

# National Autistic Society (The) NAS Community Services (North 1)

## 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 (North 1) provides personal care and support to people with autism, living in their own homes. The service is one of two separate teams, based at the same location. At the time of the inspection visit 9 people were using the service.

People's experience of using this service:

We observed people were relaxed and content in the company of staff and managers. Relatives told us they felt people were safe with the service. Staff had received training on positively responding to people's behaviours and safeguarding and protection matters. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns.

Processes were in place to complete appropriate checks before staff started working at the service. We found some checks had been missed, but action was taken to make improvements. There were enough staff deployed to provide care and support. Staffing arrangements, including the use of 'bank' and agency staff was kept under review and staff recruitment was ongoing.

Staff supported people with health and safety matters in their homes. This included support with décor, furnishings and equipment, in response to people's individual needs and choices.

People's needs were assessed, planned for and reviewed. Each person had a support plan which was designed to meet their needs and choices. People were supported with their health and well-being. Staff followed processes to manage people's medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. People had opportunity to develop their independence skills.

We observed staff interacted with people in a kind, pleasant and friendly manner. Relatives made positive comments about the caring attitude of staff. Staff knew people well and were respectful of their choices and preferred routines. People's privacy and dignity was respected.

There were opportunities for people to engage in a wide range of community activities. People were supported to keep in touch with their families.

People were offered a variety of meals and drinks; healthy eating was promoted and monitored. Individual needs and choices were known and catered for.

Relatives had an awareness of the service's complaints procedure and processes and were confident in raising concerns. Some complaints records were unclear and didn't properly show how they were investigated and managed. The registered manager assured us action would be taken to make improvements.

Staff training and devolvement was ongoing. The provider had introduced incentives to improve staff retention and job satisfaction.

The provider had processes to encourage people to express their views and be consulted about NAS Community Services (North 1). They had opportunities to give feedback on their experience of the service and make suggestions for improvements.

The provider used a variety of systems, to regularly monitor and improve the service. Management and leadership arrangements supported the effective day to day running of the service.

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:

This was the first inspection since registering with CQC.

Why we inspected:

This was a planned inspection based on our scheduled programme.

Follow up:

We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

## 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 (North 1)

## **Detailed findings**

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. 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 personal care and support to people living in their own houses and flats, so that they can live as independently as possible. It provides a 'supported living service' to younger adults and older adults with autism. 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 visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection:

Before the inspection, we reviewed the information we held about the service, including notifications and

previous inspection reports. We contacted Lancashire County Council contract monitoring team and the local authority safeguarding team. We used information the provider sent us in the Provider Information Return. This is information providers give us annually about the service, it includes what the service does well and any improvements they plan to make. We used our planning tool to collate and analyse all the information, to help us plan our inspection.

During the inspection:

We met with five people who used the service and spoke with two relatives. We talked with five members of staff including the registered manager, deputy manager, support workers, area manager and the admin support officer.

We visited the service office and reviewed a sample of records, including two support plans and other related care documentation, two staff recruitment records, complaints records, staff meeting records, quality assurance records and various audits.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We received confirmation of improved recruitment procedures and records management.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguards were in place to protect people from abuse, neglect and discrimination. People had a 'keeping me safe' assessment and a 'positive behaviour' support plan in response to their individual needs.
- We saw people were relaxed in the company of staff and managers. One person said, "I would speak up if I wasn't happy." Relatives told us they felt the service was safe. They said, "Relationships are excellent [name of person] feels safe with the staff" and "I think it's a safe service."
- Staff were aware of safeguarding and protection matters. They explained what action they would take if they witnessed or suspected any abusive practice. We reviewed safeguarding incidents and noted the action taken to make improvements.
- Staff had received training on adults at risk and positively responding to people's behaviours. They had access to safeguarding and protection procedures.

Assessing risk, safety monitoring and management

- People's individual wellbeing and safety was risk assessed; support plans guided staff on minimising risks in a person-centred way. Staff described how they kept people safe and supported positive risk taking. They were aware of people's individual risk assessments.
- Processes were in place to support people in maintaining a safe environment. Each person had a personal evacuation plan in the event of emergencies.
- People's personal information and staff records were stored securely, they were only accessible to authorised staff.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff had accessed training on infection control and food hygiene.
- Cleaning schedules and checking systems were used to support people with maintaining their hygiene standards.

Staffing and recruitment

- Staff recruitment procedures aimed to protect people who used the service. Checks on why the applicant had left their previous employment had not always been completed. During the inspection, action was taken to ensure all required checks were completed. Where possible people were involved with the recruitment of new staff.
- The provider had disciplinary procedures to manage unsafe and ineffective staff conduct.
- Staff were deployed to support people to stay safe and meet their individual needs. The use of 'bank' and agency staff was monitored, and improvements had been made. Staff recruitment was ongoing and the

provider had measures in place to address staff retention.

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#### Using medicines safely

- People were supported with the proper and safe use of medicines. Staff followed individual risk assessments and support plans to deliver a person-centred approach. Relatives told us, "They support okay with medicines. There was an issue in the past and they were definitely onto things" and "The support [my relative] gets with medicines is very discreet."
- Staff providing support with medicines had completed training and their competence had been assessed. Medicine management policies and procedures were accessible to staff.
- Medicines administration records were kept. Regular checks and audits of medicine management practices were completed.

#### Learning lessons when things go wrong

- The provider had processes in place to monitor incidents, share outcomes and develop the service, to help prevent similar incidents and reduce risks to people. The registered manager and staff fulfilled their responsibility to report and record, accidents and incidents.



# Is the service effective?

## Our findings

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

People's outcomes were good, and people's feedback confirmed this.

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

- There had not been any recent referrals to NAS Community Services (North 1). However, the provider had processes in place to ensure people's needs and wishes were fully assessed with their involvement. One relative commented, "The initial assessment was very thorough." The initial assessment process and ongoing assessments took into consideration the preferred characteristics, skills and personalities of support staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff assessed people's capacity to make specific decisions as required. The support they needed with making decisions was reflected in their support plans.
- The registered manager had taken appropriate action to apply for Court of Protection authorisations through local authorities, in accordance with the MCA code of practice. The registered manager had a system in place to monitor the applications, none had been authorised at the time of the inspection.
- Staff understood the importance of gaining consent and promoting people's rights and choices. We saw they were encouraging and reassuring when supporting people to make their own decisions.

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

- The service liaised with health care professionals, as necessary to respond to people's needs. One person told us, "I do really well with check-ups." People had 'health passports' for sharing relevant information between services.
- Support plans included 'health action plans' on individual health needs and contact details of healthcare professionals. 'Anticipatory health calendars' promoted the daily observation of their health and wellbeing and any changes. One relative told us, "They monitor healthcare needs and provide support with appointments."

- People had 'healthy lifestyle' goals and staff supported them with physical exercise, including walking, swimming and dancing.

#### Staff support: induction, training, skills and experience

- The provider ensured staff could develop their skills and knowledge, to deliver effective care and support. New staff completed an induction training programme. Ongoing refresher training and specialised learning enabled staff to understand people's needs and provided effective support. Staff were supported to achieve, nationally recognised qualifications in health and social care.
- Staff confirmed they had access to ongoing training. They had regular one to one supervision meetings and an annual appraisal. This provided the opportunity to discuss their performance and any training and development needs.

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

- People were supported to eat and drink enough to maintain a balanced diet. People indicated they were happy with the support provided with food and drink, including: cooking, shopping and meals out. People were supported to plan and budget for their own menus.
- People's specific dietary needs and choices were known and responded to. Nutrition and hydration was included in 'health action plans.' Staff monitored and responded to people's food consumption and weight as needed.

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

- People's needs were met by the adaptation, design and decoration of their homes. The care planning process took into account each person's specific needs and preferences relating to their personal space, including their sensory needs and lifestyle choices.
- The provider had a process in place to support people with the upkeep of their home environments, including decoration, furnishings and equipment.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care. Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness, they were given emotional support when needed. People spoken with said they liked the staff who supported them.
- We observed respectful interactions between people who used the service and staff. Staff were understanding and considerate when responding to people's needs. Relatives commented, "They interact very well, [in the way they provide support] they are very subtle" and "They are understanding, they are lovely people."
- Staff and managers knew people very well, they described how they provided support in response to their individual needs, preferences and personalities. Staff kept detailed care records of people's needs, routines and how best to support them. Included was in-depth information on how each person's autism influenced them, their life history, personal relationships, cultural heritage, family contacts and interests.

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

- The service supported people to make choices in their daily lives. We observed staff enabling people to make the own decisions and responding their preferences. People had been involved and consulted as far as possible, about the content of their care plans and with ongoing reviews. Their records were written in a person-centred way and included illustrations to make them easier to understand. Relatives confirmed their involvement with decision making, care planning and reviews.
- The use of 'bank' and 'agency' staff could impact upon people's experience of continuity of care. The provider and registered manager had recognised this issue and had taken steps to make progress. Relatives said, "It has improved, they are a good team at the moment" and "The staff supporting now are fairly consistent."
- There was an information pack about the service. Leaflets were available from local advocacy services. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld and their independence encouraged. Staff explained how they promoted people's privacy, by respecting their homes, knocking on doors and maintaining confidentiality of information.
- Staff enabled and encouraged people's independence and involvement. Care records included goals, to support people in achieving greater independence, confidence and autonomy.
- Positive relationships were encouraged, people were supported to keep in contact with their families and maintain links with people in the community.

# Is the service responsive?

## Our findings

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

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

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

- People received personalised care and support that was responsive to their needs. They had support plans, which had been developed in response to their individual needs, routines and preferences. The support plans were 'live documents.' Staff updated them in response to any changes and reviewed them at least annually. People and their representatives were actively involved with reviews.
- Daily monitoring records were kept of people's general well-being, experiences and the support provided to them.
- People were supported with activities and opportunities for stimulation, skill development and community engagement. Staff sought and recorded people's interests, dreams, aspirations and achievements. People told us about the activities they enjoyed, including, swimming, shopping voluntary work and pop concerts. One relative said, "We have worked closely with the team on planning a nostalgia trip."
- The service understood and had responded to The Accessible Information Standard. People's sensory and communication needs were included in the assessment and care plan process. Staff used personalised methods to communicate and engage with people, using ways best suited to their individual preferences and needs.
- Technology was used to respond to people's needs. People were supported to use the internet and digital support plans were to be introduced. The managers used the internet to promote good communication, access relevant information and support staff training.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listed to and acted upon to make improvements. Efforts had been made to produce the complaints procedure in formats people could access. Relatives were aware of the complaints process and said when they had raised concerns they had been resolved.
- The provider's complaints, comments and compliments policies had been recently been updated to direct a more effective response to complaints management. However, the complaints recording system was inconsistent. Although we could see complaints had been received and dealt with, records did not show a clear audit trail of how the concerns were investigated, managed and resolved.
- The registered manager gave assurances action would be taken to make improvements, including ensuring the provider's recording systems and complaints management processes were adhered to.

End of life care and support

- The service did not usually provide end of life care. However, the provider had a 'bereavement policy' to guide the service in sensitively responding to people's individual needs as appropriate.

# 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

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

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

- Managers understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty. The area manager was open and frank about historical problems at the service, which included staffing arrangements, continuity and retention.
  - The registered manager was proactive in their response to the inspection process. One staff member said, "I can raise any problems [the managers] are very approachable. I just know things will get sorted out."
- The provider's 'vision and values' were shared with staff and reflected in the service's written material. Staff expressed a practical understanding of their role in providing safe, person-centred support. A team leader said, "Service users receive a very person-centred approach and we go the extra mile with this."

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

- Management arrangements provided clear leadership and direction. Job descriptions and contracts of employment outlined management and staff's roles, responsibilities and duty of care. Policies and procedures provided guidance on person-centred support and efficient management.
- The provider had a quality monitoring audit tool kit to achieve compliance with the regulations.

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

- People were consulted on their experiences of the service and could influence improvements. Staff ensured people's experiences of the service were considered in their care and support reviews. The provider used consultation surveys and 'inclusion events' to gain feedback from people, relatives and staff. The responses were evaluated and used to inform future planning.
- Regular staff meetings were held; various work practice topics had been raised and discussed. Staff told us their ideas and views were listened to and acted upon. One said, "We are encouraged to make suggestions for improvements, the registered manager is very open to this."
- The provider had introduced staff incentives, including recognition and reward schemes to promote job satisfaction and staff retention.

Continuous learning and improving care; Working in partnership with others

- Managers followed processes to audit systems and processes, including accidents and incidents, staff training, support planning, medicine management and complaints. Although we found some matters for development, we were assured progress would be made.

- Quality monitoring visits were carried out by the quality manager. Reports following visits included any recommendations and followed up on actions from previous reports.
- An overall development plan provided direction and oversight of the service.
- The service worked well with other agencies and community resources to ensure people's needs were met. This included health and social care professionals and day services.