and food hygiene and understood their responsibilities relating to

these areas. Systems were in place to reduce the risks of cross infection.

The service worked in partnership with other agencies. Where support workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required, people were safely supported with their dietary needs.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to progress.

## 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.

Systems were in place to help protect people from the risk of abuse and harm.

Risks were identified and reviewed in a timely manner.

There were sufficient numbers of support workers who had been recruited safely to meet people's needs.

People received their medicines in a safe and timely manner.

Support workers received training in infection control and food hygiene and understood their responsibilities relating to these areas.

### Is the service effective?

Good ●

The service was effective.

The service worked with other professionals to provide people with a consistent service.

Support workers received supervision and training to support them to perform their role.

Where required people were safely supported with their dietary needs.

People were supported to maintain good health and had access to appropriate services.

People told us they were asked for their consent before any care, treatment and/or support was provided.

### Is the service caring?

Good ●

The service was caring.

Support workers were kind and considerate, respected people's preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People contributed to the planning of their care and support. This was regularly reviewed and amended to meet changing needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager was approachable and had a visible presence in the service.

Support workers were encouraged to professionally develop and understood their roles and responsibilities.

Effective systems were in place to monitor and improve the quality and safety of the service provided.

The service worked in partnership with other agencies.

# NAS Community Services (East Anglia)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and carried out by one inspector. The provider was given 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out their experience of the service.

As part of our inspection planning, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

Inspection activity started on 14 February 2018 and ended 28 February 2018. The inspector visited the office location on 14 February 2018 to meet with one person who used the service, the registered manager, a team leader, two support workers, and to review care records and policies and procedures.

On the 14 February 2018 with their permission, we visited one of the 'supported living' premises in Suffolk and met three of the people who lived there. We also spoke with a team leader and two support workers. People had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions and signs and gestures. We observed the

way people interacted with their support workers.

We reviewed the care records of three people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

After our visits we spoke with two members of staff on the telephone and received electronic feedback from two relatives and two community professionals.

## Is the service safe?

### Our findings

People told us that they felt safe using the service and enjoyed being in the company of their support workers. One person said, "I am very happy and safe with support workers. We get on, no problems." Another person smiled and, nodded their head when asked if they felt safe with the support workers. A relative told us, "The service is entirely safe."

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Support workers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, additional training to support workers when learning needs had been identified or following the provider's disciplinary procedures.

Support workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, nutrition, accessing the community and risks that may arise in the environment of people's homes.

People who were vulnerable as a result of specific medical conditions such as epilepsy, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Support workers told us and records confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of support workers to meet the needs of people. People and relatives told us that the support workers visited within the timescales agreed at the start of the care provision and at ongoing reviews. Conversations with people and records seen showed that there had been no instances of visits being missed and that they were provided with regular support workers which ensured continuity of care. One relative confirmed, "[Person's] carers are of long standing."

Records showed that the service's recruitment procedures were robust and systems were in place to check that support workers were of good character and were suitable to care for the people who used the service. Retention of staff was good and supported continuity of care. Support workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, and reading information about people using the service, including how identified risks were safely managed. Records we looked at confirmed this.

There were suitable arrangements for the management of medicines. One person said, "They [support workers] help me to take my tablets I would forget to take my tablets [if support worker didn't remind me]." Medicines administration records (MAR) were appropriately completed which identified that people were

supported with their medicines as prescribed. People's records provided guidance to support workers on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines to be administered 'as required' protocols were in place to guide support workers on when to offer these.

Support workers were provided with medicines training. The management team carried out competency checks on the staff and audited people's MAR audits to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for staff where required.

Support workers received training in infection control and food hygiene and understood their responsibilities relating to these areas. There were systems in place to reduce the risks of cross infection including providing support workers with personal protection equipment, such as disposable gloves and aprons. Support workers confirmed that these were available to them in the office and they could collect them when needed.

The registered manager was implementing positive changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This included a review of internal finance processes to ensure systems were robust. Improvements they had introduced included clear and accountable processes, regular audits and increased checks which required authorisation.

## Is the service effective?

### Our findings

People's care needs were assessed, planned for and delivered to achieve positive outcomes in line with best practice and current legislation. This took into account their physical, mental and social needs and were regularly reviewed and updated. The service worked with other professionals involved in people's care to ensure that their individual needs were consistently met. Feedback from a healthcare professional confirmed that appropriate referrals were made by the service and guidance was acted on.

People and relatives confirmed that the support workers had the skills and knowledge to provide them with the care and support they needed. One person commented, "They [support workers] know what they need to do and are good at helping me." A relative shared with us, "They are well trained and have a good understanding of autism."

Support workers told us they were provided with the training that they needed to meet people's needs. This included a comprehensive induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. This training was updated regularly. In addition training was provided in people's specific needs e.g. autism, epilepsy, positive behaviour support and communication. One support worker said, "We have lots of training including refresher training so the training is current and you're always up to date." Another support worker told us, "Training is available just ask if you feel you need more support." The registered manager explained how they were planning further training workshops to support their staff with enhanced care planning and documentation that reflected positive outcomes for people.

Support workers told us and records showed that new employees completed training and shadowed shifts where they worked with more experienced colleagues as part of their induction. The registered manager explained how support workers were encouraged with their career progression. This included being put forward to obtain their Care Certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications. The Care Certificate is an identified set of 15 standards that sets out the knowledge, skills and behaviours expected of health and social care workers.

Support workers described how they were encouraged to professionally develop through ongoing learning and training opportunities and were provided with regular one to one supervision meetings. One support worker described their positive experience saying, "I have regular supervisions with my team leader. It's a two way conversation about how I am doing, what help or support I might need like training. I feel comfortable to talk about anything. I can talk to [team leader] whenever; I don't have to wait till my supervision. They have an open door."

Records showed that in these supervision meetings, support workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided support workers with the guidance that they needed to meet people's needs effectively and to identify any further training.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Where staff identified concerns, for example, with people maintaining a safe and healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. Where guidance had been provided relating to people's dietary needs, staff recorded this in people's care records to guide staff in how risks were reduced.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses, physiotherapists and occupational therapists. There were also letters and information on people's files from other professionals and hospital visits people had attended. One person described how the service had supported them to attend healthcare appointments, "They [support workers] take me to see the doctor, dentist and my hospital [appointments]."

Care records reflected where support workers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken, in accordance with people's consent. This included prompt referrals and requests for advice and guidance, which was acted on to maintain people's health and wellbeing.

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. We checked if the service was working within the MCA principles.

Support workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that support workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office as well as in the employee handbooks.

People were asked for their consent before support workers delivered care to them, for example, with personal care or assisting them with their medicines. We observed this practice during the visits to people's homes, the support workers and management listened and acted on people's decisions. This also included respecting someone's wish to be left alone when they had refused support. One person said about the support workers, "They ask me what I want and do what I say." Where possible, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service.

## Is the service caring?

### Our findings

People had developed positive and caring relationships with the support workers who cared for them. This was reflected in the complimentary feedback we received. People told us that their support workers treated them with respect and kindness. One person said, "They [support workers] are good as gold. Nice to me. I like them." Another person smiled, nodded and clapped their hands when we asked if the support workers were caring.

Feedback from relatives about the approach of the support workers was equally favourable. One relative commented, "[Person] is extremely lucky with their placement. The small unit suits them well, as do the small team of dedicated and consistent carers whom they know and trust. Service is extremely caring." Another relative said, "[Person] appears to be well liked by those who care for [them]. As an example, when they had their staff Christmas lunch they invited [person] along as their guest."

Support workers knew about people's individual needs and preferences and spoke about people in a caring and affectionate way. Everyone, from the service including the management and staff based in the office, spoke about people with consideration. They understood why it was important to respect people's dignity, privacy and choices. We heard this when office staff spoke with people by telephone on the day of our inspection and through interactions seen between people and the support workers during our visit to people's homes.

People's care records identified their specific needs and how they were met. The records also provided guidance to support workers on people's choices regarding how their care was delivered. People and relatives shared with us how they had been included in developing their ongoing care arrangements through regular reviews and this was reflected in their records.

People were supported with daily living skills to be as independent as possible. One person described their experience, "They [support workers] help me cook and [keep my home] clean and tidy." A relative commented, "[Person] greatly enjoys living in their home, takes part in cleaning activities."

People's right to privacy and dignity was respected and promoted. We saw that they knocked on people's doors and called out before entering.

## Is the service responsive?

### Our findings

People were provided with care and support which was responsive to their needs. One person said, "They [support workers] are alright, I like them they help me [when] I need it."

People's care records were comprehensive, regularly reviewed and accurately reflected people's needs. They covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. There were clear instructions for support workers for when a person needed assistance and when to encourage their independence. There were also prompts throughout for the support workers to promote and respect people's dignity.

The care plans included people's daily routines providing support workers with the information they needed to meet individual needs in line with their wishes. For example, how they wanted to be supported with personal care and to do daily living tasks. The care plans took into account pre-assessments of care for people which had been completed before they used the service and reflected their diverse needs, such as specific conditions, communication and mobility needs. A relative commented, "[Person's] support provision in their new home has been outstanding. [Person's] wishes and needs are taken into account, they are regularly involved in house meetings, and every effort is made to give [person] a rich and varied experience."

Where people needed support with behaviours that may be challenging to others, their care records guided support workers in triggers to these behaviours and to the support they required to minimise the risk of their distress to themselves and others. This included prompts for support workers to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them.

People, wherever possible, were involved in decision making through regular care reviews to ensure their needs were fully met. One person described how they wrote what was important to them and this was discussed in meetings with their support workers and then written into their support plan. They shared with us how they had wanted to go sky diving for their birthday and the service had facilitated this. Their relative described how the service was responsive to the person's needs supporting them with their aspirations, and to follow their interests as part of their supported living plans they said, "Notable activities have included taking [person] on holiday, taking them to indoor skydiving on their birthday." They also told us that the staff had supported their relative to visit various attractions around the country.

Relatives involved in the ongoing development of people's care arrangements shared positive examples of working with the service. One relative said, "I am in regular contact and kept up to date." Another relative commented, "Excellent support in place. Very much included in what is going on."

People's wishes, such as if they wanted to be resuscitated, were included in their care records and these were kept under review. The registered manager advised us they were developing people's documentation in line with best practice around advance care planning. Advance care planning (ACP) is used to describe the decisions between people, their families and those looking after them about their future wishes and

priorities for care.

There had been numerous compliments received about the service within the last 12 months. Themes included positive feedback about the support arrangements for people and how they were progressing in the 'supported living' premises.

People were provided with information about the service including how they could raise complaints. This information was made accessible to them using different formats to make sure that people with a disability or sensory loss were given information in a way they could understand. One person said, "I am happy. No problem. Talk to [named support workers and registered manager] if worried." A relative told us, "I have no issues of concern. If any do arise I know that I can always talk things through."

Comments and complaints received about the service in the last 12 months had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. The management team demonstrated how they took immediate action if people indicated they were not happy with the care received. For example, changing a support worker or adjusting visit times. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications, providing support workers with additional training or taking disciplinary action where required.

## Is the service well-led?

### Our findings

Feedback from people, relatives, support workers and professional stakeholders was positive about the leadership arrangements in the service. The registered manager was proactive and took action when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved.

The registered manager had established an open and inclusive culture. The management team and support workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Support workers said they felt the service was well-led and that the registered manager was a visible presence in the service. One support worker said, "They know exactly what is going on. Made some good changes to how we do things. [Registered manager] is very approachable, listens and prepared to help out. I feel supported and would recommend working here." Another support worker said, "Great team and manager all very supportive."

People and relatives told us the management team were available and approachable. One person said, "I speak to [name of support workers and registered manager] if I have a problem they sort it out for me." A relative said, "I have a good relationship with both the registered manager and team leader."

People were regularly asked for their views about the service and their feedback was used to make improvements in the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people shared their views about the service, anonymously if they chose to. We looked at responses from people about their experience using the service and these were complimentary. Feedback showed that people felt valued, involved in the planning of their care, they were supported to make choices and to be independent and knew who to contact if they had concerns.

Support workers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They told us their feedback was encouraged and acted on and they were provided with the opportunity to comment on the service, including in staff meetings. A team leader shared with us, "We have regular meetings, and talk about what is working well, what needs changing. It's good communication." The minutes of these meetings showed that suggestions from support workers, for example, how they supported people, were valued and listened to. The minutes showed that support workers were reminded of their roles and responsibilities and kept updated with any changes in the care industry.

People received care and support from a competent and committed work force because the management team encouraged them to learn and develop new skills and ideas.

The management of the service worked hard to deliver good quality care to people. A range of audits to assess the quality and safety of the service were regularly carried out. These included medicines, health and safety checks, and competency assessments on support workers. Regular reviews of care were undertaken.

These included feedback from the person who used the service, where appropriate their family members, health and social care professionals if needed and the support workers involved. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

Where relevant the management team submitted appropriate notifications to inform us of any issues. The service worked in partnerships with various organisations, including the local authority, hospital, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service.

Robust quality assurance systems were in place to identify and address shortfalls and to ensure the service continued to improve. The registered manager showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to financial systems, safe management of medicines, ongoing recruitment, staff development and enhancing people's documentation to ensure consistency and to fully embed a person centred approach in line with the provider's vision and values.