

# National Autistic Society (The) National Autistic Society - Camden Road

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

National Autistic Society – Camden Road provides accommodation, care and support for up to 12 people with a learning disabilities and autistic people. At this inspection they were providing care for 6 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

Since our last inspection, the provider had made a number of improvements to the building and environment. The environment was mostly homely and non-institutional in appearance. However, the provider had identified further changes required to maximise people's choice control and independence. There were plans in place to replace the fluorescent lighting and replace damaged flooring. The white board in the communal lounge was being removed so this area had a clear purpose for use as a lounge area for people to spend time and relax in. The service was clean and mostly met people's sensory needs.

People's own rooms were decorated to suit and meet their individual needs and preferences.

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. The management team were in the process of re evaluating the use of space such as communal areas to ensure people had more choice and control around where they spent their time.

#### Right Care :

The service had appropriately skilled and competent staff to meet people's needs and keep them safe. People received care and support that was focused on their quality of life. The staff knew people well and had developed positive relationships. Staff knew and understood people's communication needs and this supported positive respectful relationships and interactions.

#### Right Culture:

The provider's quality assurance, governance systems and processes to monitor the quality and safety of the service had improved since our last inspection and areas where improvements were required had been identified with action plans in place. People's wishes and needs were at the centre of everything.

Staff were carefully matched to people's needs and preferences so that care and support promoted people's

growth, independence and quality of life. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have.

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

The last rating for this service was Requires Improvement (published 24 January 2023)

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for National Autistic Society – Camden Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always 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 well-led?

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# National Autistic Society - Camden Road

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

National Autistic Society-Camden Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. National Autistic Society- Camden Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new (experienced) manager was in post and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 staff members including the manager, deputy manager, team leader and support staff. We observed staff interactions with 3 people who could not verbally communicate with us. We observed their body language during their interactions with care staff to further help us understand their experience of the care they received. We also spoke with two people's relatives.

We reviewed a range of records. This included 2 people's care records and 6 medicines administration records. A variety of records relating to the management of the service, were reviewed. We used the Quality of Life Tool which is designed to support the corroboration of all sources of evidence gathered during inspection.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection this key question was rated requires improvement.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were still not always protected from risk. One of the external gates was unlocked, there were three missing window restrictors on the first floor and wild mushroom growing in the garden. The provider took immediate action and provided photographic evidence these risks were being managed. Window restrictors were fitted, mushrooms removed and the gate locked and a process for checking security was introduced.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans were up to date and contained basic explanations of the control measures for staff to follow to keep people safe.
- People were protected from the risk of infections and effective cleaning schedules and infection control best practice guidance was followed.
- Staff knew what to do if they suspected people had infections and how to reduce the spread of infections. A recent local authority infection prevention and control visit had identified improvements and compliance with best practice guidance.
- Systems and processes for the safe management of medicines had been improved.
- Records were accurate and up to date. Audits were carried out daily and weekly to ensure safe practices were followed and people had their prescribed medication in the right way and at the right time.
- People's medicines were reviewed to ensure they remained effective and that people were not 'over medicated'.

### Staffing and recruitment

At our last inspection the provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were not always deployed. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18(1).

- There were enough staff to meet people's needs. Staffing numbers were calculated taking into account people's dependency needs and allocated 1 to 1 hours required for additional support and activities.
- Since our last inspection, significant work had been undertaken to improve staff recruitment and retention. A number of staff who previously worked at the service through an agency, had been recruited as permanent staff members. This improved consistency for people and ensured staff had all the training and skills required to support people in a safe way.
- There were only two support worker vacancies to fill and the use of agency staff was kept to a minimum with every effort made to ensure more experienced permanent staff worked alongside agency staff.
- Staff understood people's individual needs and preferences, they knew how to communicate with people and had enough time to support people with activities and to encourage independence and new experiences. We observed staff spending time with people and staff could explain people's individual needs and how to meet them.
- Staff were recruited in a safe way. The manager described recruitment procedures they followed. These included carrying out checks to ensure staff had the right skills and character to work at the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The manager told us about a current safeguarding investigation following staff identifying potential abuse. Staff took the correct action and referred to the local authority safeguarding team. Staff worked with the local authority to keep people safe and to find better solutions to reduce the risk of abuse and improve quality of life.
- Staff knew how to identify the signs of abuse and what action to take. A staff member explained how changes in behaviour and mood were key indicators people may not be happy or safe. Staff had received training about how to protect people from abuse. They were confident managers would listen to them and take action if they suspected abuse.
- The manager and staff were careful to consider relationships between people who used the service and took steps to ensure people felt safe and supported.

Learning lessons when things go wrong

- The provider had made a number of improvements to the environment, food hygiene and infection control since our last inspection.
- Following medication errors, changes were made to medicine management to improve safety and increase checks and audits to ensure people had their medicines in a safe way.

Visiting in care homes

- There were no visiting restrictions. the provider followed government guidance for safe visiting in care homes.



# 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 our last inspection we rated this key question good.

At this inspection the rating has changed from requires improvement to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider failed to ensure people received person centred care. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9(1).

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience; Adapting service, design, decoration to meet people's needs

- People had their needs assessed and were supported to achieve good outcomes. The providers national autism lead visited the service during our inspection. They were working with staff to look at each person's care and support and at the environment to ensure people received the specialist support they required. They told us there was further work planned including providing refresher training to all of the staff about specialist support. Staff received the support and training they required. New staff received induction training and worked with more experienced staff until they were competent and confident.
- People had up to date support and positive behaviour plans. Staff supported people to follow their schedules and routines to support wellbeing and quality of life. We were given examples of how people were supported to increase the activities they did and to try different activities.
- People were supported to access a variety of activities such as swimming, eating out, train journeys and bowling. Staff told us they were improving access to activities people could do at home such as arts and crafts.
- Staff engaged people and knew how to communicate effectively. Some people used sign language. We observed staff using this to communicate with people in an effective and supportive way. Pictorial aids were used to support people to make choices such as what activities they would like to do or what meal or snack they would prefer.
- A 'key worker' system was in place. This meant people were matched with a staff member they had developed a positive relationship with. The key worker supported the person to review their aspirations and goals such as becoming more independent and trying different activities.
- Significant improvements had been made to the environment. The majority of bathrooms had been refurbished and some flooring replaced. There was an action plan in place to replace all damaged flooring and to replace all the fluorescent lighting which is known to be a trigger of distressed behaviour for some people with autism by the end of September 2023. The garden area had been tidied up and an outbuilding regularly used by a person who used the service had been redecorated and furniture replaced.

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

At our last inspection the provider failed to ensure people had sufficient amounts to eat and drink. This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People had sufficient amounts to eat and drink. People had their risk of malnutrition assessed. Where risk was identified, management plans were in place and these included consultation with health care professionals such as GP's and dietitians.
- Care and support records were detailed about people's dietary needs, likes and dislikes. Staff understood people's nutrition and hydration needs. They followed care plans to healthcare advice regarding people's dietary needs.
- Staff spent time supporting people with their meal where this was required. They made people feel at ease and unhurried, the frequently checked people were ok and enjoying their food.
- Staff had access to all the resources they required to provide a varied and balanced diet. Pictorial aids were used to support choice of meals. People regularly went out and were able to choose their favourite take away once a week.

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

- People had access to healthcare services. Records showed people had been supported to access healthcare professionals such as doctors, dentists and opticians.
- People were supported to live healthier lifestyles through healthy balanced diets and exercise. We were given an example of a person making healthy changes to their lifestyle. The person was taking responsibility for these changes with the support of their family members, healthcare professionals and staff.
- Staff worked with other professionals such as the local authority.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Appropriate DoLS authorisations were in place where these were required. Staff assessed people's capacity to make decisions and supported people in the least restrictive way. Staff told us physical restraint was never used.

# 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 our last inspection we rated this key question good.

At this inspection the rating has changed from requires improvement to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider's quality assurance systems and processes failed to effectively monitor the quality and safety of the service. This placed people at significant risk of harm. This was a breach of regulation 17 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a clear organisational structure. Staff and managers were motivated to deliver high-quality care and support, and promote a positive, person centred culture.
- Quality assurance systems had improved since our last inspection. Audits and checks were carried out and these were used to identify risk and drive improvements. Health and safety checks took place daily. Staff had access to maintenance staff for repairs and safety checks. Fire alarms and fire safety equipment were checked to ensure they were in good working order. Hot water was checked to ensure it was delivered at safe temperatures.
- Two family members we spoke with told us the service had made lots of improvements in 2023. One relative said they were very happy with amount of information and feedback they received from managers. Another relative said, "The staff changes that have taken place this year have been positive, my relative has made great strides over the last few months, I am very happy with the care provided."
- Staff were motivated to achieve good outcomes for people. They knew people well and understood their needs. People's goals and aspirations had been revisited and plans were in place to increase people's independence and range of activities. For example, one person was taking part in more group activities and social occasions because of the support their key worker was providing.
- Staff felt supported, they told us managers were approachable and would listen to them. Staff meetings took place to communicate changes and to get staff feedback. Staff had supervision sessions with their managers so any concerns or training and development needs could be discussed and planned for.

Continuous learning and improving care

- At our last inspection in 2022 we identified multiple breaches to regulations. At this inspection we found significant improvements had been made and the provider was no longer in breach of regulations. Staff recruitment and retention had improved, and this meant there was a consistent staff team who knew people well and had the skills to meet people's needs.
- Changes had been made to the environment including removing all rubbish and refurbishing communal areas. Further environmental work was required and planned for. The provider had a recovery action plan they were following. This included a full refurbishment of 2 empty rooms, replacing flooring, a shower tray, toilet and further work to ensure the environment was homely, appealing and met people's needs and preferences.
- The recovery action plan was also used to track improvements the provider made to nutrition and hydration, person centred care plans and people's access to healthcare.

#### Working in partnership with others

- The provider worked with other professionals to ensure people received joined up care. This included local authority commissioners, safeguarding teams and infection prevention teams.

#### 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 manager understood their responsibility to be open and honest when something goes wrong.