

National Autistic Society (The) NAS Community Services (Croydon)

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

This inspection took place on 11 and 12 January 2017 and was announced. NAS Community Services (Croydon) provides personal care to adults with autism or learning disabilities living in the community. At the time of this inspection they were providing personal care and support to four people. The office is based in Coney Hall and people were residing at supported living services in Croydon and Greenwich.

At our last inspection on 28 and 30 October 2014 we found that, although the provider was meeting our regulations, the service required improvement because some records relating to the running of the service could not be located promptly when we requested them. At this inspection we found that the provider's administration and record keeping systems had significantly improved. The registered manager provided us with records promptly when we requested them.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People using the service and relatives told us the service was safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work and there were sufficient staff on duty to meet people's needs. Risks to people were assessed and support plans and risk assessments provided clear information and guidance for staff on how to meet people's needs. Medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of the people they supported and they received regular supervision and annual appraisals of their work performance. People were provided with sufficient amounts of food and drink to meet their needs, and they had access to a GP and other health care professionals when they needed them. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People were supported to be as independent as possible and their privacy and dignity was respected. People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

People and their relatives, where appropriate, had been involved in planning for their care and support needs. Their needs were assessed, and support plans and risk assessments included detailed information and guidance for staff about how their needs should be met. People told us there were plenty of activities for them to partake in. Meetings were held where people could express their views and opinions about how

the service was run. The service had a complaints procedure in place. People and their relatives said they were confident their complaints would be listened to and action taken if necessary.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. They took account of the views of people using the service and their relatives through annual surveys. Staff said they enjoyed working at the service and they received good support from the registered manager and senior managers. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

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

People using the service told us the service was safe and that staff treated them well.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse.

Appropriate recruitment checks took place before staff started work. There were sufficient staff on duty to meet people's needs.

Risks to people were assessed, and risk assessments provided clear information and guidance for staff on how to meet people's needs.

Medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People were provided with sufficient amounts of food and drink to meet their needs.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People were supported to be as independent as possible.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and support plans included detailed information and guidance for staff about how people's needs should be met.

Each person using the service had a programme of activities.

The service had a complaints procedure in place. People and their relatives said they were confident their complaints would be listened to and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

The provider took account of the views of people using the service and their relatives through annual surveys.

Staff said they enjoyed working at the service and they received good support from the registered manager and senior managers.

There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

NAS Community Services (Croydon)

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 11 and 12 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a community service and we needed to be sure that someone would be available at the office. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

The inspection team comprised one inspector who attended the office on both days. They also visited three people at one of the provider's supported living services. They looked at the care records of three people who used the service, staff training and recruitment records and records relating to the management of the service. They spoke with two people using the service, the relatives of two other people using the service, two members of staff, the registered manager and their line manager.

Is the service safe?

Our findings

People said they felt safe and that staff treated them well. One person said, "The staff are great they look after me and keep me safe." A relative told us, "We think our son is safe and extremely well cared for."

The service had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the service. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The registered manager said the staff team had received training on safeguarding adults from abuse, which was refreshed annually. Training records we saw confirmed this. Staff told us they were aware of the whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. The registered manager told us that no new staff had started working for the service since our last inspection in October 2014. During that inspection we looked at staff personnel files and found completed application forms that included references to their previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment and interview questions and answers. Each file included evidence of criminal record checks that had been carried out, two employment references, health declarations and proof of identification. This information helped ensure that staff were of good character and suitable for the roles they had applied for.

There were enough staff on duty to meet the needs of people using the service. At the time of our inspection the service was providing care and support to four people in two supported living services. The registered manager told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. The provider had a team of bank staff. The registered manager told us bank staff were very familiar with the people at the supported living service and they received the same training and supervision as regular staff. Training records we saw confirmed this. We checked the staffing roster; this corresponded with the identities and the number of staff on duty.

Assessments were undertaken to assess any risks to people using the service. We saw individual risk assessments were in place specific to people's needs. For example risk assessments were in place relating to using public transport, making meals and hot drinks, and supporting people with personal care. The risk assessments included information for staff about the actions they needed to take to minimise the risks to people using the service. We saw there were behaviour support plans in place for people where they had been identified as potentially presenting with behaviour that may require a response which gave guidance for staff on how this should be managed safely. People's risk assessments and behaviour support plans were kept under regular review in order to take account of any changing needs.

The registered manager told us that three people using the service needed support to take medicines. During our inspection we visited three people residing at a supported living service. We saw that people's

medicines were stored securely in locked cupboards in their bedrooms. They also had medicine folders that included their photographs, medicine administration records and sample signatures of staff authorised to administer medicines. Staff authorised to administer medicines had received training on the administration of medicines. We saw medicines competency assessments had been completed by these staff before they could administer medicines. We checked medicine administration records and these indicated that people were receiving their medicines as prescribed by health care professionals. Regular weekly and monthly audits of all medicines were completed by the deputy manager and registered manager to monitor and reduce the likelihood of any risk occurring. These processes helped protect people from the risks associated with inappropriate use and management of medicines.

Is the service effective?

Our findings

People and their relatives told us staff knew them well and knew what they needed help with. One person said, "The staff help me with the things I need like shopping for food and planning meals." A relative told us, "The staff are very experienced and well trained and know what they are doing. They know what my son needs and they look after him very well."

Staff had the knowledge and skills required to meet the needs of people who used the service. The registered manager told us that new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix which showed that staff had completed training that the provider considered mandatory. This training included managing behaviours that require a response, the administration of medicines, safeguarding adults, health and safety and the Mental Capacity Act 2005 (MCA). Staff had completed other training relevant to the needs of people using the service, for example in conditions such as epilepsy and autism. A member of staff told us, "The National Autistic Society has invested in the training of staff. We get continuous training on autism. This has really helped me to understand people's needs and what I need to do, as part of a team, to support them."

Staff were aware of the importance of seeking consent from people when offering them support. A member of staff told us, "I would not do anything for anyone unless I asked them if it was okay to do so. I wouldn't force anyone to do anything if they didn't want to."

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager and staff demonstrated a good understanding of the MCA. The registered manager said that people using the service had the capacity to make some decisions about their own care and treatment. Where they had concerns regarding people using the services ability to make specific decisions they had worked with them, their relatives, where appropriate, and the relevant healthcare professionals to make sure mental capacity assessments were undertaken and that any decisions made for them were in their 'best interests', in line with the MCA. The registered manager told us none of the people using the service were subject to a Court of Protection order to deprive them of their liberty

People were provided with sufficient amounts of nutritional food and drink to meet their needs. People's support plans included assessments detailing their dietary requirements; food likes and dislikes and any food allergies. Staff knew about people's specific dietary requirements and planned their meals

appropriately. A member of staff told us they encouraged people to eat low salt healthy meals with plenty of fruit and vegetables. People told us they participated in weekly meal planning meetings and they enjoyed the meals on offer. One person told us, "The staff always encourage me to eat healthy meals. I can tell them what food I like at our residents meeting every Tuesday. We do the shopping with staff." Another person said, "The staff always ask me what I want to eat and they make it for me."

People had access to a GP and other health care professionals when needed. GP and health care professional's visits were recorded in people's care records. Each person using the service had a health action plan which contained important information about their healthcare needs and conditions. These records were taken with people to health care appointments to inform the attending healthcare professional of their needs. We saw that advice received from health care professionals was recorded and passed onto all staff. People also had hospital passports which outlined their health and communication needs for professionals when they attended hospital.

Is the service caring?

Our findings

People spoke positively about the care and support they received from staff. One person said, "The staff are kind and friendly, they are like my family. They help me to look after myself." Another person showed us their bedroom and told us, "I like living here. The staff are nice to me and I have a nice room." A relative said, "I am very happy with the support my son receives from the National Autistic Society. He is happy and as long as he is happy I am happy. The staff that I know are marvellous, kind and caring. He has a keyworker who has worked with him for a long time and knows him well." Another relative told us, "The staff are extremely caring and aware of my son's needs."

We visited a supported living service and observed positive interactions between staff and people using the service. Staff knew people very well and communicated with them effectively. They provided support in a sensitive way and responded to people politely, allowing them time to respond and also giving them choices. They displayed kindness and understanding toward people and addressed them by their preferred names.

People were supported to be as independent as possible. Staff said they encouraged people to be independent by encouraging them to complete as many tasks for themselves as they were able to. A staff member told us, "We get people to do whatever they can do for themselves. Promoting independence and improving people's confidence is very important." A person using the service told us, "I do lots of things for myself. The staff give me advice about things I can do for myself and they encourage me and be independent. I am learning new skills like cooking my own meals and working on a computer."

Staff told us how they ensured people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and made sure information about people using the service was kept confidential at all times. One person using the service told us, "The staff wouldn't barge into my room, they respect my privacy and they always knock on my door and ask if they can come in when they want to speak with me."

People using the service were provided with appropriate information about the service in the form of a 'service users guide'. This included the provider's complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us the guide was given to people when they started using the service. A relative told us "I have a copy of the service users guide. Everything we need to know about the service is in there."

Is the service responsive?

Our findings

People using the service and their relatives told us the service met their care and support needs. One person told us, "The staff are good at looking after me. I am very happy with the support I get from them." A relative told us, "We chose the National Autistic Society because of their expertise in supporting people with autism and we have not been disappointed."

Assessments were undertaken to identify people's support needs before they started using the service. People's care files included care and health needs assessments, support plans and risk assessments. These indicated that people using the service, their relatives, keyworkers and appropriate healthcare professionals had been involved in the care and support planning process. Support plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. For example we saw guidance in place for staff regarding the support people required with personal care, and preparing meals and hot drinks. Support plans and risk assessments were reviewed regularly and reflected any changes in people's needs. A relative told us, "We have been very heavily involved in planning for our son's care and support needs. There are review meetings every six weeks which we attend. Our views and opinions about how our son is cared for are always listened to." Daily care notes we looked at showed that people were cared for in line with the care and support that had been planned for them.

People using the service had keyworkers. One person told us, "I have a keyworker. I meet with them every week and we talk about what I need. I can tell them about the things I want to do and we try to do it." We saw reports from regular keyworker meetings in people's care files. People's individual care and support needs were also discussed by staff during team meetings.

People told us there were plenty of activities for them to partake in. We visited one supported living service and saw that each person using the service had an individual program of activities. These were displayed in people's bedrooms. Activities included attending day centres, clubs, playing football, cycling, bowling and working on allotments. One person told us, "We do lots of things here, I like cooking, going to the day centre and riding my bike."

The provider held meetings where people were able to express their views and opinions about how the service was run. The minutes from a recent meeting at one supported living service showed that people had discussed issues such as activities, meal options and visits from relatives. Suggestions made by people using the service had been recorded. For example, one person said they wanted to attend activities such as bowling and visiting local parks. The registered manager told us these activities had been arranged for the person concerned. The service had a vehicle for people using the service to use which allowed them better access to the local community.

The service had a complaints procedure which was available in formats suitable for the needs of the people using the service. We saw a copy of the complaints procedure was located in a communal area at the supported living service we visited. Relatives told us they were aware of the complaints procedure. One relative said, "I would ring the registered manager if I had any complaints and he would sort things out. When I have raised concerns in the past he took appropriate action." The registered manager maintained a

complaints file which included a copy of the complaints procedure and records and correspondence relating to complaints.

Is the service well-led?

Our findings

People using the service and their relatives spoke positively about how the service was run. One person said, "I think the staff are organised and they and the manager know what they are doing." A relative told us, "The service is very well organised and well run. We have regular contact with staff and the registered manager is always available if we need him."

At our last inspection 28 and 30 October 2014, we found that records relating to the running of the service could not be located promptly by the registered manager when we requested them. At this inspection we found that the administration and record keeping systems had significantly improved. The registered manager provided us with records promptly when we requested them.

The service had a registered manager in post. They had managed the service for three years and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staff team.

There was a range of quality assurance systems in place to monitor the quality of the service provided. Where issues had been identified during audits we saw senior staff had developed action plans to help drive service improvements. For example we saw a quality monitoring report carried out by the provider in August 2016 which covered areas including medicines management, safeguarding, consent, care plans, complaints, incident and accidents and staff training and development. Recommendations from the report included updating the staff training matrix. The registered manager showed us an action plan they had developed following the visit and evidence that the staff training matrix had been updated. In another example we noted that a senior manager had recommended that people's support plans were reviewed following a recent check. Records confirmed that staff had acted upon this recommendation and people's support plans had subsequently been reviewed. The registered manager also carried out monthly unannounced visits at the supported living services which covered a review of areas such as staffing, medicines, any new support guidelines, incident and accidents and activities attended by people using the service. The registered manager told us they carried out these unannounced checks to make sure people were receiving safe and appropriate care and support.

The provider took account of the views of people and their relatives through regular surveys. We saw that feedback from a survey conducted in 2016 had been analysed and an action plan had been developed to make improvements at the service. People using the service and relatives had made suggestions for improvements, for example, redecorating a supported living service and the provider improving communication with family members. The action plan included redecorating one of the supported living services and improving communication with people using the services family members. The registered manager told us they had met with the landlord and agreed on work that needed to be carried out and had agreed with family members to meet on a six weekly basis.

Staff said they enjoyed working at the service and they received good support from the registered manager.

They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. A member of staff told us, "I really enjoy working for the National Autistic Society. I get really good support from the registered manager and senior managers. They have helped me to build confidence in myself and supported me to learn lots of new skills." We saw that team meetings were held on a regular basis so staff and the registered manager could meet and discuss people's care and support needs. Minutes of recent meetings showed that topics discussed included people's current and on-going support needs, staff recruitment and quality monitoring. A member of staff told us, "The team meetings are very useful. We discuss people's needs and the support we need to do for them as a team. This ensures that we are supporting people using the same consistent approach."