

National Autistic Society (The) NAS Outreach Services (North Somerset and Somerset)

Inspection report

Lynx Resource Centre
14-15 Lynx Crescent
Weston-Super-Mare
North Somerset
BS24 9DJ

Tel: 01934412575

Date of inspection visit:
12 October 2016
13 October 2016

Date of publication:
13 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

We carried out this inspection of NAS Outreach Services (North Somerset and Somerset) on 12 and 13 October 2016. The service is registered to provide personal care to young people and adults with autism and Asperger syndrome in their own homes and within a community setting.

The service is available on a flexible basis, in response to people's individually agreed support package. At the time of the inspection the service was only providing personal care to one adult in their family home. This was provided by a small team of three care staff; two full time and one part time. This was the service's first inspection following registration in July 2015.

A registered manager is responsible for the service. 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.

Care was provided in a safe and dignified way. Staff understood the risks to the person and their care needs; they provided care in line with the person's care plan. The person's relative said, "[Name's] always happy to see staff. I'm always here when they help him. I've no concerns or worries about any of the staff. They are all very good."

Staff were caring; they had built a close, trusting relationship with the person over a long period of time. A small team of staff provided consistent care; the staff cared for the person in line with their cultural and spiritual beliefs. The person's relative said, "We have [three staff who they named]. We've known them for years really."

Staff had developed a close relationship and good communication with the person's relative. The relative felt their views were listened to and acted on. They would feel at ease and confident in raising any concerns.

The person's legal rights in relation to decision making were upheld. The person and their relative were involved in planning and reviewing their care.

Staff were trained, but did not always put their training into practice. There was a cultural issue in the service which affected staff member's work practice. Staff did not always work in line with the service's policies, vision and values.

Staff had not been well supported through a time of significant change. Staff morale had been adversely affected. One staff member said, "Very difficult, all the changes. You don't always get supervision or other support you need."

The management team did not work together effectively. The quality assurance processes in place to monitor care and safety and plan ongoing improvements were not fully effective.

The registered manager was committed to the improvement of the service. However, there was a lack of management time to fully address and resolve issues. The registered manager said, "We are not where we want to be" and "We do need a clear plan for the service."

Neither the cultural issues within the staff team nor the ineffective quality assurance systems were having a direct impact on the one person who received personal care. However, there was a clear risk their service may be affected if these issues prevailed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not receive on-going mentoring, support or supervision to make sure they worked in a consistently effective way and did not always put their training into practice. The management team did not work together effectively. The service's policies, vision and values were not always put into practice by staff. The provider did not have effective systems in place to identify and ensure improvements needed in the quality of the service were implemented. There was a lack of management time to fully address and resolve issues. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staffing levels provided the person with safe care. Staff recruitment was managed safely.

People were protected from abuse. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Risks to the person's and staff member's wellbeing and safety were assessed and well managed.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

People's legal rights in relation to decision making were upheld.

Staff were trained but did not always put their training into practice.

Staff did not receive on-going support to make sure they worked in a consistently effective way.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring. The person had a small team of staff who they were familiar with providing their support.

Staff were aware of the person's individual needs, background and personality, which helped them provide personalised support.

The person was cared for in a way which promoted their dignity, privacy and independence.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs, abilities and preferences were assessed. The person and their relative were involved with planning and reviewing their care.

Arrangements were in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Is the service well-led?

The service was not consistently well led.

The service had a clear management structure but the management team did not work together effectively.

There were cultural issues within the service. The service's policies, vision and values were not always put into practice by staff.

The provider did not have effective systems in place to identify and ensure improvements needed in the quality of the service were implemented. There was a lack of management time to fully address and resolve issues.

The registered manager had reported all significant events which had occurred in line with their legal responsibilities.

Requires Improvement ●

NAS Outreach Services (North Somerset and Somerset)

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 October 2016 and was announced. We contacted the service the day before the initial visit to let them know we were planning to inspect the service. We did this because they provide a domiciliary care service and we needed to be sure that someone would be available at the service's office. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a PIR (Provider Information Return). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law.

The person using the service had communication difficulties associated with their autism; they were unable to discuss their service with us. We therefore spoke with their relative to gain their views on the service.

We spoke with two care staff, the deputy manager, the registered manager and the provider's area manager. We looked at a range of records during our time spent in the service's office. We read the person's care plan

and risk assessments. We also looked at records that related to how the service was managed, such as a sample of policies and procedures, staff recruitment records, staffing rotas, staff training records, investigation reports, action plans and quality assurance audits.

Is the service safe?

Our findings

The service was safe. The relative spoken with was satisfied with the arrangements for keeping their family member safe and had no concerns about how they were cared for. They would be happy to talk with staff if they had any worries or concerns. They told us "[Name's] always happy to see staff. I'm always here when they help him [with his personal care]. I've no concerns or worries about any of the staff. They are all very good."

We looked at how the service safeguarded people from abuse and the risk of abuse. Staff had the knowledge and confidence to identify any safeguarding concerns. Each member of staff told us this person's service was safe; they had not had any concerns about the person's safety. Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that if they raised any concerns, these would be fully investigated to ensure the person was protected.

We looked at the way the service managed risks. The relative spoken with explained their family member's personal care regime had been developed, with the provider, over a period of time. They felt this was much safer than when the provider had not been involved. They told us "I used to bath [name] but [due to a health condition] is just wasn't very safe at all. He became scared as well. The NAS became involved and it's so much better now. Much safer." There had been no accidents or incidents recorded for this person; their relative confirmed this.

We read the risk assessments had been completed for all aspects of the personal care provided by staff. These were part of the person's care plan and were kept under review to ensure they were effective. These included strategies to guide staff on how to manage and minimise risks to the person. Staff spoke with us about how they worked in line with the risk assessments. One staff member said "We all know the risks to [name]. When we help him with personal care we do all the practical things like assess his mood, have all the things you need ready, check the water temperature for him, make sure he can't slip and make sure we are safe by using all the PPE's we have." (PPE is protective clothing, such as gloves or aprons, designed to protect staff and others from infection.)

The service provided support in the person's own home. Therefore, health and safety risk assessments had been completed on person's living environment to ensure staff were safe. The service had lone worker policies and procedures, which were intended to protect staff when working independently in the community. This ensured risks to the person's and staff member's safety were assessed and plans were in place to minimise these risks.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. We looked at the recruitment records of the three members of staff who provide care for this

person. These records showed staff had attended a face to face interview and provided documents to confirm their identity and eligibility to work in the UK. Criminal records checks had been carried out to make sure staff were suitable to work with vulnerable people. References were also provided and checked. Staff had not been allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work for the service.

The person was supported on a one to one basis by a member of staff for their personal care. The relative spoken with said "We have [three staff who they named]. We've known them for years really. [Name] gets on well with all the staff." The registered manager explained the processes in place to maintain staffing levels in response to the person's individual support package and contractual arrangements. We looked at the staff rota which showed this person was supported by the same three members of staff. This ensured the continuity and safety of the person's service.

Staff did not provide support with medicines whilst the person was at home. This was confirmed by the relative we spoke with and by staff. Staff could administer one medicine taken 'as and when required' when the person was out in the community. Staff had been trained to do this and there were clear guidelines in place for them to follow. The records we looked at showed staff had not needed to administer this medicine as the person's health condition was stable.

Is the service effective?

Our findings

The service was not fully effective. Both management and care staff told us there was a cultural issue within the service, which affected staff morale and work practice. The provider had restructured the service in 2015; this is when NAS Outreach Services (North Somerset and Somerset) was registered with us. Care staff felt the expectations upon them had changed in the last year, even though their work practice had been established for several years. They told us they were now being managed more closely and the care they were able to provide to people was changing to ensure it was strictly in line with people's individual care agreement and the provider's policies and procedures. Staff said they had found this cultural change extremely difficult to adjust to and had been resistant to some elements of it; the registered manager and deputy told us this had been very difficult to manage. This issue was still unresolved with care staff; they used terms such as "negative", "blame culture" and "stressful" when describing the culture to us.

We therefore looked at how the provider had supported staff through this period of change. There were no structured processes in place to observe and evaluate staff's competence and conduct when they were supporting people in the community. The PIR stated staff had regular supervisions (a one to one meeting with a line manager) and team meetings. This is not what we found during our inspection. The registered manager told us two key elements in helping to manage and resolve the cultural issue would be staff supervisions and team meetings.

Records we looked at and staff spoken with confirmed supervision was irregular. Staff supervision had been regular during 2015, but not in 2016. The provider's plan was to supervise each member of staff at least every six to eight weeks. One member of staff had a gap of five months between supervisions; another staff member had a gap of four months. Both staff and the registered manager said supervision was extremely important. Staff told us they often lone worked in people's own homes and in the community. Supervision played a key role in their support and development as it gave them time to discuss their work, the changes in the service and any additional support or training they needed. One staff member said "Very difficult, all the changes. You don't always get supervision or other support you need."

There were more informal 'ad hoc' discussions between managers and staff (recorded on a 'conversation log'). The logs we read showed a specific issue would be discussed, such as staff practice in a certain area. However, there were no outcomes or learning points recorded or actioned. This meant staff had not been provided with the ongoing support and guidance they needed.

Only two team meetings had been held in 2016. The records of these showed some of the provider's policies had been discussed with staff, as well as other general issues such as record keeping. One meeting (no date noted) recorded "Discussed stress levels for staff"; the second meeting (September 2016) stated "Discussed the difficulties for staff [in their work culture]." There were no outcomes or actions recorded following either of these two meetings to specifically address the stress or cultural issues.

We discussed these issues with both the registered manager and their deputy. They acknowledged staff supervision had reduced (when they had hoped to increase this for staff who underperformed) and there had been a lack of team meetings. This was due to difficulties in meeting staff who worked away from the office base and because some planned supervisions were cancelled due to other demands in the service, such as the deputy manager covering staff shortages. They were trying to improve the frequency of staff supervision and team meetings, but their management time remained limited. There was no clear plan of how this issue was to be resolved at the time of our inspection. This meant staff were not being provided with the support and guidance they required.

We looked at how the provider trained their staff. Staff spoken with told us about the training they had received and said that training and development was ongoing at the service. Records showed induction training included autism specific training and was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. Staff had completed other training courses such as in supporting people who had autism, epilepsy, communication difficulties or those who required help with their medicines to enable them to meet the person's needs.

Discussions with staff, the registered manager and their deputy and records we looked at showed that staff did not always put their training into practice or work in line with the provider's policies. For example, recent investigation reports we read showed one staff member had failed to follow one of the provider's policies resulting in poor practice whilst on duty. The registered manager told us staff practice issues were addressed through ongoing performance management procedures. These issues with staff did not currently affect the one person who received personal care but staff who supported them had been subject to investigation. This meant there was a risk that if staff practice was not consistently good, adhering to training and the provider's policies, the person's service may become affected.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The relative spoken with told us staff knew their family member well and understood their personal care needs. They said staff were consistent and their family member received effective care.

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

The person using the service had chosen the NAS to provide their personal care. They were able to consent to being supported with their personal care. Their relative said, "[Name] can show you if he's happy for staff to help him. He can say yes or no in his own way."

Staff spoken with understood the MCA, including their role to uphold people's rights and monitor their capacity to make their own decisions. One staff member said "We talk to [name] throughout our visit. He can show you if he's happy for us to help him or not." Staff told us they would report any concerns or changes in the person's ability to make decisions about their personal care to the registered manager or their deputy. The registered manager said that person's social worker would take a lead role with capacity assessments.

We noted the care assessment process considered people's capacity to make decisions. This meant people's legal rights in relation to decision making were upheld by the service.

Is the service caring?

Our findings

The service was caring. The relative spoken with praised the caring approach of staff and the way staff provided care for their family member. They said, "I'm very happy with the care. [Name] seems very happy with the staff. He looks out for them when they are due and is always happy to see them. He shows he likes them by smiling and laughing. They are always here on time to care for him." They told us how staff ensured the person's privacy and dignity when providing personal care. They said, "We have a walk in shower now in the bathroom. That's where staff help him. They do things like making sure the door is closed and make sure he's dressed before he comes out. Very happy with everything like that."

Staff knew the person's individual communication skills and abilities. The care plan contained details about the most effective ways of communicating with the person. Staff told us most communication was verbal although they could also use pictures if this helped the person to understand or make choices. One staff member said, "[Name] doesn't speak but we speak to him. If you use short sentences he understands you. He can give you feedback in his own way; he can show you if he's happy."

Communication with the person's relative was very good. The relative spoken with told us, "My day to day contact is with the care staff but I do see [the registered manager and deputy manager] as well. They met with me a while ago just to see how things were going, if [name] and me were happy with things. I've got another meeting with them in a couple of weeks. I'm happy with everything though." Staff said they had a good relationship with the person's relative. One staff member said, "I've known [the person's relative] for 10 years. I get on really well with her. She gives me really good feedback on the care we provide which is nice." Good communication ensured the person and their relative were able to give ongoing feedback about the service being provided.

Staff spoken with understood their role in providing individualised care. They had built a close relationship with the person over a number of years. Staff understood what care the person needed and what they were able to do for themselves. They helped the person with showering and with dental care but allowed the person to do as much as they could for themselves. One staff member said, "I have worked with [name] for six years so know him really well. He's able to do some of the personal care for himself but we do what he finds difficult. Sometimes he needs a little prompting and reminding. I think [name] is very well cared for. His team are passionate about what they do."

The person and their relative had been involved in developing the service with the provider when the service started; there were regular care reviews. The relative spoken with said "[Name] is severely autistic so it did take time. We had to make sure he was happy with everything as it was a change for him; new things, new people. He does seem very happy with the routine. He would show you if he wasn't." The service had been designed in line with the person's cultural and spiritual beliefs. These meant the person only wanted male staff to support them with personal care. The three staff who supported the person were male. One staff member said "[Name] only wants male staff; this is in line with the family's religious beliefs."

We looked at the information produced by the service to help ensure people were aware of the service they could expect. The relative spoken with said, "We did have information initially but it was so long ago now. Now, I discuss the care at our meetings. They always check that [name] is getting the care he needs." The service had a statement of purpose, which described its aims, objectives and values. The service was included on the provider's national internet website which provided further guidance and information. This meant there was a range of information about the provider available to current or prospective users of the service.

Is the service responsive?

Our findings

The service was responsive. We looked at the way the service would assess people who wished to use the service and plan for their needs. Before a person received a service, a comprehensive assessment of need would be carried out with them and their relatives. Information would also be gathered from any health or social care professionals involved in the person's support and care. The PIR confirmed the provider had a regional transition team who would ensure a smooth and informed transition for people new to the service. This would involve working alongside previous care providers so that staff understood people's needs and ensured the provider could deliver responsive care when a new service started.

The relative spoken with said the service met their family member's needs. It didn't need to be changed but they were sure the service would adapt or change the care if required. The relative was aware of their family member's care plan and confirmed it had been discussed and agreed with them. The plan was reviewed regularly to ensure it reflected the person's care needs. The relative told us, "The care and the care plan was developed with us for [name]. [Name's] personal care needs don't really change but we do get together to talk about them as well as the other things staff support him with."

We read the person's care plan. This described how staff should provide personal care in a step by step way. Staff described to us how they provided personal care; this matched the care plan exactly. The plan was therefore up to date and reflected the person's current needs. Staff recorded information about the person each time they provided care. These records were initially kept at the person's home, then taken to the service's office at the end of each month. The person's keyworker (a named member of staff responsible for ensuring the person's care needs were met) reviewed these records and then wrote a short monthly care summary. This ensured the person's care needs were being met and no changes were required.

We looked at the way the service managed and responded to concerns and complaints. The relative spoken with had an awareness of the service's complaints procedure and processes. They said they would feel at ease and confident in raising any concerns. They told us, "I've never had a problem with the service. [Name] would show me if he was unhappy with anything and never has done. If I did have any problems I would speak to [name's] staff first as they come here to care for him and I know them well. I could speak with [the registered manager or deputy manager] as well if I needed to. Never had to as [name] seems very happy."

We looked at the complaints procedure shared with people who used the service. This described the approach and assurances around encouraging people to voice their concerns and any dissatisfaction in order to make improvements. The procedure included some pictures and symbols to help explain the processes to people, including how to complain and who to complain to. The service had policies and procedures for dealing with any complaints or concerns. The PIR stated there had been no complaints about the service in the last 12 months; the records we looked at confirmed this.

Is the service well-led?

Our findings

The service was not consistently well led. The service had a clear management structure. A registered manager had responsibility for the day to day operation of the service. Senior staff had designated responsibilities for the running of the service, such as supervising care staff and organising staffing rotas. Records we looked at and staff spoken with confirmed this management team did not work together effectively.

We found there was some tension between the registered manager and their deputy and the senior staff. The terms these staff used to describe their relationship each other included "Defensive", "It's them and us" and "It's their way or no way. It's very sad." Throughout the inspection the registered manager expressed their commitment to improving the service. They acknowledged this was affected by the issues which prevailed within the staff team and there was a lack of management time to fully address and resolve these issues. This meant the service was not consistently well managed.

The PIR described the service's policies, procedures, vision and values; these were not always put into practice by staff. The cultural issues within the service affected staff morale, team work and individual work practice. The registered manager and their deputy spoke about how difficult it had been to try to implement change within a service where staff had long standing established work practices. The registered manager said "We have had to put a lot of changes in, but these have not been very popular. It is improving slowly; staff are more on board now."

The registered manager had anticipated some resistance to the changes from staff and had taken some steps to help this situation. They had brought in an independent person in September 2015 who care staff could meet with to discuss any issues they had. One staff member explained this person's role, they said, "He comes in, listens to our problems and give us some advice." These meetings were not fully effective in helping improve the morale and team work. One staff member said, "They say they talk to the management about our issues but nothing really changes." The registered manager told us this person "Feeds back to us intermittently but often there's no real detail." There were no outcomes or actions recorded following these meetings to specifically address the issues staff raised. This meant these meetings had not resolved the issues in the staff team.

The provider did not have effective systems in place to identify and ensure improvements needed in the quality of the service were implemented. We looked at the provider's quality assurance systems. The PIR described the provider's computer based 'dashboard' monitoring system. This included monthly recording and monitoring of incidents, notifications to CQC, staff sickness levels, staff training and complaints. The dashboard provided the registered manager and provider with statistical information for monitoring the quality of the service.

Quality monitoring auditing visits were carried out at the service by managers from the provider's other

services. Only one visit had taken place this year, in August 2016. This reported issues with staff morale and a lack of staff support, staff supervisions and team meetings. Recommendations to improve these areas had been made; these had been describes as "immediate action needed." We found these areas had not been improved.

The provider had carried out investigations into two staff member's conduct. These had identified issues with their work practice and other more general issues in the service for which additional recommendations had been made. However, none of the actions from the 'dashboard', meetings, auditing visits or investigations had been 'pulled together' into one clear, manageable improvement plan for the service. There were different action plans without timescales, unrelated to each other, but often addressing similar issues. The registered manager said "We are not where we want to be. We have been reactionary due to various problems we needed to deal with. We do need a clear plan for the service." This meant the quality monitoring of the service was not effective.

Neither the cultural issues within the staff team nor the ineffective quality assurance systems were having a direct impact on the one person who received personal care. However, there was a clear risk their service may be affected in these issues prevailed.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The relative spoken with understood the management structure and felt their family member's service was currently managed well. They said, "Overall, I'm very happy with the service. It seems to run very smoothly." They told us they were able to give informal feedback on the service every day to the care staff. They also had regular formal meetings, including care reviews. They felt their views were always listened to.

The registered manager was supported and supervised by the provider's area manager. The registered manager told us they felt well supported and were able to discuss their service openly and honestly. They said "I feel more supported than in the past. We have been supported implementing change." The area manager told us they met with the registered manager regularly and also had informal conversations with them. They were aware of the issues within the service and had feedback from the registered manager about how they were trying to resolve them. The registered manager had meetings with managers from other services within the organisation so they could share ideas, good practice and discuss issues.

The PIR stated the service keeps up to date with good practice through regular organisational newsletters, which contained updates on autism practice; they also received regular updates from the Autism Somerset e-bulletin. The service was a member of Network Autism which provided access to recent developments and innovations. They also facilitated the North Somerset Autism Forum which supported people with autism to share their views and contribute to the North Somerset Autism Strategy group.

Significant incidents were recorded and where appropriate were reported to the relevant statutory authorities. All incidents were entered onto the provider's computer system; these were reviewed regularly so that any patterns or concerns could be identified. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The management team did not work together effectively. The service's policies, vision and values were not always put into practice by staff. The provider did not have effective systems in place to identify and ensure improvements needed in the quality of the service were implemented. There was a lack of management time to fully address and resolve issues.</p> <p>Regulation 17(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were trained but did not always put their training into practice. There was a cultural issue within the service, which affected staff morale and work practice. Staff did not receive on-going mentoring, support or supervision to make sure they worked in a consistently effective way.</p> <p>Regulation 18(2)(a)</p>