Autism Wessex

Autism Wessex-Community Support Service West

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 9,12 and 15 December 2016 and was announced. Autism Wessex Community Support West is registered to provide personal care to people living in their own homes. At the time of our inspection, the service was providing support to 24 adults and 13 children. The service was run from an office In Dorchester and provided a combination of live in support and shorter visits with people in their own homes.

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

Peoples risks were not consistently recorded. Support was effective when staff knew the person well, but had the potential to not be safe if staff did not know the person. This was because records did not clearly identify the risks people faced or how to manage these.

Medicines were administered as prescribed but there was an error in how one medicine was managed which required additional checks by staff. This was addressed promptly by the deputy managers who identified an immediate plan for the additional checks to be made as outlined in the service's medicines policy.

People's capacity was not consistently assessed in line with the Mental Capacity Act(MCA). Where people needed decisions to be made in their best interests, these had been assessed and clearly recorded. However capacity assessments were not completed appropriately which meant that the service was not consistently recording consent from people in line with MCA.

Quality assurance was not consistently effective because measures in place did not identify the issues we found with regard to risk management, recording in medicines and recording peoples capacity.

Staff were recruited safely and received training which was appropriate to the needs of the people they were supporting. They spoke positively about their induction into the role and people and relatives felt that staff had the correct knowledge and skills to support them. Staff received regular supervision form their line manager and felt supported and valued in their role.

People were supported by staff who understood their role in protecting adults and children from abuse and were able to tell us about the signs of abuse. Staff received separate training in protecting adults and children and were confident to report any concerns or to whistle blow if this was required.

People were supported to make choices about all aspects of their daily life. This included what they wanted to eat and drink, what activities they were involved in and how they wanted to be supported. Staff understood peoples individual likes and dislikes and how they preferred to receive their support and knew

how to communicate with people in a way they chose.

People had prompt access to healthcare services when required and the service worked in a multi-disciplinary way with a range of other professionals and loved ones involved in people's support to ensure that discussions and improvements were identified and made to people's care when required.

Staff were kind and caring and we observed that people were relaxed and had a clear rapport with staff. Staff were familiar to people and supported people in a way which was respectful. Relatives and people were involved in planning and agreeing what support people received and felt that staff knew people well.

People were supported to access a range of activities and work opportunities and we saw that children and adults spent time in ways they had chosen and that staff were flexible and responsive to changing needs.

People's support was reviewed regularly and staff met as a team to discuss any concerns or changes a person needed to the support they received. People and relatives were aware of how to complain if they needed to.

Staff felt supported by the office team who worked effectively together to be accessible and approachable for people. Relatives and staff told us that the office were easy to contact and helpful. The management team met regularly and had support from more senior colleagues who were also involved in regular audits 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?

Requires Improvement

The service was not consistently safe.

People did not all have risk assessments which identified what risks they faced and how staff needed to support people to manage risk.

Medicines were administered as prescribed but one medicine which required additional checks did not have these in place.

There were sufficient numbers of staff to provide regular support for people.

People were supported by staff who understood their responsibilities in protecting people from harm.

Is the service effective?

Requires Improvement

The service was not consistently effective

People's capacity was not consistently assessed in line with the Mental Capacity Act(MCA).

People received care from staff who had the necessary skills and knowledge to support them.

People were supported to choose what they wanted to eat and drink and their likes and dislikes were taken into account.

People had prompt access to healthcare services.

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

People were supported to make choices about how they were supported and staff knew how to communicate with people

People were treated with dignity and respect by all staff and their

privacy was protected.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was generally responsive.

People had care plans which were person centred but which were not fully completed for some of the people we saw.

People and staff were encouraged to feedback about the service and the information was used to drive improvements.

People were supported to access a range of activities and opportunities which reflected their individual preferences.

People were aware about how to complain and the service had a complaints policy which was available in formats which were accessible for people.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance measures were not consistently effective.

Staff were supported by a management team who were available and accessible.

People were supported by staff who had regular meetings to discuss any issues or changes and were encourage to suggest changes and developments which would improve the service for people.

Autism Wessex-Community Support Service West

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.

The inspection took place on 9,12 and 15 December and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by a single inspector and after the inspection visit we completed phone calls with relatives and professionals who were involved with the service to gather their views.

Before the inspection we reviewed information we held about the service. The provider had completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make. We used this information during the inspection. In addition we looked at notifications which the service had sent us. We also spoke with the local authority quality improvement team to obtain their views about the service.

During the inspection we observed staff interactions with, and spoke with five people who used the service. We also spoke with three relatives, nine staff, the registered manager and a professional who had knowledge about the service. We observed care practices throughout the inspection.

We looked at the care records of eight people and reviewed records relating to how the service was run. We also looked at three staff files including recruitment and training records. Other records we looked at included Medicine Administration Records (MAR), accident and incident information and surveys.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe. People had support plans which identified risks they faced and provided guidance for staff about their role in managing these risks. The risk assessments for some people were comprehensive and included possible triggers which might cause people to become upset and what actions were needed to support the person to manage this. They clearly outlined the role for staff in supporting the person if they became upset. However we found that for some people, support plans were in place which had been completed on behalf of people by their parent or loved one. In these cases, risks had been identified but there were no risk assessments in place to consider possible triggers or actions required by staff to support the person and manage the risks. For example, one person received support from staff while they attended a club during the day. Their support plan identified that they had risks around their epilepsy, the foods they ate and also around falls. There were no risk assessments in the person's records to identify how staff should manage these risks. We spoke with staff at the club the person attended who told us that there were no records about the person kept at the club apart from a communication book. They spoke highly about the main staff member who provided support and knew the person well. However they advised that when alternative staff had been sent to provide support, they had not been aware of the risks the person faced or their role in managing these. On one occasion the staff member who was sent to support the person had not received training in epilepsy and this had meant that the club had needed to provide a member of their own staff to support the person to make sure that the risks were managed.

For a child the service supported, we saw that they were at risk when staff were supporting them in the community and the deputy manager confirmed that there were risks in supporting the child which included the child running off and a lack of awareness of dangers. We saw that the childs record had several incident reports each month and that in some cases, staff had needed to use soft holding techniques to protect the child from possible harm. There were no risk assessments in place to indicate what actions staff should take if the child was to run off or be in danger. The child had a regular support worker and their relative spoke highly about their knowledge and understanding of their child's needs and felt that they were safely supported. This demonstrated that staff who regularly worked with people were aware of, and supported peoples identified risks. However, risks were not consistently well managed because records were not correct or complete and therefore did not support staff who were not familiar with the person.

We found that one person was prescribed a medicine which needed additional checks by staff to ensure that it was administered correctly. The medicines policy for the service outlined that two staff were to sign the medicines administration records (MAR) for medicines which required additional checks. We looked at the MAR for the person from October 2016 and saw that where the medicine was administered once each day, it was only signed by one staff member on each occasion. This meant that the medicine was not being administered safely because it was not in line with the service policy. The deputy managers responded immediately to the issue we raised and told us that they would arrange for one of the deputy managers to provide the second signature for the medicine.

Other medicines were administered as prescribed, but we found gaps in recording for two peoples MAR. We spoke to the key worker for both people who told us that they checked the accuracy of the MAR at least

fortnightly. If they found any errors, they raised these directly with the staff member and also advised their line manager who then followed up with them in supervision. The key worker was able to tell us about some members of staff who they had identified issues with the recording on the MAR. When we spoke to the deputy manager, they identified the same members of staff to us and told us that the gaps in recording had been followed up in supervision. The regular checks meant that the service had processes in place to ensure that people received their medicines safely

Staff had received training in how to protect adults and children from abuse and were able to explain how they would recognise the possible signs of abuse and report this. One staff member told us about some of the more subtle behavioural changes they would be aware of for people who were not able to verbally communicate and told us that they would report their concerns to their line manager. Staff were also aware of how to whistleblow and told us that they would report this if needed. The service had policies in place for safeguarding adults, safeguarding children and whistleblowing and they included contact details for the local authorities in the surrounding area and CQC. We saw that the service had raised safeguarding alerts promptly and appropriately to outside agencies where this was necessary and that records included timelines of what actions had been taken and copies of the notifications sent to CQC. Support workers received appropriate level training in protecting children and adults and management had received training at a more senior level to enable them to support staff and respond appropriately to alerts and concerns.

Recruitment records we looked at showed that appropriate pre-employment reference and identity checks had been completed prior to new staff starting. We also saw evidence that checks with the Disclosure and Barring Service (DBS) had been completed. Other information including identity checks and previous references were also kept on file. The deputy manager advised that people had been invited to be part of the interviews for new staff but that no-one had wanted to undertake this. However they encouraged people to decide their own staff team and some had fedback about whether they wanted to accept new staff and this had been listened to by the service. The deputy manager explained that they had sufficient staff currently but that they were trying to recruit continually as additional staffing would give the service more flexibility and cover for any shortages or sickness.

Accidents and incidents were clearly recorded at the service and actions followed up. People's records included clear reports about any incidents and body maps were completed where there had been any injuries. The deputy manager explained that incident forms were collated monthly and analysed by Autism Wessex head office. They also explained that they had used the incident forms for one person to identify regular times in the person's day when they became upset. They found that these times were when staff changed shift and completed their handover. They changed handovers so that they happened away from the person and found that this reduced the number of times the person became upset.

People had personal emergency evacuation plans(PEEP) in place which detailed how to support them in their own home. They included details about support a person would need and where fire assembly points were if they lived in a shared building. Information was separated into the support a person might need during the day and also at night which meant that staff had clear instructions about how to support a person in an emergency.

Requires Improvement

Is the service effective?

Our findings

The service was not consistently effective.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some adults who received a service lacked the capacity to make decisions about areas of their support. MCA requires that people have a decision specific assessment of their capacity and we saw that these were not in place at the service. People had capacity statements but these did not explain what decision was being made or evidence why the person was assessed as not having the capacity to make the decision. In some cases, people then had best interests assessments which were clearly evidenced in line with legislation. For example, one person had a best interests assessment which showed that family and other professionals had been involved and outlined the decisions which were being considered. However there was no MCA in place to identify that the person lacked capacity to make the decision themselves. For another person, we saw that there was a capacity statement but no assessment in line with MCA. The deputy manager advised that they had requested capacity assessments for the person from other professionals involved, but these had not been completed. We explained that the service was required to complete an assessment of a person's capacity and this had not been completed. We saw that the service had access to a capacity assessment tool which was in line with MCA, but this had not been used with people. This meant that the service was not consistently recording consent from people because they were not assessing capacity in accordance with MCA.

Where children were receiving support, we saw that records included consent forms signed by someone with parental responsibility and parents we spoke with confirmed that they had been asked to give consent for their child to receive support.

The service had identified people who were having their liberty restricted in their own homes and had highlighted these people to the relevant funding authority. This was important because the funding authority had the legal responsibility to consider whether a DoLS application was required through the Court of Protection.

Staff received an induction into their role and the service supported them to complete the Care Certificate.

This is a set of standards that social care and health workers stick to in their daily working life. They are the new minimum standards that should be covered as part of induction training of new care workers. Staff told us that their induction had been positive and they had completed shadow visits with more experienced members of staff. When staff were introduced into the support for a person, the deputy manager explained that they completed several shifts with them alongside a more experienced staff member before supporting the person independently. A member of staff described their induction as "brilliant, absolutely fantastic. Reassuring and helped build confidence".

Staff received appropriate training to enable them to carry out their role. The service offered a range of topics which they considered to be essential for staff to complete. These included positive behaviour support, autism, first aid and de-escalation and positive handling training to learn how to support people if they became upset. Staff spoke highly about the training they had undertaken and told us that they were able to use the skills they had learned in their support for people. One staff member explained that they were encouraged to suggest training if they felt it would be of benefit to support people and had been supported to attend training in sign language when they had suggested this. The deputy manager explained that staff were advised when refresher training was due and this was followed up with people in supervision. They also explained that they had encouraged several staff members to further develop and undertake training within a national framework and had recently supported a member of staff to undertake further training to support them with a more senior role.

Staff received regular supervisions and an annual appraisal. Each staff member had a line manager who was one of the two deputy managers in the office. Supervisions included updates about the people staff supported and discussions about areas of practice. For example, a staff member told us that they had been discussing their understanding of the Mental Capacity Act in their supervision. The deputy manager explained that the service used a competency framework with staff to discuss areas of practice. Staff told us that supervision enabled them to discuss any concerns they had and also discuss their own learning and development.

Communication with people was good and we observed that staff knew what people wanted, how they communicated and how to offer choices so that people understood these. For example, we saw that one person had limited verbal communication, a staff member was able to tell us how they understood the sounds the person used to communicate. For another person we saw that they had picture cards which helped them to communicate what they wanted. For another person, we saw that they used their electronic device to communicate with staff and we spoke with staff who explained that they had received training to enable them to use sign language to communicate with people. We saw that one person had visual pictures of staff because it was important to them to know which staff were coming next to support them. We spoke with a member of staff who had just returned from supporting two people in the community, they had chosen where they wanted to go for lunch and the staff member had supported them to get the food they wanted.

People chose what they wanted to eat and were supported to maintain a balanced diet. We saw that people had input into what foods they ate and observed that one person had been supported to bake a cake of their choice with support from staff. The same staff member also explained how they planned what food people wanted each week and supported them to make choices about what they had and supported them to go shopping to choose their foods. For another person, staff told us that they visually showed the person choices about what to eat and they signalled which option they wanted.

People had prompt access to healthcare when they needed it. Staff told us that they would contact the GP or District Nurse if they needed to and records clearly documented that people had input from a range of

healthcare professionals. These included Psychiatrists, social workers and Consultants. People at the service who required 24 hour support had care passports which were kept with them and would go with them to any other care setting, including hospital. These gave clear details about what other health professionals needed to know about the person and included their likes and dislikes as well as clear details about routines and behaviours.

Good

Is the service caring?

Our findings

The service was caring. Staff knew the adults and children they were supporting well and were able to tell us about their likes and dislikes. For example, a member of staff told us how one adult liked to spend their time and interests that they had. Another staff member was able to competently explain about activities which may upset a person they supported and how they ensured that they maintained the routines which were essential to the person. We observed a member of staff with a person and saw that the person was relaxed and comfortable in their company. The person used body language and other visual cues to communicate that they were looking forward to an activity a staff member was supporting them to access in the evening. A person showed us that they were comfortable with staff by putting their thumb up when we asked about them.

Staff supported people in a kind and caring way. We observed a good rapport between people and staff and a relative told us they felt staff were kind because "they get on very well, (the staff member is) very calm and speaks to my loved one like an adult". Another relative explained that the staff member who supported their child knew what comforted them and how to make them feel better if they became upset. A staff member told us about a child they were supporting and spoke in a caring way about a situation the child was finding difficult and how they were trying to find solutions to help them. Another staff member spoke with warmth and affection us about a person who had been struggling with lots of changes and how they were working to support the person to understand and manage the differences in their life.

People were involved in all areas of their day to day support. We saw that one person had recently moved and had been supported to decorate their home before Christmas as this was very important to them. The person was comfortable with staff supporting them and invited us to look around their home and all the decorations they had chosen. One person chose to attend a day centre and staff from the day centre told us that staff communicated with the centre using a book to record how the person was and any concerns they had. Another person was being supported by staff to develop independent skills around using some equipment in the kitchen. Another person had a cleaning rota for their home which supported and encouraged them to maintain.

People and relatives were involved in agreeing what support was required when the service first started. We saw that views were sought from loved ones who were important to the person and involved professionals. A relative told us that someone had spent time with them to understand their child and what they liked to do. They had also asked about things that could upset their child and what brought them comfort or soothed them if they needed this.

People's privacy and dignity was respected at the service. People's preferences for support workers was recorded and respected. People's records gave clear direction about how to support people in a way which was respectful and protected their dignity. A member of staff explained how they supported a person with intimate care in a way which was respectful.

Good

Is the service responsive?

Our findings

The service was responsive. People's care plans were person centred and included details about their likes, dislikes and preferences for how they wished to be supported. We saw that records were less comprehensive where people had support plans which had been completed by family members. For example, one record for a person had some blank sections which had not been completed which included information about weekly activities, health and any sensory needs. Both the person receiving support and their relative spoke highly about the support received, but the gaps meant that staff would not be able to gather all relevant information about a person from their care record. Other records were more detailed and included information about what was important to relatives and loved ones involved in people's care as well as guidance about what things could cause people to become upset and what could offer them comfort. Where it was important to a person to have a routine, this was detailed so that staff were able to support in the routine the person was used to.

People were encouraged to be active and had varied activities and interests. We saw that adults and children were supported in areas in which they had an interest. For example, one child enjoyed being supported to access soft play activities and swimming. One adult was supported to go horse riding and several people were supported to access work opportunities or attend college and were studying different subjects. Other activities people enjoyed included craft clubs, walking groups and swimming.

Feedback was sought regularly. We saw evidence in people's records that the deputy managers maintained regular contact with people and their relatives. They also attended meetings arranged by other professionals to ensure that people had a multi-disciplinary approach and they were able to discuss and listen to feedback to help develop the service people received. Questionnaires were sent to people and staff annually to gather feedback. The registered manager explained that these had been available in formats which were accessible for people and also that they had introduced an online survey for staff to encourage them to be able to feed back anonymously. We saw that responses had been collated and used to identify areas of achievement and also areas for improvements. Examples included improvements to the on call system for staff and producing documents in other formats so that they were accessible for people. Staff confirmed that the on call system was working effectively and we saw evidence that documentation in different formats was available for people.

People and relatives knew how to complain. There was a clear process for recording and acting on complaints. We saw that the complaints policy was available in formats which were accessible for people and included direct contact details for the registered manager and pictorial images to guide people about who they could contact both at Autism Wessex head office and externally at CQC. The service had not received any complaints in the 12 months prior to the inspection but we saw that there was clear documentation in place to record any complaints, investigations and responses.

Requires Improvement

Is the service well-led?

Our findings

The service was generally well led. The registered manager explained that they were due to leave their post at the service in the next few weeks. They explained the plan for a replacement manager and we saw that a handover period was in place for the new manager to take over the role. The plan was for the new manager to then make an application for registration through CQC.

Quality assurance measures were regular but were not consistently effective. The deputy managers carried out visits monthly to several staff and observed their practice, they said that they had observed each staff member at least once over the year and used the observations in supervision as a basis for discussions about practice and development. Audits looked at incidents and medicines for people and compliance checks were carried out regularly by the service. We saw that the quality assurance measures had not highlighted the issues we found with regarding to risk assessments or comprehensive assessment of people's capacity. This told us that the measures in place were not working effectively.

The service was managed daily by the office team who consisted of two deputy managers and a co-ordinator. The registered manager split their time between the Dorchester office and another branch office in Bournemouth. We observed that the Dorchester office team worked effectively together, communicated well and had excellent knowledge about the people they supported and the staff team. Phones were answered promptly and conversations demonstrated good rapport with people, relatives, staff and other professionals. Staff told us that they felt supported and valued in their role and that the office were friendly and helpful when they contacted them. A staff member explained that they had contact details for their line manager and were able to contact them at any time which helped them to feel supported in their role. Relatives told us that the office were helpful and knew the office staff by name, they said they had regular contact and felt that the service was well managed.

Meetings were arranged with people and those involved in their care on a regular basis and also when it was highlighted by staff that changes were required. A staff member told us that the regular meetings for one person were very positive, that they had a good team of staff working with them and they were encouraged to discuss and suggest ideas and improvements to the person's plan of support. Another staff member told us about a meeting which had been arranged for one person to discuss recent changes to the person's life, how this could impact on them and discussions about how to most effectively support them with the changes. . This meant that staff who knew the person well, were able to discuss practice and ideas about how to improve support for people. People who had complex support needs had a keyworker in place who was responsible for the oversight of their support and who submitted a report to the office each month which provided and overview of what had happened for the person during the month, information about their wellbeing and social interaction and any changes to their care plan. We saw a monthly report for one person which had identified some issues that had upset the person and what had been put into place as a result. This was then changed in their care plan and the changes reflected in their monthly report. This demonstrated good leadership because there were systems in place to monitor and assess service delivery.

The registered manager told us that they met quarterly with other managers to discuss updates in

legislation, policies and procedures and received regular supervision and support from their line manager. They also attended local provider forums which provided a forum for best practice discussions. The Dorchester office had monthly management meetings which were attended by the registered manager, deputy managers and co-ordinator and gave an opportunity to discuss and update about people and discuss plans and progress. It also provided the deputy managers with the opportunity to discuss the hard work of staff with the registered manager and they then emailed staff directly to let them know their work was appreciated. The registered manager also had a role as a peer provider in the Dorset area. This meant that they liaised with local authority and other local providers, discussed issues and concerns and fed this back to the local authority. They gave us an example about some training they had arranged to provide for another provider which meant that both providers would have access to suitably trained agency staff if required.

The service had arranged for two staff champion roles for the Dorchester office. The registered manager explained that their purpose was to act as a support for other staff and to give staff another contact point if they did not feel able to raise and concerns or issues to the deputy or registered managers. They said that they wanted staff to have another opportunity to be listened to and that the staff champions had regular staff forum meetings which were chaired by the director of social care. They were recorded and any issues or discussions were then fedback. The registered manager said that they were aware that as staff worked in the community, it could be harder to ensure they had support and someone to talk to if they had experienced a difficult shift or had questions about areas of practice. They told us that the deputy managers were very good at supporting staff and this was the view of all the staff we spoke with during the inspection.