

# National Autistic Society (The) NAS Community Services (Somerset)

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

NAS Community Services (Somerset) provides personal care and support to four people living in two 'supported living' settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

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

People's relatives told us they thought their family members were safe. There were systems in place to protect people from potential abuse. Staff felt confident to raise any concerns with the registered manager. Staff supported people to manage their medicines safety.

There were enough staff available to support people's needs and staff were recruited safely. Risks to people were identified and guidance was in place for staff to reduce the identified risks. People had detailed plans in place for staff to follow if they became anxious, the service demonstrated there had been a decrease of incidents of this nature. Incidents were analysed, and lessons were learnt to prevent further incidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where restrictions were in place to protect people's safety and wellbeing, appropriate action had been taken to demonstrate the restrictions were in the person's best interest.

Staff received regular one to one supervision and told us they felt supported. Staff received a range of training to meet the needs of the people they supported.

People were supported to attend health appointments and encouraged to lead healthy lives.

People were supported by caring staff who worked towards promoting their independence. People's relatives told us the staff team were "Amazing" and "Enthusiastic."

Staff were aware of people's routines and preferences, and they used this information to develop positive relationships and deliver person centred care. Relatives told us core staff knew their family members well.

Relatives felt able to raise concerns with the registered manager or staff and were confident they would be responded to.

People's relatives, staff and visiting professionals spoke highly of the registered manager and management team. There were effective systems in place to monitor the service and drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published June 2018). At our last inspection we found three breaches of regulations. Following the last inspection, we imposed conditions on the providers registration that required them to send us a monthly report and action plan. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for NAS Community Services (Somerset) on our website at [www.cqc.org.uk](http://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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# NAS Community Services (Somerset)

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 12 June and ended on 18 June 2019. We visited the office location on 12 and 13 June 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We met with the four people who used the service and made observations of their interactions with staff. We spoke with eight members of staff including the registered manager, senior care workers, care workers and the administration staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

Following the inspection, we spoke with four people's relatives about their experience of the care provided. We requested feedback from five professionals who visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly record the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Risks to people had been assessed and recorded. People had detailed individual risk assessments. We reviewed examples of risk management in relation to health conditions, activities and the environment. There was clear guidance for staff on managing these risks.
- Some people being supported could become anxious, leading to incidents where they harmed themselves or others. There were detailed plans in place about how staff should support people at these times. Staff gave examples of how they followed people's care plans.
- Emergency plans were in place to ensure people were supported in the event of an emergency or a hospital admission.

### Staffing and recruitment

At our last inspection the provider had failed to ensure thorough recruitment practices were always followed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- Staff were safely recruited, and appropriate checks were carried out including those with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups of people would be identified. Full employment histories were recorded.
- There were enough staff to provide people with safe care and support and meet their needs. Relatives said there were a good core team of staff supporting their family members. The manager had requested regular agency staff to aid with staff consistency. Staff said staffing levels in the home had improved. One staff member told us, "Staffing is ok at the minute, we have struggled in the past, but we use regular agency who know the guys."
- We reviewed the staffing rotas and saw shifts were covered, agency staff were used where required.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "I would report anything to [registered manager] who reports to the local authority and the CQC (Care Quality Commission). Things are dealt with appropriately. We discuss safeguarding's following incidents, you feel like you can report things and know it's the right thing to."
- Safeguarding incidents had been reported to the local authority.
- Relatives told us they thought their family members were safe. One relative said, "I have no concerns." Another commented, "They highlight any risks and deal with them swiftly."

Using medicines safely

- People had medicines administration records (MARs) that detailed the medicines they were prescribed. One person's MARs had been altered by staff because a health professional had changed the prescribing instructions. The staff entries had not always been signed or countersigned by the staff. We discussed this with the registered manager who told us they had tried to get the person's MAR altered by the pharmacy to reflect the current instructions, however the pharmacy had not been able to complete this.
- We also noted one person's allergy was not documented on their MAR. The registered manager told us they would ensure this was recorded. The allergy was recorded in the person's hospital passport should they be admitted to hospital in an emergency.
- Staff recorded the temperature of the fridge to ensure it remained within the required range to store medicines safely. We noted the range had gone slightly over the required temperature on a few occasions. Staff confirmed a temporary medicine had only been stored in the fridge for one day. The registered manager took immediate action to address this.
- People were supported to be involved in their medicines management as much as they were able to. For example, one person was supported to collect their medicines from their local pharmacy.
- Medicines were stored and administered securely and safely in people's homes.

Preventing and controlling infection

- Staff had access to appropriate personal protective equipment (PPE) to prevent the likelihood of the spread of infection. Such as gloves and aprons .
- The registered manager was in the process of completing a risk assessment relating to infection control, they forwarded this to us following the inspection.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence. Accident and incident forms were completed and 'signed off' by the registered manager who had oversight of the service.
- Staff told us they discussed incidents and learnt from them. One staff member said, "We have regular meetings and we discuss issues and safety, we look at things that don't go to plan, we talk about it, risk assess it and learn, it works well."
- The registered manager demonstrated there had been a reduction in the number of incidents where people became anxious.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure people's rights were fully protected because the correct procedures were not always followed where people lacked the capacity to make decisions for themselves. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

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 whether the service was working within the principles of the MCA.

- People had some restrictions placed on them to keep them safe and protect their wellbeing. Where restrictions were in place, capacity assessments and best interest decisions had been completed with involvement from people's families. Relatives confirmed they were involved in best interest decisions.
- Clear documentation provided guidance for staff about the restrictions that were in place and the reasons why, these were reviewed to ensure they were the least restrictive option.
- One care plan included information where relatives had signed consent forms relating to sharing information, which is not in line with the Act. We discussed this with the registered manager who confirmed they had removed the form and completed a capacity assessment and best interest decision regarding the sharing of information.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. The registered manager had been in regular contact with the local

authority regarding applications to the Court of Protection for the people using the service.

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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs. People's needs, and plans were regularly reviewed and where changes had occurred their care plans were updated.
- Staff followed guidance in relation to people's identified health needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles. The induction was linked to the Care Certificate. The Care Certificate standards are recognised nationally to help ensure staff have the skills and knowledge to provide compassionate, safe and high quality care and support.
- Staff were provided with training and support to ensure they could support people with the care they required. Additional training had been provided to meet people's specific needs including supporting people with health conditions and when they became anxious. Where there were gaps in staff training records, an action plan had been developed to address them.
- Staff told us they received one to one supervision with their line manager and an annual appraisal. This was an opportunity to receive feedback and discuss their role. Staff told us the frequency of these meetings had improved since the registered manager had been in post.
- Staff told us they felt well supported in their roles.

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

- People required support from staff with the planning and preparation of their meals. Staff involved people in this process as much as they were able to.
- Staff used people's communication tools to support them to make choices about what they ate.
- Relatives told us they were happy their family members received a balanced diet.

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

- People's healthcare needs were set out in their care plans, staff monitored people's healthcare needs and sought professional input where required. Staff supported people to attend healthcare appointments.
- Relatives told us staff were quick at identifying any concerns and seeking appropriate professional support. One relative said, "They recognise if [name] is unwell, they are very hot on that."
- Each person had a hospital and health passport which indicated their needs, so they could be communicated to other health care professionals.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were not able to tell us about their thoughts regarding the staff supporting them. We observed however people were relaxed in the company of staff. Staff had developed positive relationships with people. We observed positive interactions between people and staff.
- Relatives told us staff were kind and caring. Comments included, "The main staff are brilliant, they know [name] well" and, "Yes, they are kind and caring."
- Staff described how they treated people as individuals and respected their wishes. Staff were aware of people's diverse needs.
- Care plans covered people's individual needs such as their cultural and religious needs. People were supported to visit the local church if they wished to.

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

- Staff understood people's likes, dislikes, needs and preferences and people were involved in their care provision as far as possible.
- People were supported by staff to make day to day decisions about their care and support. Staff described how they offered people choices using pictures and objects. Staff described how people made some decisions in the 'here and now' and that they responded to these choices.
- People had a communication profile, which clearly described how each person communicated their needs. Staff used people's preferred communication methods to offer choices.
- Relatives told us they were actively involved in decisions relating to their family members support.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they respected people's privacy by knocking on their doors before entering their rooms. Staff also told us how they ensured doors and curtains were closed whilst they were supporting people with personal care and they recognised the importance of people having their own personal time.
- People were supported to maintain and develop their independence. Staff understood the importance of this. One staff member told us, "We are always promoting independence, it's really important, the more they can do and more choices they make, small things can be big for them."
- People were supported to maintain and develop relationships with those close to them. Staff described how they supported one person to use their computer tablet to video call their family member each week. One relative told us how staff had supported their family member to keep in touch with them whilst they

were on holiday and they said it was, "Lovely" to hear what they [the person] had been doing.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. Care plans were individualised, detailed and relevant to the person.
- People's participation in the planning of their care was often limited by their complex communication needs. People's relatives told us they were involved in the planning and reviewing of their family members care. Comments included, "I feel totally involved we are a close knit lot."
- People had person centred meetings and reviews where they were supported to identify and achieve their goals.

Meeting people's communication needs

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

- People's individual communication needs were assessed and recorded in line with the AIS.
- People's communication needs were identified and highlighted in care plans. These needs were shared with others, including professionals. Staff knew people well and responded to their individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged in activities of their choosing. Each person had their own activities schedule. People took part in activities such as personal shopping, hydrotherapy, swimming, walks, local clubs, meeting friends and visiting places of interest. Care plans gave information on people's preferences in relation to their social interests. Staff had a good knowledge of these. We observed staff engaging people in their preferred activities.
- Staff described how they supported people to try new activities and how this had been a positive experience.
- Relatives were happy with the activities and level of engagement people participated in. One relative said, "[Name] has their own routine, they meet up for coffee each week [in the local community]. It all makes them a part of their community."

#### Improving care quality in response to complaints or concerns

- People receiving a service were unable to raise a verbal complaint and relied on staff to support them with this. Staff described how they knew if people were not happy by how they expressed themselves. They gave an example how they had recently noticed one person was not happy and described how they responded and resolved the issue.
- Staff also told us how they were exploring way of supporting people to communicate their feelings and the plans they had to complete this.
- Relatives felt able to raise concerns and were confident they would be listened to. One relative said, "I have no concerns over the complaints process, there is good management in place." Another commented, "I would speak to staff or the manager if I had any concerns."
- The complaints file showed that one formal complaint had been made in the last year. This had been investigated and responded to.

#### End of life care and support

- Care plans included some information relating to end of life care. However, most people using the service did not have the mental capacity to understand this. The information was based on the knowledge staff had of people and included input from their relatives.
- At the time of the inspection no one was receiving end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we identified there were not effective processes in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

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

- The registered manager demonstrated they were committed to providing person centred care to the people being supported by the service. They demonstrated the improvements they had made since our last inspection and discussed their plans for future improvements.
- People's relatives, staff and visiting professionals all commented on how the service had improved since the registered manager had been in post. One relative told us, "[Name of registered manager] has made a big difference." Comments from staff included, "I don't know what we would do without [name of registered manager] now, they are a multitude of support for everyone and we massively appreciate that" and, "They are the best manager I have worked under in care, very good, keeps it professional whilst still being friendly, they are really good."
- Staff commented positively about working for the service and how they worked as a team. One relative commented, "Staff work very well together, I feel very confident I can ring them and chat with them, I feel involved."

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

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- The Care Quality Commission had been notified by the provider and registered manager of all incidents which had occurred in line with their legal responsibilities.

- There was a clear staffing structure in place and staff were aware of their roles and responsibilities.
- There were effective systems in place to monitor the standard of care provided at the home. A range of audits were carried out by the registered manager and the provider. The audits identified areas for improvement and the progress made against these.
- The registered manager visited the services regularly and completed observations of staff. These were recorded, and staff were given feedback where required. Staff confirmed the registered manager also worked alongside them.

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

- The service sent questionnaires to people, their relatives, staff and professionals to obtain feedback about the service. Staff told us they were working with the provider's speech and language therapist to look at ways they could improve how they received feedback from people.
- Relatives told us they felt involved and communication with the service was good.
- Staff confirmed they attended staff meetings. One staff member said, "You can 100% voice your opinions in meetings and they are listened to." Records demonstrated areas covered included, safeguarding, recording and staff survey feedback. The meetings were also used as an opportunity for the registered manager to thank the staff team for their work.

Continuous learning and improving care; Working in partnership with others

- The registered manager described how they promoted a culture of learning from incidents and complaints. They gave examples where they had cascaded and applied learning throughout the team. The provider had systems in place to cascade learning from external incidents, this was used as an opportunity to reflect on their current practice and take any action to prevent a potential incident.
- The service worked in partnership with other organisations to support care provision. For example, occupational therapists, speech and language therapists and psychiatrists, to meet and review people's needs.