

National Autistic Society (The) NAS Community Services (Hertfordshire)

Inspection report

Hertfordshire Resource Centre
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Website: www.autism.org.uk

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20 March 2019

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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?	Outstanding ☆

Summary of findings

Overall summary

About the service: The service provided care and support to adults with learning disabilities or autistic spectrum disorder in their own homes. At the time of the inspection four people were being supported by the service.

People's experience of using this service:

People told us they were very happy with the support they received and they felt safe. They told us staff discussed with them how to stay safe and they learned how to be independent.

Relatives told us people were supported by a team of staff who were kind and supportive.

People's support needs were well documented and staff had guidance in place to be able to effectively support people. People achieved positive outcomes due to the structured support they received.

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

The care service was 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.

People were encouraged to take positive risks and live fulfilling lives. The registered manager empowered staff to act as advocates for people so that people's choices and wishes were with other professionals involved in their care.

Staff received training to understand how to support people with learning disability and autism to be included in society and be active part of their community. Staff told us they felt supported and valued by the organisation they worked for.

The registered manager and deputy manager developed, promoted and implemented innovative ways of involving people in developing high-quality, outstanding practice that could be sustained over time. There were consistently high levels of constructive engagement with staff and people who used the service through team meetings, review meetings and supervisions. People were involved in vetting the staff supporting them either in interviews or when staff were allocated shadow shifts in their own home.

The service worked in partnership with other organisations supporting people with similar needs and they were promoting 'Autism Hour' whereby they were holding talks in local schools and in the community, displaying posters to educate the general public about the importance of including people with a learning disability and autism in the community.

The registered manager and the provider conducted regular audits and surveys to monitor the quality of the service provided. Where improvements were needed these were entered on an action plan and closely monitored by the registered manager until they were ready to sign these off as completed.

Rating at last inspection: Good (report published 22 June 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

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

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

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?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

NAS Community Services (Hertfordshire)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

NAS Community Services (Hertfordshire) is a supported living service. It provides personal care and support to people who live in their own houses or flats. It provides a service to adults with a learning disability and autism. Not everyone using NAS Community Services (Hertfordshire) receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection four people were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 48 hours' notice of the inspection to ensure the registered manager and staff were available to talk to us.

What we did:

The inspection site visit activity started on 08 March 2019 and ended on 20 March 2019. We visited the office

location on 08 March 2019 to see the registered manager and to review care records and policies and procedures. Following this visit we contacted people, relatives and staff on 12 March 2019. We also requested more information from the registered manager about how the service was operating. They sent us the information on 20 March 2019.

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority about their most recent inspection. We also reviewed the provider information return (PIR) submitted to us on 11 January 2019. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with two staff members, the deputy manager and the registered manager. We spoke with one person using the service and a relative. We also asked for feedback from commissioners about the service. We looked at two care plans and reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe. One person said, "Staff are with me. I am safe." A relative told us, "All staff work very well with [person] and they feel safe and confident with them all."
- People were given an easy read version of understanding what safeguarding meant together with a service user guide when they started using the service. People had weekly meetings with their key worker where they discussed any safeguarding concerns. The meetings were focused on what was working well, what was not working well.
- Staff were aware of the safeguarding processes and the need for them to be vigilant and report any concerns they had internally or externally to the local authority.

Assessing risk, safety monitoring and management

- People had fulfilling lives because staff knew how to manage risks effectively. Risk assessments in place for the activities people were doing were enabling and looked for ways to lower the risks whilst not restricting people's rights.
- People went swimming and accessed the community safely when this had not been possible in other services they used because of the high risks these activities presented to people and others.
- People were encouraged to take up activities which involved positive risk taking when going sailing, swimming, trampolining, roller-coaster, train journey, cooking and going on holidays.
- People's risk assessments were reviewed every time it was needed or in their yearly reviews.

Staffing and recruitment

- There was a robust recruitment procedure in which people who used the service were encouraged to contribute, giving people a say in the staff who supported them.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.
- Each person supported had a small team of staff to support them. Staff covered for each other's absences - which meant that people were always supported by staff who knew them well.

Using medicines safely

- Staff were trained to administer people's medicines. Staff had their competencies checked and observed by the registered manager how they administered people's medicines. The registered manager checked medicines monthly and where issues were found actions were taken immediately.

Preventing and controlling infection

- Staff were knowledgeable about how to reduce the risk of infections spreading. For example, they

encouraged people to wash their hands and keep people`s house clean. Staff told us they had personal protective clothing to use when they provided personal care.

Learning lessons when things go wrong

- When things went wrong the registered manager discussed this openly in staff meetings to ensure lessons were learned and the service improved.

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

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. 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Care plans showed if people had the mental capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions.
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest.
- The Registering the Right support national best practice guidance for supporting people with a learning disability and autism was fully adhered to by the provider and staff. People were included in decisions about their care, their opinion mattered and they were supported to live life being active part of their community.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed that they received appropriate training and support to carry out their roles effectively.
- New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised 'Care Certificate'. They worked alongside other experienced colleagues until they were competent in their duties.
- Staff had regular supervisions and appraisals where they could discuss development opportunities.

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

- People were supported to understand what healthy eating meant so that they could take informed decisions about what they wanted to eat. For example, staff prepared a social story for a person. They discussed and taught the person to measure quantities of food instead of just pouring them out. The person lost the weight they wanted and were eating much healthier.
- People were referred to dieticians when needed and healthy eating plans were in place for people to understand and adapt portion sizes.
- People's ability to prepare food varied and staff adapted their support to people's abilities.
- Staff worked with people to develop life skills from making cup of tea to prepare their own meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were using their knowledge gained from specialist training to implement national best practice guidelines when supporting people with autism and learning disability.
- Staff understood the need to respect people`s routine and deliver the care as people expected so they progressed in achieving their goals without feeling anxious.

Adapting service, design, decoration to meet people's needs

- Staff supported people throughout the transition period when they moved from other services or their family home to live independently. This meant looking for an appropriate flat, working with people to understand how to pay their bills and how to become more independent by acquiring daily living skills.

Supporting people to live healthier lives, access healthcare services and support

- People had annual health, dental and optical check-ups.
- Social stories were developed to ensure people were not getting anxious when they had health care appointments. Staff visited the health services with people before they had appointments so that people got familiar and recognised the environment. Staff explained what was planned by using pictures and the equipment used by doctors and nurses so people had no surprises when they attended hospitals.

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

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 were kind and caring. One person said, "I like them all. They are kind. I chose them."
- People were supported and helped to develop and maintain relationships important to them and their family. This increased their sense of belonging and made their family happy. For example, a person could not see their family members for a long period of time because they had behaviours that challenged towards them. Staff worked with them to help control their behaviour by communicating their needs better and they were able to see their family members again.
- Staff knew people well and were able to tell us about people's needs, likes and dislikes. They spoke about people with passion and enthusiasm and told us how proud they were for being part of people's lives.

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

- Relatives told us staff helped people become independent and in control of their lives. One relative said, "Staff are patient and promote independence."
- Each person had a communication profile in their care plan describing the way they communicated. Staff used a variety of methods people preferred to ensure they could effectively communicate and get people involved in their care. For example, they used pictures, internet, gestures, now and next board, real objects, social stories, key words and sign language to communicate with people.
- Relatives told us that the registered manager and staff were committed to a strong person-centred culture which put people in the centre of the care provided. People were independent, and their individuality was respected by staff.
- People had regular reviews and they were actively participating in these. People's relatives where, appropriate, took part together with their social worker. One relative said, "Meetings are held on a regular basis with us and [person], [staff] are very open and constructive."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke about people with respect and told us they valued them as individuals. One staff member said, "I respect [person] so much. I learnt to be organised from them. Their mind is organised, their bag is organised and everything in the house needs to be as well."
- Staff told us they promoted people's privacy and dignity.
- People had positive behaviour support plans in place to offer guidance for staff in how to recognize if people were distressed and anxious and how to offer sensitive and respectful support and care.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support from staff and managers who were passionate in providing people with the best possible care. For example, the registered manager worked together with staff to support a person whose behaviour was challenging others. Their behaviour led to them being banned from attending social activities in the community. They were on a high dose of antipsychotic medication and their social worker and relatives were very worried that they needed a secure unit because of their aggressive behaviour. The registered manager worked closely with the provider's positive behaviour coordinator to work out some strategies to reduce incidents and give the person better opportunities to enjoy life. They analysed the behaviour patterns, had workshops and one to one meeting with the staff team and introduced new strategies and communication for the person. With dedication and well-coordinated support, the person's behaviour changed, and they were discharged from the multi-disciplinary team including psychiatrist and social worker. Their medicines were reduced step by step and stopped eventually. Only one incident was reported of challenging behaviour in the last six months.

- Care plans were personalised to reflect people's likes, dislikes, preferences and personalities.
- Staff knew people very well and they told us how much they liked supporting them.
- People were encouraged to pursue interest and hobbies and to take on some form of voluntary work in a local garden centre.
- People were supported to attend social events and activities they liked. For example, a person was singing every week in a local choir and they were going to record their songs in London in June.
- People were supported to go on holidays abroad or any other destination, day trips theatre, cinemas or themed parks.
- Staff were organising activities with another organisation who supported people with similar needs. They supported people to attend coffee mornings, church and use the local library. This gave people opportunities to meet other people and form relationships.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain. One person said, "I can call the manager or on-call. They sort out my problem." A relative said, "Management listen if we have any concerns and take appropriate action if necessary."
- Complaints were responded in line with the provider's complaints policy. Where needed investigation into the complaints received were carried out by the provider's human resource manager or a manager from another service owned by the provider. This ensured transparency and fairness when responding to complaints.
- The service demonstrated where improvements have been made as a result of learning from complaints. For example, reviews of people's care were improved and gave people, relatives and staff opportunity to feedback what was working well and what needed improvement.

End of life care and support

- The service had not provided end of life care at the time of the inspection. They were plans in place to discuss this with people and relatives involved in their care when there was a need for it.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and the deputy manager constantly strived to improve the service and provide people with enabling care and support to live fulfilling lives.
- The registered manager and staff were advocates for people refusing to give up on personalised care and support even when other health and social care professionals were not confident that people could live independently. Their joined efforts benefitted people and helped them live the lives they wanted. For example, a person's life completely transformed due to the effective and personalised support they received from staff. They could continue to live in their own flat when previously health and social care professionals were debating to move the person to a more secure environment.
- The provider's systems and processes were caring and placed people in the centre of the service. For example, people were involved in selecting the staff team who supported them. One staff member said, "[Person's name] is the reason why I was employed. They asked me if I liked music and asked me to sing. We are still singing together."
- People and relatives told us they were actively involved in running the service. People had their care regularly reviewed and this process was inclusive and listened to the person, relatives and staff. Action plans were developed, and actions were evaluated to ensure they reflected what people wanted.
- The registered manager was passionate and proud about supporting people with a learning disability and autism. Their ethos and values were incorporated in every aspect of the service. They told us, "We learn from real experience. We've spent over 50 years working together with people on the autism spectrum. No one has more practical knowledge of autism. But we move with the times and we understand that there's always more to learn. We tell it like it is. We share what we have learned about autism, so that more people can make informed decisions and lead the best lives possible. We inspire. We celebrate progress, open up new possibilities, spur people into action and motivate change. We are courageous. We won't accept ignorance or inequality, and we'll never stop pushing for more understanding, greater support and a better world for people on the autism spectrum."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were quarterly staff forums where staff could raise any concerns and suggestions they had. Staff were given opportunity to being heard and improve their work practices.
- The registered manager and the deputy manager attended many leadership training sessions over the last couple of years. They were both qualified in coaching and training staff. Staff told us they always found support in the management team who helped them understand how to deliver care to people in line with

best practice and legislation.

- Staff were trained and understood how to support people using The National Autistic Society's framework SPELL for understanding and responding to the needs of people on the autism spectrum.
- Staff told us they were encouraged and enrolled on training relevant to their roles where they achieved nationally recognised diplomas. One staff member told us, "The opportunities to learn are endless. I feel valued and supported. I never had this level of support anywhere else I worked."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was working to introduce a bespoke safeguarding training for people using the service and enrol them on a `Think Safe` course co-ordinated by the local authorities learning disability team.
- Staff celebrated people`s achievements and awarded certificates to them so they felt valued and increased their self-esteem. For example, a person received a certificate when they achieved their goal weight. Another person received a certificate when they managed to sit through a medical intervention and after their holiday.
- Regular feedback was sought from people, relatives, staff and other stakeholders about the quality of the service provided. These were analysed, and improvements were implemented for example, the review of people`s care changed.

Continuous learning and improving care

- There was a continuous learning culture at the service. Action plans were in place to address and improve any areas identified as needing further developing. For example, the registered manager identified the need to record wellbeing checks for staff in every supervision session, and also to observe staff`s care practices part of the supervisions.
- The service achieved an aspiration award from Autism Accreditation in June 2018 for their continuous effort to improve the quality of the service. They were working towards excellence for their future assessment planned for 2021.

Working in partnership with others

- The service worked partnership with Herts Care Providers association (HCPA) and Hertfordshire County Council. The registered manager attended forums organised by HCPA where they had updates about new legislations and information about recognised good practise across the county.
- They also joined forces with other organisations supporting people with similar needs to create more opportunities for people to socialise. They organised various support groups for people from the community to attend and delivered workshops for professionals to improve the services people with a learning disability and autism received.