

# National Autistic Society (The) NAS Community Services (Kent)

## Inspection report

22-24  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

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.

### About the service

NAS Community Services (Kent) is a supported living service providing personal care to one person at the time of the inspection.

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

People's body language indicated they were relaxed and at ease in their home. People were supported by a small team of consistent staff, who knew them well. This was particularly important to autistic people who became anxious if there were unplanned changes to their daily routines. People benefitted from being supported by staff who knew how to communicate effectively with them.

There had been a lack of consistency in how well the service was managed. Staff had not received regular management support and quality checks had not been undertaken in line with the provider's policy. The new management was working towards addressing these shortfalls. They had established a positive culture where staff felt supported and relatives' views were heard. However, we found some additional areas for improvement in records relating to people's medicines, incidents and goals. These were addressed after the inspection.

People's quality of life was enhanced through links between people's family and staff. They regularly consulted about people's health, social and emotional well-being. Activities were arranged around people's preferred routine and interests.

Staff had received training which reflected the individual needs of the people they supported. This included training in learning disability, autism and recognising and reducing people's anxieties. Relatives told us people were safe, settled and comfortable with staff and their anxieties had reduced as a result.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People's days were structured around their needs. Staff communicated with people in ways

that met their needs. People were supported by staff to choose and take part in activities which interested them. People benefitted from a stimulating environment which had been decorated according to their personal taste.

Right care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. People could communicate with staff because staff supported them consistently and understood their individual communication needs. Staff understood how to protect people from poor care and abuse. There were enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture: Staff placed people's wishes, needs and rights at the heart of everything they did. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 7 October 2020 and this is the first inspection. The supported living service was previously registered with the same provider at a different location.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This is the service's first inspection since registering with the Care Quality Commission.

## 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 safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our safe findings below.

# NAS Community Services (Kent)

## **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

The inspection was carried out by one inspector.

#### Service and service type

NAS Community Services (Kent) provides care and support to people living in one 'supported living' setting, 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.

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. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. 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 introduced ourselves to the one person who used the service, but they chose not to communicate with us in any of their preferred ways. The person said hello to the registered manager, by touching their hands. This person used a range of ways to communicate such as words, pictures, photos, body language and Makaton. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.

We telephoned two relatives to gain their experience of the care provided.

We spoke with two support members of staff, the registered manager and deputy area manager.

We reviewed a range of records. This included one person's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality checks and audits were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People benefited from the provider and staff understanding their roles and responsibilities in keeping people safe.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff explained that any changes in a person's usual body language or actions, would lead them to find out more about what may have caused these changes.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they were confident any concerns they raised would be actioned by the registered manager. They also knew which external agencies to raise a safeguarding concern.
- Relatives told us that people were safe. One relative told us, "I'm absolutely sure our family member is safe. We are reassured by seeing them and staff everyday."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Positive behavioural support plans (PBS) guided staff how to most appropriately care for people when they became anxious or distressed. The focus of PBS is on developing a number of proactive strategies to make sure people have what they need and want on a day-to-day basis. This helps to people have quality of life and learn new skills and more effective ways of getting what they need and want. PBS also includes reactive strategies which keep people and those around them safe from harm.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff described how one person who verbalise particular words or a change in body language when they came upset. Staff explained how they had successfully supported this person to remain calm by speaking to them gently and giving them space. As a result, this person had had minimal periods of anxiety.
- Staff managed the safety of the living environment in consultation with people's family members.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- The service had enough staff, including for two-to-one support, for people to take part in activities and visits how and when they wanted. Where people liked a structured routine, staffing was arranged around these people's needs.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Checks to ensure staff were suitable for their role included obtaining a person's work references,

employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

- People's records contained a clear short summary with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

#### Using medicines safely

- People were supported to receive their medicines as prescribed by their GP.
- Staff worked in partnership with people's relatives to review people's medicines and to monitor the effects on people's health and wellbeing. People were supported to attend healthcare appointments with either staff or relatives, depending on their preferences.
- People's medicines were stored safely, in a way that met their individual needs. There was guidance for staff when people's medicines had been prescribed to be given 'as and when required'. For example, the words or behaviours people said or did, to indicate when they are in pain and needed pain relief.
- Staff had received training in medicines management. A further staff member was being trained in how to assess staff's competency in handling medicines, to ensure the whole staff team had the necessary skills and knowledge.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. There were arrangements for keeping people's homes clean and hygienic.
- Staff followed the providers' infection control policy and procedure. This included regular COVID-19 tests which were reported to the registered manager to ensure compliance. Staff were also encouraged to have their COVID-19 vaccinations.
- Staff had completed training in infection control, including for COVID19. Staff used personal protective equipment (PPE) effectively and safely.

#### Learning lessons when things go wrong

- Incidents affecting people's safety were managed appropriately to ensure good outcomes for people.
- Staff recognised incidents and reported them to managers and any lessons learned were shared. For example, by reviewing and updating people's PBS plans. This was to ensure that plans remained effective in keeping people and staff safe.



# 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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health and their emotional well-being.
- Assessments involved people and their representatives such as family and social and health care professionals. Assessments focused on what each person hoped to achieve by using the service. Such as to be more independent and to take part in day to day activities that people most valued.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training in relevant areas so they had the skills and knowledge to support people. Updated training and refresher courses helped staff continuously apply best practice.
- Relatives told us, "We chose the National Autistic Society to support our family member because of their training for staff."
- Staff training included the wide range of strengths and impairments people with a learning disability and or autistic people may have; mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions. Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. They knew people well and as a result no restricted practices had needed to be deployed since the service was first registered. A relative told us about their family member, "They are happy, settled and used to staff. They are calmer and don't have as many behaviours."
- New staff undertook the providers' in-house induction. The Care Certificate was available for those staff new to care. 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
- Staff received support in the form of supervision, appraisal and recognition of good practice.

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

- People received support to eat and drink in a way that met their personal preferences as far as possible.
- Staff and relatives acknowledged that it could be challenging to ensure autistic people received a balanced diet when they found it difficult to make changes in their routine. People were involved in choosing their meals, by selecting food items that they wanted to eat from their fridge or freezer.
- Mealtimes were arranged around people's needs and preferred routines. Staff made a record of what

people ate and drank to ensure they had sufficient.

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

- Staff worked in partnership with people and their relatives, to ensure people had access to healthcare support and services.
- Relatives told us how staff had supported their family member, who had a fear of needles, to have their COVID-19 vaccinations. This relative said, "Staff took them along to get their COVID injection and they went. They even went back for their other COVID injections and a flu jab. We were astonished."
- People had health actions plans which were used by health and social care professionals to support them in the way they needed. A health action plan sets out what people need to do to keep healthy. This includes what services and support people need to live a healthy life; and when they need check-ups for their eyes, ears and teeth. Where people had specific health needs, support plans were available guiding staff what action they needed to take and when to seek professional advice.
- Staff observed and monitored people's health and well-being. It had been acknowledged that people's weights had increased slightly during the pandemic due to them being unable to get out and about as much as usual. Staff planned to re-introduce healthy activities for people to help them to live healthy lives.

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.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and supported people to make their own decisions about their daily care and support.
- Staff explained how they could assess from people's body language, behaviour and reactions if they consented to their care and treatment.
- When people had been assessed as lacking mental capacity for certain decisions, staff had recorded assessments and any best interest decisions. For people lacking capacity to make decisions about their medicines, best practice was followed and there were safe processes around medicines being administered covertly.
- Where applications had been made to the Court of Protection staff kept copies of these records to ensure only people who were legally appointed, acted on other people's behalf.

# 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.

This is the first inspection of this newly registered service. This key question has been rated 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 were valued by staff who showed genuine interest in their well-being and quality of life.
- Staff were calm, focussed and saw people as their equal. A relative told us it took time to get to know their family member and for them to accept a new staff member. They said their family member's small team of three staff knew them well. We observed staff communicating with this person in a calm manner and the person was at ease in their company.
- People received kind and compassionate care from staff who used positive, respectful language and body language, which people understood and responded well to. Relatives said, "Staff are very caring. They put themselves out during the pandemic, changing my family members routine completely without any negative impact on them."
- People were well matched with their designated support workers and as a result, people were at ease, happy, engaged and stimulated. Relatives told us about their family member, " They seem to get on well with all staff. If they were unhappy we would know by his manner and behaviour, but they are always relaxed and comfortable."

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

- Staff supported people to express their views using their preferred method of communication.
- People, and those important to them, took part in making decisions and planning their care. People had been asked about their likes, dislikes and preferred routines. This information was available to staff so they could support people to make decisions according to their choices and preferences. For example, one person liked their own space, and not loud noises. This was taken into consideration when planning their day and the places they visited.
- The focus of people's care included supporting their links with people who were important to them. Staff achieved this by communicating regularly with these people and saw this as an integral and essential part of people's lives.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. Relatives confirmed people were always treated with dignity and respect.
- People had the opportunity to and took part in life skills such as taking out the rubbish and putting their clothes in the washing machine.
- For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.
- People's personal information was kept secure and confidential.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided people with personalised and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. Staff knew people well and used this knowledge to help ensure people received quality of life outcomes. This ensured people took part in activities they enjoyed and were supported to feel safe and calm when they became anxious.
- Autistic people who preferred a structured day, benefitted from being supported by a small team of consistent staff, some of whom had known people for many years.
- Relatives told us their family member had a trusting relationship with staff. This meant, although they liked a familiar routine, staff were able to make changes by clearly explaining and reinforcing the reasons why. This had occurred during the pandemic when people were not able to travel to places they enjoyed some distance from their home. Staff had successfully adapted trips and meals out to walks in the park and take away meals, with minimal impact on people's well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- There were visual structures, including photographs which helped people know what was likely to happen during the day and who would be supporting them. People were encouraged to complete visual timetables for themselves so they were in control of their day. The staff rota was highlighted in different colours. This was so people knew when they were going out and when they were staying with relatives.
- Staff had good awareness, skills and understanding of individual communication needs. They ensured people had access to information in formats they could understand. When a change was occurring in one person's life, staff used a range of photographs to help the person understand. They showed the person photographs of how things were now, and how things were going to change. This helped the person to successfully understand and accept the change without increasing their anxiety.

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

- People were supported to participate in their chosen social and leisure interests.

- People took part in regular activities they enjoyed such as horse riding, trampolining and riding a bicycle. Due to the pandemic people's leisure interests had been adapted so they took place closer to people's homes. Discussions had taken place to gradually reintroduce the activities people had previously enjoyed which involved longer drives away from their home. Photographs of these activities, such as visiting animal parks were available to aid this transition back to their original routine.
- People were encouraged and motivated by staff who had a good understanding of people's goals and aspirations.
- Staff valued the relationships people had with family members. Staff communicated regularly with family members to ensure consistency of care and maintain people's quality of life.

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Staff understood the changes in people's body language and presentation, which may indicate that they were not happy with an aspect of their care. In these situations, staff investigated further to try to understand the reason for the person's reactions.
- Relatives said they had raised concerns with staff and they had been listened to. They said if they were not satisfied with staff's response, they would feel confident to speak to the registered manager.
- The service's policy was to treat all concerns and complaints seriously. Any concerns would be investigated, lessons learned from the results and this learning shared with the whole team and wider service as appropriate.

# 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.

This is the first inspection of this newly registered service. This key question has been rated 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

- There had been a lack of consistency in how well the service was managed. Quality checks had not been undertaken in line with the provider's policy when the service had first been registered.
- Internal quality monitoring visits by the new management team in February 2022 had identified a number of actions and improvements within the service. These were being addressed in order of assessed risk. The high priorities such as ensuring a safe and well maintained home and that staff had essential training had already been completed. However, additional areas for improvement were identified at this inspection. Although medicine audits had not identified any medicine errors there were no medicines records when people went on social leave. In addition, people's goals and aspirations had not been formally recorded so progress towards them could be monitored and progressed. The provider sent us completed medicine social leave forms after the inspection to evidence this had been addressed.
- A new management team, consisting of the registered manager and area manager, came into post seven months ago in October 2021. To improve communication between the registered manager and staff team, the team leader was given regular designated time in the office. The registered manager managed this and another of the providers services. They had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Staff knew and understood the provider's vision and values, to improve the quality of life for autistic people and how to put this into practice when supporting people.
- The management team understood and demonstrated compliance with regulatory and legislative requirements. The provider kept up-to-date with national policy to inform improvements to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager and team leader had created a positive culture within the service which resulted in good outcomes for people.
- The registered manager visited people weekly and took a genuine interest in their lives. They had taken time to get to know one person, at their own pace and with their direction. When we visited this person with the registered manager, the person said hello to them in their own distinct way. The registered manager told us this was the first time this person had used touch to say hello and was genuinely moved by this.
- Relatives said the registered manager was approachable and involved in their family member's care. Relatives told us, "Staff were previously left to their own devices really, but this registered manager has been

the most involved with us. We are extremely happy with the service".

- Staff felt respected, supported and valued by the registered manager and able to raise any concerns. A staff member told us, "There is support from the registered manager now which we did not have before and that is a good thing".
- The registered manager understood the duty of candour. They knew to respond in an open and honest manner if something at the service did not go as it had been planned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, had regular communication with staff and the registered manager to ensure the quality of the service and make improvements as needed.
- Relatives told us they had weekly meetings with the team leader and regular meetings with the registered manager. They said these were, "An opportunity to voice any concerns and feedback". They said they were also able to contact staff at any time and they always listened to them.
- Staff sought feedback from people on a day to day basis, based on their individual knowledge and understanding of people's communication methods.

Working in partnership with others

- People benefitted from staff and family members, working in partnership with input from health care professionals.
- The provider engaged with local and national forums to improve the rights, services and opportunities to help create a society that works for autistic people.