

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

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

NAS Community Services (Hertfordshire) is a supported living service providing personal care to 4 people. The service supports people with learning disabilities and autistic people.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People did not always receive personalised care, but staff were aware of people's likes, dislikes, and preferences. It was evident that staff support was making a positive impact on people's lives. The provider's systems for monitoring the service were still being embedded into the service. We made a recommendation to the provider about this.

Right Care

A new manager had recently started, and they were working to review all risk plans to ensure the information was correct and to provide staff with sufficient information for staff to care for people in a safe way. There were inconsistencies in how staff were recording accidents and incidents which meant they were not always following up on actions correctly. People's needs were assessed before care started. People were supported to eat well. People were supported to access healthcare services.

Right Culture

Staff members knew the people they supported well. Staff understood people's individual needs. People's independence, privacy and dignity were supported and promoted by staff.

We recommend the provider review training to ensure staff have the necessary skills to support people to develop more meaningful relationships.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service under the previous provider was good (published 12 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We made 2 recommendations to the provider to embed their monitoring to ensure care is consistent and to provide staff training.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

NAS Community Services (Hertfordshire)

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. We checked 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 Health and Social Care Act 2008.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since January and had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave 24 hours' notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant we had to arrange for a 'best interests' decision about this.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records related to 3 people's care and support. We looked at the medicine records for 1 person and 2 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included training records, safeguarding incidents, complaints, quality assurance records and a range of policies and procedures.

We spoke with the manager, team leader and 1 senior worker. We visited 1 person in their home and their support worker. After the inspection we contacted 4 professionals, and we received feedback from 1. We spoke with 3 relatives.



Is the service safe?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider's procedures for assessing the risks to people's health and safety were not sufficiently robust as it was not clear when they were last reviewed and updated. There was lots of information within the risk assessment but in places it was outdated as people's needs had changed. The manager was aware that risk assessments needed to be reviewed and this formed part of the action plan the manager was working to complete.
- We could see there were improvements to the risk plans that had been updated. There was clear information on the risk to people's safety and wellbeing. These included risks associated with their physical health, risks of harm to themselves or others and risks when they were accessing the community. There were clear guidelines for staff about how they could minimise risks.

Learning lessons when things go wrong

- Lessons were not always learnt following incidents and accidents and there was inconsistency in how staff were completing some records. Some staff were just recording the incident but not completing the follow up actions which was requested by the manager. This meant it was not always clear if actions taken to mitigate further incidents were correct. We raised this with senior staff who showed us examples in team meetings where staff were reminded of the importance of completing the paperwork correctly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to safeguard people from the risk of abuse. People and their relatives told us they were safely cared for.
- Staff understood how to report safeguarding concerns. The provider had policies in place which provided clear guidance on how to respond to allegations of abuse. We reviewed the provider's safeguarding file and we found all safeguarding concerns were managed in line with the provider's policy.

Staffing and recruitment

- On the day of the inspection there was enough staff to care for people, however there was some staff vacancies which the service was struggling to recruit into. Recruitment was an ongoing issue for the provider, and this confirmed by relatives. The manager told us that they were trying to recruit but this was an ongoing issue for the sector. Due to staffing issues the provider was using agency staff who had the necessary skills to care for people.
- There were appropriate systems for recruiting and selecting staff which included formal interviews, obtaining references from previous employers, checks on any criminal records and checks on their identity and eligibility to work in the United Kingdom

Using medicines safely

- Medicines were administered as prescribed and recorded appropriately. We reviewed the medicine administration records (MAR) charts for 1 person and we saw information on the types of medicines prescribed the dosage and frequency the medicine should be administered was recorded.
- Staff had completed training on how to administer medicines safely and appropriately with refresher courses every year which included a competency assessment.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager was not assessing people within the guidelines of the MCA. For example, one person's financial capacity assessment had not been updated since 2019.
- We saw other examples where people's best interests decisions had been carried out but these were outdated and needed to be reviewed. The manager was aware of the need to do this and this formed part of their action plan.
- Staff undertook training about the MCA so they were aware of the principles of this and how they should respond if they cared for someone who lacked mental capacity.

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

- People's protected characteristics under the Equality Act (2010), such as religion and disability were recorded as part of the referral process. Senior staff told us the referral form was used as an opportunity to discuss the person's needs and see if staff had the suitable expertise to care for the person. There was however no information about people's sexual orientation and identity which the manager recognised should be added to the paperwork.

Staff support: induction, training, skills and experience

- Staff had the necessary training to care for people. Staff completed a 9-day induction before they started to provide care and support. Once this was completed they met with a manager 3 times before their final sign off after 5 months. Staff felt this was good support as they found the support and training very helpful.
- Staff undertook regular mandatory training and were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's care plans identified if staff were required to support the person to prepare and eat food and drink, staff supported people to eat a variety of foods. Staff knew in detail how people liked their food served.
- If required people were given choices using pictures as it helped the person to decide on their choice of food or drink.

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

- People were supported to access healthcare services and contact details were recorded in people's files.
- The manager explained they worked closely with people's GPs, and health professionals. Care plans included detailed information about the person's medical history and which healthcare professionals were involved in their care. The staff kept records to show when appointments had taken place and any information from these which affected people's care.
- We saw evidence of staff making referrals to healthcare services after making observations about a change in a person's behaviour.
- Staff also worked with people to alleviate their fears about going for medical appointments. Some staff worked with people in their homes to prepare them for a visit to the dentist.

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.

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained good. This meant 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 and their relatives were positive about the care they received. One person told us staff were kind. Senior staff we spoke with were knowledgeable about people's backgrounds and interests. Comments from relatives included, "At present we are happy [person] has good staff which is vital." And "I have no complaints." And "[Person] is well and happy."
- Senior staff told us that if people had a preference for a male or female care worker, or for language spoken this would be respected.

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

- People were fully involved in making decisions about their care. Relatives acting on behalf of people were given the opportunity to attend meetings with the new manager which meant they felt more involved in how people received their care.
- Staff spoke about the importance of working with people to make decisions. If a person had communication needs, staff had developed creative ways for people to sign. Staff explained that these methods had been developed over time as they got to know people and could measure if people were happy.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. Staff spoke with passion about the needs to ensure people were supported in a respectful way. We were provided with examples of when staff had advocated for people when required.
- Staff also spoke about working with people to encourage independence by picking clothes, being responsible for laundry and carrying out tasks within their home.
- Staff also spoke about supporting people to become more independent by helping them be confident in learning new skills such as cooking. One staff member told us, "There is a need to be consistent to help keep [person] independent."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider this key question was rated good. At this inspection the rating for this key question has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was not always person centred. Care plans were not in easy read format. Some records we reviewed showed people were referred to in a manner that was not person centred and the language was at times not respectful. The manager was aware of this, and they were rewriting all care plans.
- Care plans lacked detail on support with activities and pursuing relationships. We raised this with senior staff, and they told us they would welcome training in this area.

We recommend the provider review training to ensure staff have the necessary skills to support people to develop more meaningful relationships.

- Each year people and their relatives attended an annual review to discuss the progress they were making and to agree goals for the coming year.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans, but information was not always available in an accessible format. For example, care plans and key working sessions were not in easy read format. We saw examples of how the manager had introduced more easy read formats. A keyworker is an identified staff member who takes an in-depth special interest in the person and acts as a point of reference for families and professionals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had a range of activities for people, however some people were not able to attend certain activities as there was at times not enough staff. For example, one person enjoyed going fishing but this could not be accommodated as there was no longer a staff member available to take the person.
- Some relatives spoke about not always being told when activities would happen and not being kept informed.
- Staff also spoke about wanting to take people on specific activities, but they were not allowed due to issues with paying for activities which needed to be resolved.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints process in place. The complaints procedure was in an easy read format. There had been no recent complaints, but relatives told us they knew how to make a complaint.

End of life care and support

- At the time of the inspection the service was not supporting any people with their end of life care. Senior staff told us would make sure it was discussed with the person and their relatives to ensure their wishes were identified and met.

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.

At our last inspection under the previous provider this key question was rated outstanding. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider operated systems and processes for monitoring and improving the quality of the service but these were still being embedded. We saw paperwork was out of date and when issues were raised these were not addressed in a timely manner. For example, a safeguarding audit was completed in January 2023 which highlighted concerns. No action was taken until the new manager started.
- Senior staff completed audits of communication logs and conducted spot-checks but they were not always recording these in a consistent manner which meant we were not assured these were monitored in line with the provider's policy.

We recommend the provider ensure they have robust procedures in place for monitoring the service.

- The provider had an action plan in place as a result of a recent local authority audit. The manager was completing the action plan. It was evident from reviewing the action plan that progress was being made and the manager was aware of all the issues we highlighted during the inspection.
- The manager spoke about the challenges they were facing due to recruitment issues but also spoke about the need to keep relatives more informed of how people's care was being delivered.
- There were regular staff meetings and written guidance to make sure staff were well informed about their roles and responsibilities

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the service and their relatives told us overall they were happy. They had started to see a positive change as a result of the manager starting. People and their relatives felt staff were attentive and helpful to people and were working to improve aspects in their day to day lives. Staff were trying to introduce small changes which overall were really impacting on the quality of people's lives.
- The staff had a good understanding of people's individual cultural and religious needs and they were supported with these.
- Staff told us how morale had improved since the new manager had started and they could see a real difference.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had a clear understanding of the need to be open and honest. When we started the inspection the manager told us, " We are making changes, but it is taking time. "

Working in partnership with others

- Staff had developed effective working relationships with local services including local health services. Within people's files we could see the service worked in partnership with a range of local services and they liaised effectively to create a solution focused approach to ensure people's needs were met.