







National Autistic Society (The) NAS Community Service (North Yorkshire)

Inspection report

The Middleton Building, 14A Market Place,
Thirsk, North Yorkshire, YO7 1LB
Tel: 07436267399
Website:

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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

This inspection took place on 17 August 2015 and was announced.

The National Autistic Society supports people on the Autistic spectrum, including people with Asperger's Syndrome and similar conditions. NAS Community Service (North Yorkshire) provides services under the regulated activity of 'personal care'. The service is provided to people who live in 'supported living' houses in Northallerton or Thirsk and who require assistance

with personal care. The aim of supported living is to encourage people to live in the community with support from staff. At the time of our inspection, two people made use of the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 who used the service were kept safe. Staff knew what to do and who to contact if they thought anyone was at risk of harm. Risks to individuals had been identified and plans were in place to make sure risks were kept to a minimum. Where people needed their medicines to be administered by staff, there were clear procedures in place to make sure administration was carried out safely.

There were enough staff, of suitable skill and character to make sure people's needs were met. Before new staff started work the provider carried out proper checks to make sure they were fit to work at the service. Staff were able to attend training that provided them with skills and knowledge to carry out their roles effectively.

Staff had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in

place to protect people where their freedom of movement is restricted. Appropriate action had been taken to make sure legal requirements were followed where restriction on a person's movement was a concern.

People received the support they needed with their personal care. Where people had particular health needs there was clear information about the support people required. Staff were aware of individual preferences and how best to assist people in the way they wanted. They demonstrated a caring and warmth in the way they discussed the people they supported. People had regular reviews of their care and support to make sure any changes in needs were identified and acted on.

The registered manager had been in post since April 2015. They had a good overview of the service and had identified areas that needed to be improved. In particular there had been a number of changes in management over the last few years and this had affected staff morale. The registered manager was keen to provide a consistent and open management style.

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.

Staff had a clear understanding of their safeguarding responsibilities.

There were good systems in place to protect people from the risks associated with their personal care needs.

There were sufficient numbers of suitably qualified and experienced staff to meet people's needs.

There were safe systems for the administration of medicines.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and legislative requirements were followed.

People were supported by staff to maintain good health. Appropriate support was provided with eating and drinking where this was needed.

Good



Is the service caring?

The service was caring.

People and their relatives were involved in making decisions about their care and support.

Staff treated people with respect and maintained their dignity when supporting with personal care.

Good



Is the service responsive?

The service was responsive.

Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People were reminded of their right to make a complaint in a way that they understood. Complaints were responded to appropriately by a manager.

Good



Is the service well-led?

The service was well-led.

There was effective management of the service. Areas for improvement had been identified and appropriate action was being taken where necessary.

There were effective systems in place to make sure that the service continued to deliver good quality care.

Good



NAS Community Service (North Yorkshire)

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 17 August 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. The

provider had submitted a Provider Information Record (PIR) before the inspection. The PIR 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.

During this inspection we visited the office in Thirsk and went to a Supported Living Service in Northallerton. Because people who used the service had complex needs they were not able to tell us about their experiences. We looked at records which related to people's individual care. We looked at two people's care planning documentation and other records associated with running a community care service. This included four recruitment records, the staff rota, notifications and records of meetings.

During the visit we met with one person who used the service, as well as a member of staff, the deputy manager and registered manager. Following the visit we sought further feedback and we spoke with another two members of staff and two relatives over the phone.

Is the service safe?

Our findings

When asked, one relative told us that they felt the service was safe and suitable. We received no feedback which suggested people were unsafe.

People were supported to stay safe by staff who understood and followed safeguarding procedures. Staff members told us that they felt confident about identifying potential abuse and taking appropriate action. They had received clear guidance and training about safeguarding issues and procedures. One staff member told us “In my induction we went through the signs of abuse, our duty of care and what action to take if we had concerns”.

There was an up to date and comprehensive safeguarding policy in place which included safeguarding guidance from other organisations, such as the CQC. The registered manager told us that there was a safeguarding lead in the organisation who could be contacted at any time for advice or support. We saw that the proper authorities had been informed where safeguarding concerns had been identified. Any incidents or accidents had been recorded and then reviewed by a manager to assess if there was anything that could be done to prevent a reoccurrence.

Up to date risk assessments were in place for each person. These described risks to the individual and control measures to keep any risks to a minimum. For example one person was at risk of injury due to occasional seizures. There was clear guidance in place about how to keep the person safe in different situations, such as in the car or in a bath. There was also an epilepsy support plan which included guidance about indications, triggers, what to do and when to call an ambulance. This meant that staff had the information they needed to provide a consistent approach, and were able to support the person in tasks and activities whilst keeping them safe.

Some people required their medicines to be administered by a member of staff. There were good systems in place to make sure that these medicines were managed safely. Support plans provided detailed information about each person’s medicines, including why it was needed and possible side effects or allergies. There was a picture of each tablet or cream which meant that staff could check the right medicines were administered. Risk assessments were in place and these explained the action to take if medicines were refused or given later than prescribed.

Medicines were stored safely in a locked, secure cabinet. A medication administration record (MAR) was used to show the medicines to be administered, dosage and time taken. Staff signed the MAR after medicines had been administered and we saw that there were no unexplained gaps or errors in recording over the last few weeks.

There was a staff rota for each supported living service and these showed that there were sufficient staff on duty to support people with their personal care needs. Daily records showed that personal care was provided in line with support plans.

Recruitment records showed that proper checks had been carried out on new staff before they started work. These included suitable references, proof of identification and a criminal background check. Where there were any gaps in employment history an explanation had been sought so that there was a clear understanding of the person’s experience. A fitness to work assessment was also completed prior to employment being offered. The checks in place meant that the provider could make sure that new staff were of suitable character and competence.

Is the service effective?

Our findings

Staff spoke knowledgeably about the people they supported with personal care. They demonstrated a good understanding of how autism can affect people and how best to assist the people who used the service.

Staff received the training they needed to support them in providing an effective service. The registered manager had recently completed a training report to highlight the training each member of staff had completed and what training needed to be provided. All staff had completed specialist training on autism to support them in their roles. Training was also provided in important areas such as safeguarding and medicine administration. One staff member said “If I have a suggestion for training or think of training that would be useful for me to support [Name] they put me on it”. Another member of staff told us that they had not had all the training they needed in the past, but the situation was now improving and training had been arranged.

One member of staff talked about their induction which they were given when they first started. They described it as “Quite intensive” and said it included training and shadowing other members of staff in order to become familiar with the people and their routines. They found this beneficial in learning about their role.

Staff told us that they had supervision with a manager about every two months. This was an opportunity to discuss work issues in a confidential, one to one meeting. We saw that supervisions were recorded so that agreed actions could be reviewed. One member of staff felt that supervisions could be improved as “They don’t feel very meaningful”. Another member of staff told us “Supervisions are more regular now” but felt that they should be used more positively to motivate staff. We spoke with the registered manager about this who was aware that supervisions could be more effective and was aiming to make them more useful and supportive to staff.

Staff had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in place to protect people where their freedom of movement is restricted. Staff had received training in the MCA and DoLS and there were up to date policies and procedures in place.

Appropriate action had been taken to make sure legal requirements were followed where restriction on a person’s movement was a concern. For example, following an accident, it was felt by staff that a safety gate at the entrance to their room would benefit one person. As the person did not have capacity to consent to this, a ‘best interest’ meeting was held and a request for DoLS authorisation made. This was a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision was then made based on what was felt to be in the best interest of the person. The safety gate was agreed but strict guidelines were put in place to make sure it was used in the least restrictive way and only when necessary.

People were supported to maintain good health. Each person had a Health Action Plan which was written in an ‘easy read’ style with the use of pictures and large print. Plans contained clear and detailed information about each person’s health needs and the support required. These had been written with the involvement of relevant professionals, such as a GP. Where a person required specific support with a health need, such as epilepsy, there were guidelines for staff about what to do if a seizure occurred. Records showed that people were supported to access relevant health professionals when needed.

One person required support with eating and we saw that they had been provided with an adapted bowl and cutlery in order to help them eat independently. There were clear guidelines for staff about where to place these on the table so that the person could use them effectively. Staff monitored the amount of food and drink people consumed in order to make sure they had sufficient amounts.

Is the service caring?

Our findings

One relative told us that they thought “Staff were wonderful” and added that “They are caring”. Staff spoke about the people they supported positively and with regard for their wellbeing. All the staff we spoke with had a good awareness of each person’s background, character, likes and dislikes and preferences. Whilst we did not observe any personal care being carried out, we did note that there was a familiarity and warmth between one member of staff and the person they supported.

Support plans contained useful information on each person’s communication needs and how to involve them in making choices and decisions. People’s preferences were also taken into account. For example, one person liked to stay in bed past the time that their medicines should be administered. An arrangement had been agreed with the person to support their preference, so that staff could wake them briefly to take their medicine and then leave them to stay in bed.

A Service Guide was given to people and this contained easy to read information about people’s rights, as well as how they could get support to be more involved in their

care. The guide gave details of a Person Centred Planning Coordinator who was available to meet with people to talk in detail about their support. There was also information about a local advocacy group, if people needed someone independent to speak on their behalf. Relatives told us that they were kept informed about what was happening in the service. We saw that relatives were closely involved and their views were taken into account in how support was provided.

There were frequent references in support plans to the importance of promoting privacy and dignity. For example, one person’s bathing support plan stated “Staff must be mindful of dignity when supporting in the task and promote independence wherever possible”. This was also highlighted in a section about applying skin cream which stated “Complete in private to protect dignity”. One staff member confirmed that they were very aware of the need to respect dignity when supporting with intimate personal care. They explained “I tell [Name] what I am doing step by step so that they know what is happening” The registered manager told us that they were looking to nominate a Dignity Champion in order to promote respect and dignity across the service.

Is the service responsive?

Our findings

People had up to date support plans which gave clear information about individual needs. Information was personalised and explained in detail how to support people with their personal care. For example, one person required support to have a bath. The support plan explained step by step how staff should assist with this activity so that care was consistent and structured. Each step included guidance about what to say and how to assist so that the person understood what was happening and was involved in the task.

The registered manager explained that this approach was important for some autistic people. It also meant that people were supported to be more independent by doing some tasks for themselves, no matter how small. The registered manager explained that they were introducing an Individual Progress Programme (IPP) for all people who used the service. An IPP breaks down activities into lots of small steps so that progress and achievement can be more easily recognised.

Support plans had been reviewed recently and had taken into account each person's preferences. The manager explained that, because people were not easily able to communicate their needs, the views of others had been

sought in order to get a good overview of each person's preferences, interests and abilities. This included the views of relatives and other professions such as a GP or social worker.

There was an up to complaints procedure in place which gave clear guidelines on making a complaint about the service, as well as contact details of other relevant organisations such as the CQC and the Local Government Ombudsman (LGO). The LGO is an organisation that can get involved when the local authority complaints procedure has not provided a satisfactory response.

There was an easy read version of the complaints form for people who used the service. Although we were unable to get confirmation from people, the registered manager told us that people were often reminded of their right to complain.

Complaints received had been recorded and there was a clear record of the action taken and evidence that a response had been made to the complainant. The registered manager explained that they were trying to improve relationships with relatives, some of whom had historical concerns about the service. We saw that the registered manager sometimes met with relatives to discuss concerns directly. They told us that this was often a better way of addressing issues. This was confirmed by the relatives we spoke with.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. They had been in post since April 2015.

The registered manager and deputy manager spoke enthusiastically about their roles and the development of the service. They said the aim of the service was to promote a person centred, outcome focused culture within the team and the people they supported. The National Autistic Society (NAS) included a mission statement in the easy read service guide as well as information about NAS values.

The registered manager explained that they tried to promote an open culture in the service through regular team meetings and staff supervisions. They added that there was an 'open door' policy for staff to approach management at any time. Staff gave mixed responses when asked about the management of the service. One staff member said there was good communication and that they were able to approach managers at any time. However others commented that although they enjoyed their jobs, management could do more to support staff motivation. We spoke with the registered manager about this who told us that there had been a number of different managers at the service in the last few years and that this had meant the team were not consistently led. They told us that they were aware of staff concerns and were looking at ways to improve communication, including more regular team meetings.

We noted that when the registered manager started their role they had sent out an easy read letter to people who

used the service. This included an introduction, contact details and a picture to help with recognition. This helped to promote and encourage communication with the people they supported.

The registered manager told us that they had completed a review of the service in May 2015 to identify areas that required improvement. We looked at a development plan which had been written after the review. This showed the areas that required improvement as well as target dates for any action to be completed. Actions included a review of staff training and an update of care plans. We noted that both of these actions had been carried out. There were also six monthly monitoring reviews when a manager from another service visited to assess the quality of the service. The last review took place in March 2015 and the report included areas of good practice as well as recommendations for improvement. This showed that the service regularly assessed the quality of care to support continuous improvement.

The registered manager told us that the service was currently working towards an Autism Accreditation. This was a scheme set up by NAS to recognise those services that had achieved a high quality standard in working with autistic people.

The provider sent out questionnaires each year to staff, people who used the service and relatives to get their views about the care and support provided. The registered manager explained that they also sent out an easy read questionnaire about the service which had more specific information. A quality assurance report was produced each year using feedback on questionnaires. The registered manager explained that they were just starting to receive responses from this year's survey.