







National Autistic Society (The) NAS Community Services (East Midlands)

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 |  |

Overall summary

The inspection took place on 1 December 2015 and was announced. The provider was given 48 hours' notice of the inspection was given because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak with.

The service provided personal care to adults with learning disabilities or autistic spectrum disorder living in

their own homes. At the time of inspection there were 64 people using the service. Of those, 54 people received a service that included regulated activities. Of these 54 people, 10 people lived in a supported living setting with support provided by the service.

The service had a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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.

People told us that they felt safe when staff supported them.

When people started to use the service a care plan was developed that included information about their support needs, likes, dislikes, history and preferences. This meant that staff had the relevant information to meet people's needs.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

Care workers were supported through training and supervision to be able to meet the care needs of people they supported. They undertook an induction programme when they started work at the service.

Staff told us that sought people's consent prior to providing their care. Where people were believed to not have the capacity to make specific decisions, assessments of their mental capacity to make decisions had been carried out in line with the Mental Capacity Act 2005.

Staff developed caring relationships with people and understood people's needs and preferences.

People were involved in decisions about their support. They told us that staff treated them with respect.

People received support that was centred on them as individuals. They were involved in writing their care plans.

People were supported to develop independent living skills.

People and staff felt the service was well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The provider carried out formal monitoring of the quality of the service and developed plans to drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from risk of abuse and avoidable harm. The provider had effective recruitment procedures and enough staff were deployed.

People were supported to take their medicine safely.

Good



Is the service effective?

The service was effective.

Staff sought people's consent prior to providing their support.

People were supported by staff who had received appropriate training.

Good



Is the service caring?

The service was caring.

Staff were caring. People were involved in decisions about their care and support. Staff maximised people's opportunities to develop their independence.

People told us that staff respected their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People received care which had been discussed and planned with them and which was centred on them as individuals.

There was a complaints procedure in place. People felt that they were encouraged to raise a concern.

Good



Is the service well-led?

The service was well led.

People knew who the manager was and felt that they were approachable.

There were quality assurance procedures in place to monitor quality and plans in place to record improvements.

Good



NAS Community Services (East Midlands)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the office from which the service is run was staffed.

The inspection was carried out by an 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. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the

provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, three team leaders and three care workers.

We contacted 14 people who used the service by the telephone. We spoke with five people who used the service. The other people told us that they did not want to speak to us. We spoke with two relatives of people who used the service. This was to gather their views of the service being provided.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when receiving support from the care staff. One person told us, “I feel very safe and secure with them.” Another person told us, “I trust [staff name] with my life. She is very careful and reassuring.” A person we spoke with told us, “With this lot yes. I am comfortable with some staff. I don’t see the ones I am not comfortable with.” Both relatives we spoke with told us that they felt their relatives were safe when they were receiving support from the care staff. One relative told us, “[Persons name] is as safe as they can be.”

Policies and procedures in relation to the safeguarding of adults accurately reflected the local authority procedures. Staff we spoke with were able to explain types of abuse and about what actions they would take if they had concerns. Records showed the service was actively involved in helping to ensure people who used the service were safe and protected from all forms of abuse. Where concerns had been raised these had been reported and appropriate actions had been taken to protect the individual concerned. All the staff members we spoke with told us that they understood whistleblowing and that they could raise any concerns they had to outside organisations, for example the local authority safeguarding team and the Care Quality Commission.

People’s care plans included risk assessments and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this risk. The registered manager told us that they balanced risk against the opportunity for the person to be independent. This meant that people were not stopped from doing something because it presented a risk, but that the risks were considered and reduced. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

We saw that where people displayed behaviour that challenged there were plans in place to support staff to manage this behaviour. The provider had a dedicated behaviour specialist that offered support and developed

plans with people to make sure that these were appropriate for them. A relative confirmed this and commented on how it had been effective in their experience.

People told us that they sometimes had different staff but there were enough staff to do what they wanted to do. One person told us, “I have different staff each day there are four or five of them.” Another person told us, “At the moment they are coming in once a week. I have one main carer but if she is away or ill another person will come.” Relatives told us that there were enough care staff now but felt that there had been some problems previously. One relative told us, “There were a lot of changes and sometimes they used agency staff. The team now are the best one.” Another relative told us, “There are always enough staff.” The staff rota showed that staffing hours were flexible to meet people’s different needs and activities that they wanted to do. There were suitable arrangements for cover in the absence of staff due to annual leave or sickness. The registered manager told us that they had recruited new staff and this had meant that the staffing levels had improved.

People told us that staff were on time, or told them that they were running late. One person said, “Staff are on time and leave on time.” Another person told us, “If there is any problem with time the staff will apologise and let me know if they are running late.”

People were cared for by suitable staff because the provider followed robust recruitment procedures. Disclosure and barring service checks had been completed before staff were able to start work. This meant that people could be confident that safe recruitment practices had been followed.

We saw that the team leaders completed monthly health and safety checks in the supported living properties, as well as weekly fire checks to make sure that people who lived in the properties were living in a safe environment.

People told us that they took their own medicine with staff support. One person told us, “I do it myself, Staff will ask how the medicine is going and sometimes I need a prompt to take it.” The provider had a policy in place which covered the administration and recording of medicines. We saw that Medication administration records (MAR) had been correctly completed. We saw that all staff who supported people with their medicines had received appropriate

Is the service safe?

training and there were robust procedures for the investigation of medicines errors within the service. The registered manager told us that regular medicines audits had been completed by the team leaders. Records we saw confirmed that this had taken place.

Is the service effective?

Our findings

People using the service and relatives told us that the staff were well trained and knowledgeable enough to meet their needs. One person told us, “They are well trained. They are the best company I have had.” A relative told us, “The staff who are working with [person’s name] are trained. They have had training sessions and we as the family have been involved in the training with the staff.”

People were supported by well trained staff. We looked at the training matrix that was used to manage the training needs of the staff team. The training matrix accurately recorded details of the training staff had completed. We saw that some staff training was not in date. The registered manager told us that a new development coordinator had been appointed and this person would make sure that all training was in date. The staff we spoke with told us that they felt that they had completed enough training to enable them to carry out their roles. One staff member told us, “I do loads of training, if there is training available I do it.” Another staff member told us, “The training is good, we do enough.” All staff we spoke with said that the training was good quality and particularly told us that they enjoyed the ‘hands on’ training instead of computer based training. One staff member told us, “The hands on training is good quality.” Another staff member told us, “I like it when we get to go to training with other staff. I get more from this.”

The staff told us that they had a comprehensive induction. They described how they had been introduced to the people they supported and said they had been given time to complete training, read care plans and policies and procedures. The staff also said that they had shadowed more experienced staff before working alone with people using the service. Staff told us that they thought that the induction process had changed and was not as thorough.

Staff were supported through training and supervisions. Some of the staff we spoke with told us they had supervision meetings with their manager. One staff member told us, “We have regular supervisions. I have one every three months.” Another staff member told us, “I have not had supervision as there is no team leader at the minute. I can go to my manager. I feel supported.” This showed that the staff felt that they could discuss issues with the manager at any time. We looked at the records and saw that supervisions took place but these had not

been regularly happening over the last year for all staff. The registered manager advised that they were aware of this and following recruitment staff members would be receiving more regular supervisions.

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

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

We checked whether the service was working within the principles of the MCA. We saw that each person had a care plan that considered how to support people to make day to day choices. We saw that the care plans included information about how to offer each person choices in a way that would help them to understand the information. We saw that where capacity had been in doubt assessments had been completed. If this showed that the person lacked capacity for the specific decision an application had been made to the Court of Protection. This meant that the service was following the correct procedure.

People told us that the staff sought their consent before providing support and that they were involved in making their own decisions. One person told us, “I’m eating bad food, it is not their fault. They cooked me two meals today but I chose something different.” A relative told us, “[Person’s name] is involved in all decision making. The staff listen to her.” Care staff told us how they would seek consent prior to assisting people with their support, and that people had the right to refuse care. Comments included, “I give people options, and offer advice. I don’t take over,” “I give people choices and options,” and, “[persons name] makes her own choices, she has a way of making choices and we support her to use this.”

People told us that they were supported to have sufficient to eat and drink and to make their own food when they were supported with meals. One person said, “I choose

Is the service effective?

what I get to eat, if I can't make up my mind, they will give me examples." Another person told us, "I do my own cooking, but would like to learn to cook more." We saw that staff were trained in food safety.

Some people we spoke with were supported to attend appointments and with their healthcare. One person told us, "I'm going to the hospital on Thursday, and [staff name] is going to take me." Another person told us, "Any medical appointments; the staff come along with me." A relative told us, "The staff support [person's name] to all appointments." Another relative told us that they supported their relative to appointments as they were not

confident that the staff would have the knowledge of the person in order to answer questions. They told us, "We have not felt confident to let staff go to healthcare appointments. Staff may not know why they are there." We saw that where a health professional had been involved in a person's care and provided information to the service this had been incorporated into their support plan. We saw that where concerns about a person's health had been identified medical advice had been sought. We saw that people were supported to maintain access to health care and details of all health appointments were recorded including routine check-ups.

Is the service caring?

Our findings

People who used the service spoke highly of the staff who provided support to them. One person told us, "It's like a friend walking through the door. They are always bubbly, and with a sense of humour." Another person told us, "They look after me very well. If it wasn't for them I would be lost." One person told us, "They talk to me which is nice." A relative told us, "They want to work well with [person's name]. Another relative told us, "I'm very impressed with the staff. They are just right for [person's name]."

All relatives we spoke with told us that they staff made them feel welcome. One relative told us, "They always seem happy to see us."

People told us that they felt involved in planning their care. A relative told us, "We have a person centred planning meeting. [Person's name] views are listened to and they are involved. " Staff told us that they involved people in planning their own care through offering them choices over what they wanted to do and having meetings with people to discuss their care plans. One staff member told us, "[Person's name] tells us what she wants writing in her care plan and plans what she wants to achieve. Another staff member told us, "People are encouraged to write their own care plans and are very much involved." A social worker told us, "I found the staff to be very professional and person centred in their approach. This enabled individuals to be fully involved and central to the support planning process." We saw that some people had written their own care plans and these were all about them as individuals, what they wanted and goals they wanted to achieve.

All staff we spoke with told us that they had got to know the people who used the service through working with them and talking to them. Staff told us about each person's history, their likes dislikes, and goals. We saw that this information was written in the support plans and people had goals that they were working towards.

The staff we spoke with told us that had information in the way that they understood it. One staff member told us, "[Person's name] has the complaints policy in a format that they understand. It is simplified but does not have pictures." We saw that information including risk assessments; the complaints policy and the service user

guide were available in different formats including easy read and pictorial. This meant that the service was providing information in ways to make it easier for people to understand and use.

People told us that staff respected their privacy. One person told us, "She [staff] always shows me respect. She knows what I am comfortable with." Another person told us, "They respect me by not going into areas that I don't like them to be in (within the person's home)." A relative told us, "They do respect her." Staff told us that they respected people's privacy and dignity. This was through keeping doors shut, knocking on doors and waiting for a response, and asking people before supporting them. They also felt that it was important that they supported people discreetly with personal care by allowing time to complete tasks themselves and waiting outside the room so that the person knows the member of staff was nearby if needed. One staff member told us, "I think if it was me how would I want it to be done. If I didn't feel comfortable with something I wouldn't expect [person's name] to be."

People told us that they were very independent. One person told us "I'm very independent. If I wanted to go out and work I would need more support." Another person told us, "They have helped me, I was very closed in on myself. I go out every week now." A relative told us, "[Persons name] has developed skills and independence. Her hours have been reduced recently as she can do more for herself." Another relative told us, "They encourage [person's name] to develop her independence. They do maximise her independence. "Staff told us that they supported people who used the service to develop their daily living tasks such as cooking, washing and cleaning so that they gained skills and confidence in doing these tasks themselves. One member of staff told us, "It is about helping people to do as much as they can without putting them in danger. " Another staff member told us how one person had been supported to use public transport, and develop their understanding of money. One staff member told us, "[Persons name] goes to the shop without staff. She is really pleased she can do that." Another staff member told us, "We have designed some pictorial recipes for [person's name]. This means that they can follow them easily and take the lead in cooking." We saw in care plans that people had goals that they were working towards and progress towards these was monitored.

Is the service caring?

Some people told us that they felt listened to. One person told us, “I feel it is easy to talk to them and I am listened to.

Another person told us, “Staff don’t really understand.” A relative told us, “The staff listen to [person’s name]. Her behaviours have diminished and that is down to their approach.”

Is the service responsive?

Our findings

People told us that they felt that their preferences, wishes and beliefs were respected. One person said, “They do what I like.” Another person said, “I do have my own beliefs. If I ever want to talk about that she will listen. My religious beliefs are always respected.” We have a person centred review. [Person’s name] tells people what she wants.”

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences, aspirations and interests which enabled them to provide personalised care. We saw that people’s care plans contained this information. We saw that part of the care plan had been written by the person to tell staff how they wanted to be supported and what they wanted to achieve. There was additional information written with the person to give more detailed information about how to meet people’s needs.

People were supported to follow their interests. Staff we spoke with told us about the activities that people participated in and that people chose what they wanted to do. One staff member told us, “[Person’s name] likes to plan their week and makes sure that she has a plan for the whole week. A relative told us, “[Person’s name] is very busy. “ We saw in care plans that people participated in a range of activities including college, volunteer placements, keep fit, horse riding and hosting a meal for friends. Staff told us how people were supported to achieve their goals. This included one person who had always wanted to go to Majorca. This was achieved in 2015. Staff told us that the person was now planning what they wanted to do next. Staff also told us about other individual success that people had recently. These included people moving into their own house, getting paid work, and two people having a baby and receiving support with their new family additions.

People were supported to maintain relationships with family and friends. A relative told us, “We are very involved in his life. Staff work well with us.” Another relative told us, “They have a large friendship group from college. [Persons name] had a birthday party and we managed to fit 30 people in the house.” A staff member told us how people who were supported by the provider had arranged a group meal. They told us that people took it in turn to be the host and each person brought a different course for the meal.

The registered manager told us that people had developed friendships with other people who were supported by the provider. This included a small group of people who went out for breakfast and bowling together with staff support.

People told us that they had some choice over their staff members. One person told us, “I don’t see the ones I’m not comfortable with.” A relative told us, “[Person’s name] did not get to choose his staff as there were not enough of them. He does make it clear if he does not want someone.” A member of staff told us, “People do prefer certain staff and we try to make sure that people have these staff. If a member of staff is not being accepted by the person we will change them”. A relative told us that it had taken some time to change one member of staff that their relative did not want to have but this had been resolved.

We saw that each person had been assessed to ensure that the service could meet their needs before they were supported. The registered manager completed the assessments with people, and if appropriate with their family. The registered manager told us that this included an assessment of the person, their expectations of the service, their wishes, history, interests and lifestyle. We saw that the assessment also included information about the persons’ diagnosis of autism or Asperger’s and what this meant for them. Care plans included information about people’s likes, dislikes and preferences. Each person had a support dashboard in place. This document recorded key information about the person including goals, progress towards these, capacity and decisions making.

We saw that daily notes were kept to record what people had done, what people had said and any other relevant information. This meant staff would know what the person had done and what they were feeling. This allowed staff to be informed if the person was happy or anxious about something and support them appropriately. The information from the daily notes was useful for handovers and continuity.

Some people told us that they had not been given information on how to raise a complaint. They told us that they would be happy to raise a concern. One person told us, “They haven’t told me to but I would just ring the office number.” A relative told us, “We have raised complaints and I am happy to do so. “ We saw that there was a guide for

Is the service responsive?

people who used the service that contained information about the complaints procedure. We saw that the complaints procedure was available in different formats to make it easier to understand for people.

We looked at the complaints that had been received by the service. We saw that they had received one complaint. This had been dealt with in line with the provider's policy and within the agreed timescales.

Is the service well-led?

Our findings

People told us that they knew who the managers were and that they were approachable. One person told us, “The other night he (registered manager) came to see me. He had taken a video of my new home for me so I could see it. I couldn’t believe someone doing that for me.” Another person told us, “He respects me, He is very helpful.” A relative told us, “The registered manager has attended meetings and we have discussed concerns with him.” Staff told us that they could approach the management and feel that they were listened to. One staff member told us, “He (registered manager) is great at any time. He is approachable. If you need ideas he will have one.”

We saw records of staff meetings. These showed that meetings were not held regularly. Some staff members told us that they had one staff meeting a year. Other staff members told us that they had meetings every three months. The registered manager told us that they were aware that the meetings were not happening as often as they should be. This had resulted from reduced staffing numbers due to staff vacancies. The registered manager told us that now that recruitment had taken place staff meetings would be taking place more frequently. We saw a matrix that planned staff meetings and supervisions for the next 12 months. This matrix showed that these meetings were planned to take place more regularly for all staff.

A relative told us that they felt that there was a layer of management that was missing. They felt that team leaders managed services and also provided support to people who used the service. They told us that this had an impact on the support for staff and that they felt that the staff relied on the family. We saw that team leaders did provide support to people who used the service. The team leaders we spoke with told us that they had time set aside to manage the services. They all told us that they spoke with the registered manager regularly. This meant that the team leaders were aware of the day to day culture in the services. Staff we spoke with told us that they felt supported by the managers. One staff member told us, “I have not had supervision recently as we are down a team leader. I can go to my line manager and I feel supported.”

The registered provider undertook a detailed annual audit of quality. This was completed for the year 2014/2015. The latest audit included information on the positive changes that had been made and any challenges. Progress against actions was documented to show where improvements had been made and what was still to be completed. The audit looked at areas such as reviews that had been completed, how people were involved in their support, personalised care, safeguarding, suitability of staffing, quality and management. From this audit a development plan had been implemented. This included areas for improvement and any recommendations from external organisations that had carried out monitoring visits. This meant that there were robust procedures in place to monitor the quality of the service that was provided and action plans were developed to drive improvement.

People told us that they had received surveys asking them about the service they received. One person told us, I have had a couple from the main office asking for ways they could improve.” A relative told us that they had received a survey each year. Another relative told us that they had not received any surveys. We saw that the last survey had been sent out in October 2015. The results from this were not yet available. The previous survey had been completed in June 2015. The registered manager told us that very few people had responded to this and that the feedback was positive from the people who had responded. We saw that staff had been sent a survey in October 2015 to seek their views on the quality of the service and the provider. The results from this were not yet available. The registered manager told us that these would be available by January 2016. This meant that the provider was actively seeking the view of the people who used the service.

The registered manager worked with external organisations to develop their practice and to make sure that the organisation was working in line with national guidance. This included gaining accreditation with the Autism Accreditation Scheme.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They reported events they were required to report.