National Autistic Society (The)

NAS Community Services (Kingston)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
NAS Community Services (Kingston) is a small service, based in the Royal Borough of Kingston, which provides people with personal care and support. The service specialises in caring for adults who have a learning disability and/or are on the autism spectrum. There were two people using the service at the time of this inspection who lived in supported living accommodation in the community. Supported living is where people live independently in specifically designed or adapted accommodation, but need some help and assistance to do so. People's support is funded by the local authority.

People's experience of using this service:
• At this inspection the service met the characteristics of Good in all areas.
• People received safe care and support. The provider had systems in place to manage safeguarding concerns and staff were appropriately trained in this area.
• People were safe from harm because appropriate risk assessments had been carried out with regard to activities people took part in as well as the safety of the premises.
• Sufficient numbers of staff were employed and worked in the service so that people's needs were met.
• People were safely supported with their medicines and general health.
• Care staff had received training to enable them to carry out their role effectively.
• Care staff were supported by their management team to do their job.
• People had good relationships with care staff who protected their rights to lead as normal a life as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
• The service had policies and management systems which supported and ensured good care practice.
• Relatives told us they felt people were safe and well cared for in the house. People living in the house were unable to provide detailed verbal feedback but were able to indicate that they felt comfortable and at ease with staff.
• We found where people lacked capacity that the appropriate authorisations were in place with regard to lasting power of attorney.
• People accessed health care services when needed and records were maintained in relation to each person's health, appointment visits and medicines.
• People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff.
• The provider had a complaints procedure which relatives were aware of, although the service had an open-door policy which welcomed informal discussions and conversations whenever needed.

Rating at last inspection
At our last inspection of 21 February 2017 the service was rated "Good".

Why we inspected:
• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care

people received.

Follow up:
• We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

NAS Community Services (Kingston)

Detailed findings

Background to this inspection

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

Inspection team:
This inspection was conducted by one inspector.

Service and service type:
The service is a 'domiciliary care agency' providing care to people housed under supported living arrangements (supported living houses). People with learning disabilities, autistic spectrum disorder or sensory impairment use the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection because we wanted to make sure someone would be at the services office to see us.

Inspection site visit activity started on 5 April 2019 when we visited the office location to see the manager and office staff and to review care records and policies and procedures. On 8 April 2019 we visited people who lived in the supported living service.

What we did:

Our inspection was informed by evidence we already held about the service.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time with the two people using the service to observe interaction between people and staff. We spoke with the registered manager, the deputy manager and four care staff. We also spoke with a relative to ask for their views on the service. We looked at the care records of the two people who used the service and four staff files and other records relating to the management of the home.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.
• Systems were in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. This was confirmed by conversations with staff and records seen.
• Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer incidents to the local authority safeguarding team.
• Notifications were sent to us of events and incidents the provider was legally required to send us.
• Relatives expressed confidence in the safety of their relatives in the home.
Assessing risk, safety monitoring and management.
• Risk assessments were in place to reduce people's risk of harm. Staff monitored people's safety and reported any concerns to the office staff to act on and amend risk assessments and practice.
• Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.
• Relatives told us that they were informed of any accidents or incidents in a timely manner.
Staffing and recruitment.
• The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people.
• Staffing numbers were sufficient to meet people's needs. Relatives told us there were sufficient staff to support people, and that they felt positive about the fact that staff were recruited for their compatibility and empathy with the people living in the service.
• Rotas were managed well by the unit managers in the houses.

Using medicines safely.
• The provider's systems made sure medicines were safely received, stored and administered to people.
• People were safely supported with their medicines by trained staff. Staff were not allowed to support people with medicines until they had received training.

Preventing and controlling infection.
• People were protected from the risks of harm by staff operating good infection control and prevention practices and following good food hygiene guidelines.

Learning lessons when things go wrong.
• The provider encouraged the registered manager and staff to learn lessons from any events or incidents that resulted in poor outcomes for people, to make sure they did not reoccur.
• Staff told us that they used reflective supervision to discuss any incidents and also shared issues at handover sessions and directly with the registered manager.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• People had a comprehensive assessment of their needs carried out.
• People's rights were respected. People with diverse needs were supported in a way that made sure they were not discriminated against.
• People's environment was assessed and reviewed where necessary to ensure it was suitable.
•A relative told us, "I am very closely involved in all aspects of the care planning and assessments and the manager discusses any issues and possible changes that might be beneficial."

Staff support: induction, training, skills and experience.
• People were supported by staff who had completed relevant training and qualifications to carry out their roles. Staff completed an induction and received supervision and an annual check of their performance.
• Staff confirmed the training they completed in conversations with us and we saw records to back up training and supervision was monitored, reviewed and documented. One care staff told us, "The training is superb. I spent a month on induction, getting to know the basics and learning about the organisation. Then I was shadowing staff, doing e-learning modules and putting into practice what I learned."

Supporting people to eat and drink enough to maintain a balanced diet.
• People were encouraged to assist with food planning and preparation and making healthy choices with their nutritional needs. People were supported to make independent decisions and choices about what to eat and when.
• People's food and fluid intake was monitored as part of their overall health and well-being. Professional advice was sought, when necessary.

Staff working with other agencies to provide consistent, effective, timely care.
• Staff worked well with other agencies, health care professionals and social service officers. People were supported with their general healthcare by maintaining good relationships with GPs and pharmacist services.
• Specific needs were supported through the support of specialist teams such as behavioural therapists and epilepsy services.

Adapting service, design, decoration to meet people's needs.
• The house was designed in line with the values that underpinned Registering the Right Support and other best practice guidance. People could live as ordinary a life as any citizen.

Supporting people to live healthier lives, access healthcare services and support.

• People were supported to access other healthcare professionals. Each person had a healthcare file that provided a full overview of the person's mental and physical healthcare needs.
• Staff completed up to date visits records whenever someone attended a healthcare appointment, including any actions the home needed to take to support the person.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

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

We found people were only restricted with their liberty to make sure they were safe, following 'best interest' decisions made by a multi-disciplinary team of professionals.

Good

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.
• People received the care and support they needed from caring staff. A relative told us, "I do feel the staff are caring and they know [my relatives] very thoroughly, and so can provide a good level of care."
• In the house we visited we observed staff worked in a way that required what was termed a "low arousal" approach for people with severe autism. As people did not need more information and activity than they could process and manage, staff conversations with them were measured and thoughtful and provided any necessary support by following cues from the people which maintained a clam atmosphere and sense of stability.
• Staff had taken time to get to know people and their preferences or wishes. This included learning to understand people's life histories and diagnoses they had received. It helped staff to effectively engage and interact with people to improve their abilities and lifestyles.

Supporting people to express their views and be involved in making decisions about their care.
• We observed people leading the way in how they wanted their care and support delivered. They made choices about what they wanted to eat and when, or how long they wished to spend on a chosen activity.
• People could express their likes or dislikes for foods, conversation and occupation and staff respected these. For example, short sentences were used, or people expressed this through body language.

Respecting and promoting people's privacy, dignity and independence.
• People's privacy and dignity was respected. People were encouraged to receive support, especially personal care in the privacy of their bedroom or the bathroom. Independence was fully encouraged. For example, each person had an individual programme based on their preferences.
• People's relatives confirmed people were encouraged to be as independent as possible and their privacy and dignity were maintained. One relative said, "The way the staff work with [my relatives] has helped them to really feel that this is their home."

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
• Staff understood, and had the skills to meet, people's social and cultural needs. People's support needs were well documented and support plans were based on people's lives, goals, skills, abilities and how they or their relatives preferred to manage their health.
• We saw that people had their own care records, which included a description of how they preferred to be supported written from their perspective.
• The support people received was reviewed regularly so where people's support needs changed, the support they received could be amended.
• People and their relatives were involved in the planning of their care and in the decisions around how it should be provided.
• People were able to enjoy in-house activities as well as activities in the community. These included holidays, cycling, boat trips and gardening. The house was equipped with internet access and a variety of recreational resources such as arts and crafts materials and games.
• The provider was aware of the Accessible Information Standard. The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that the staff used pictorial images with people to support them to make informed choices, and to help them understand who was on care duty each day.

Improving care quality in response to complaints or concerns.
• Relatives knew how to make complaints, and people were supported to give any indication of discomfort or concern through care staff regularly checking whether people were comfortable. A relative told us, "I have lots of contact with the staff and manager and would have no trouble raising concerns." The registered manager was able to describe how the service would act on complaints, and placed an emphasis on ensuring these were dealt with in an open and transparent way.
• People, and particularly their relatives knew how to feedback to the registered manager about their experiences of care and the service provided a range of accessible ways to do this. These included, regular telephone conversations with relatives, complaint procedure and pictorial information.

End of life care and support.
• No one using the service required any end of life support.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.
• Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• Staff were clear about their roles, having been given information on induction and through training and were introduced to other staff and people who used the service while shadowing other staff members. Staff ensured people were empowered to maintain independence and lead as normal a life as possible.
• The registered manager was aware of their registration requirements. They had informed appropriate agencies and organisations of events that happened at the service or to people while being supported by staff.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• Management and staff demonstrated a commitment to provide high quality, person-centred care through the culture they created among the workforce. This was dedicated, friendly, open and transparent. Staff demonstrated the values through the support they gave to people and how they worked as a team. One staff member told us, "This is the best service I have worked in. Everyone supports each other and we are all there for the people."
• People and their relatives were involved in discussions about their care. A relative told us that the communication between the service and family was regular and frequent.
• The registered manager told us that the service was currently working towards receiving accreditation from the National Autistic Society (NAS).

Continuous learning and improving care.
• The service was subject to various internal quality audits, including audits of complaints, safeguarding incidents, person centred care and audits which were aligned with the five CQC domains. In addition, staff received guidance on "Understanding the CQC", which enabled staff to view the care and support they provided from the perspective of national standards.
Working in partnership with others.
• The registered manager and staff used reflective learning to discuss and think about their work, to highlight anything that worked particularly well or any issue that arose, in order to try to continually improve. These were shared at supervision sessions and team meetings. Examples seen included reflections on how well an outing had gone, or how an incident which required positive behaviour support had arisen and was resolved.
• The service worked well with the NAS, as well as with relatives, in respect of designs and models for living environments for people with autism. This helped inform the service as to what would be required to ensure the premises met the needs of people.