

Autism West Midlands

St Paul's

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?

Good



Is the service well-led?

Requires Improvement



Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced; this meant we gave the service short notice so they knew we were visiting. No breaches in regulations were identified at our last inspection on 02 July 2013

St Paul's is a complex of flats where eight people who have autism spectrum disorders are supported by staff to live in their own flat. A registered manager is required to manage this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of this inspection there was no registered manager at the service. Although this is a breach of the provider's conditions of registration reasonable steps were being taken to recruit a manager to fulfil this role.

Summary of findings

We saw that people were not always safe and protected from harm because where possible abuse were indicated, the appropriate action was not always taken to ensure that people were safe. We also saw that restrictions were placed on people without the proper processes being in place to protect those rights in line with the Deprivation of Liberty Safeguards (DoLS) and the recent judgment by the Supreme Court. This meant that the provider was breaking the law in relation to ensuring that people were properly safe from harm or unnecessary restrictions. You can see what action we told the provider to take at the back of the full version of the report.

All the people we spoke with said they were receiving a safe service. Procedures were in place to assess and manage risks to people and staff supporting people were clear about the procedures for reporting risks. However, we found that where risks were reported in line with the procedures, appropriate action was not always taken to ensure people were safe. This included acting on incidents that were potentially safeguarding matters. The provider had procedures in place to ensure that there were sufficient staff who were suitably recruited to meet the needs of people and keep them safe.

Most people we spoke with felt that staff had the skills and knowledge to meet their needs. All staff received training to ensure they were competent to undertake their role. The majority of staff told us they received supervision and support to ensure they undertook their role well.

Everyone spoken with said they were able to choose their own foods and drinks based on foods that they liked, this was with guidance from staff on maintaining good nutrition.

We saw and people told us they were supported to maintain good health. Each person had a health plan, showing when people had access to health care professionals.

All the people spoken with told us they were treated well by staff and we saw positive and caring interactions between staff and people. We saw that people were able to express their views and were actively involved in how they were supported. We saw that where people needed support with making decisions support was offered by an independent advocate, so ensuring their interest was taken into account.

We saw that people's needs were planned and delivered so as to ensure they received individualised support based on their needs. People were supported by staff to be involved in a range of domestic and social activities that they had chosen and enjoyed doing to help them to maintain their independence. Most people and their relatives told us that they were able to talk with staff about their concerns and were confident that they would respond and deal with any concerns.

There was no registered manager in post at the time of our inspection and we found that the provider had appointed a person to be in charge of the service on a temporary basis, but had not monitored the situation to ensure the service was well led during this period. There were systems in place to monitor the quality of the service, but they were not consistently maintained and were therefore ineffective in identifying shortfalls within the service. It was helpful to note that the head of service that was present at the inspection fully acknowledged that the systems were not effective and gave us clear assurances that the organisation would correct the shortfalls.

The provider was not meeting the requirements of the law in regards to safeguarding people and effectively monitoring the quality of the service. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Although people told us that they felt safe we found that appropriate actions were not always taken to protect people from the possibility of abuse and harm.

The provider was liaising with the appropriate authority to ensure people's rights were protected in line with the DoLS.

Requires Improvement



Is the service effective?

The service was effective. Staff had the appropriate skills and knowledge to meet people's needs and to ensure people received effective care and support.

People were supported to have sufficient to eat and drink and their health needs were appropriately supported.

Good



Is the service caring?

The service was caring. People told us they were treated well by staff and we saw positive interactions between people and staff.

People were supported to express their views and to make decisions about their support needs. People lived in independent accommodation that enabled them to have privacy and promoted their independence as much as possible.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and planned, so that they received care that was personalised and individual to them.

People were able to comment on their experience of using the service and were confident that they could speak with staff if they had any concerns and they would be listened to.

Good



Is the service well-led?

The service was not well-led. There was no registered manager in post and the service lacked consistency in management.

Systems for monitoring the quality of the service were not maintained effectively.

Requires Improvement



St Paul's

Detailed findings

Background to this inspection

Before our inspection we looked at the information we hold about the service. This included notifications received from the provider about deaths, accidents and safeguarding alerts. The provider sent us a provider information return [PIR], that gave us information about the service. This was information to tell us how they provided a safe, effective, caring responsive and well led service. We also looked at the result of questionnaires that we sent to people using the service, their relatives, staff, professionals involved in their care and we spoke with commissioners of the service.

During our inspection we spoke with five people using the service, four support workers, a head of service, a service coordinator and an advocate. We looked at the care records of two people and, with their agreement visited

them in their flats to observe how staff interacted with them. Other records looked at included one staff recruitment file, training and supervision matrix, staff planner, completed questionnaires sent to the service by relatives and quality assurance records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

All the people using the service that we spoke with told us they felt safe. One person told us, “Feel safe because they are looking after me well.” The majority of people who responded to the questionnaire we sent said they felt safe from abuse or harm, some people said they did not know if they were safe. This meant that most people felt they received a safe service.

Care records looked at showed that one person had sustained multiple unexplained bruising over a period of one week. We saw no information on their needs assessment, risk assessments or care plan to indicate why they would sustain so many bruises. We saw that the support workers had recorded that each incident had been reported to the senior shift leader, but no further action had been taken. The care coordinator who was in charge of the service said that they were not aware of the bruises. Records showed that the person had seen their doctor two days before our inspection, there was no evidence that the bruising was discussed with the doctor. This meant that staff had not taken appropriate action to ensure that the person was safe from harm. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the inspection we checked with the provider to ensure that they had taken action to ensure the person was safe. We were told that the person had been examined by their doctor and a referral made to the local authority for investigation.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. Information received from the provider before the inspection stated that no one that used the service was the subject of a Deprivation of Liberty Safeguards (DoLS), or Court of protection order. During the inspection we were told by the managers that people that used the service required continual supervision during the day and night; that they lacked the mental capacity to go out unaccompanied, for safety reasons as a result the front door of the building was kept locked at all times. We saw evidence which showed that the provider had attempted to liaise with the managing

authority about how the recent ruling on DoLS would apply to the service. However, at the time of the inspection no application for court of protection orders had been made for anyone using the service.

Most staff spoken with were not aware of Mental Capacity Act and DoLS. Training records showed that only one staff member had undertaken this training. We were shown the training plan for 2014 and this training was not included as part of the planned training for this year. This meant that staff would not be aware when their practice impacted on the rights of people under this legislation.

People using the service said they thought there were enough staff to support them. One person said, “Enough staff.” Relatives’ comments from questionnaires recently received by the service showed that the staff team was currently more settled. One relative commented, “X [person’s name] now has a stable team of carers who are getting to know him.” All staff spoken with said there were sufficient staff available to provide general support for people.

All staff spoken with told us that all recruitment checks required by law were undertaken before they commenced their employment. Records looked at confirmed this. This meant that the provider checked that staff were properly recruited and suitable to work with people.

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Is the service effective?

Our findings

Most people who responded to the questionnaire we sent said they thought their support workers had the skills and knowledge to support them. All support workers spoken with were knowledgeable about people's needs. They all commented on the excellent training provided to them to enable them to perform their role and records looked at confirmed that, with the exception of MCA and DoLS staff received training to do their job. All support workers said they received supervision and support to help them to do their job well. A health care professional told us that they found the staff very knowledgeable about people that used the service and understood their complex needs. .

We saw and people told us that they did their own grocery shopping supported by staff. Each person lived in their own self-contained flat, where staff supported them to prepare and cook their own meals. One person told us, "I go shopping with X (their support worker), they do the cooking, but I get to choose what I want to eat." This supported people's independence and choices.

We saw staff asking people what they would like to have for lunch. We heard another member of staff talking to one person about their trip out for a meal later on in the evening. They asked the person which restaurant they would like to go for their meal. We saw that hot and cold

drinks were available to meet people's needs and choices. One person told us, "This is my flat. I have drinks and snacks whenever I want to." This meant that people could choose the types of foods and drinks when they wanted based on their preferences.

All support workers spoken with knew how to support people with maintaining good nutrition and hydration. Staff told us if people were at nutritional risk they were weighed regularly to ensure they were maintaining a healthy weight and food and fluid were recorded and monitored, to ensure they were eating well. This meant that where people were at risk of poor nutrition and hydration, food and fluid was monitored to ensure they ate well and had sufficient fluids.

All the people that we spoke with said they saw the doctor when they were not well. One person told us, "If not well I go to the doctor." Staff told us and records showed that everyone that used the service had a health plan showing that people's health needs were being met. We saw that records were kept of visits to health care professionals. Comments made by a relative on a questionnaire returned to the service stated, "I know X [person's name] has a tooth problem and I know staff have tried to get them to a dentist, but they refused." This indicated that staff tried to meet people's health needs.

Is the service caring?

Our findings

People were comfortable and had a good relationship with the staff that supported them and people told us they were treated well by staff. One person told us, “The staff are alright, they are good to me.” We saw that a person wanted to sit out in the sun and we saw that their support worker ensured they had sun lotion on and a drink before going outside. This ensured they did not burn their skin whilst sitting outside. Information gathered from questionnaires that we sent before the inspection showed that 86% of people that used the service said the support they received helped them to be independent.

We saw that where people had non-verbal communication, staff communicated with them in a way that they understood. We saw staff held people’s hand and spoke with them in a calm and affectionate manner to ensure that they felt secure in our presence. This meant that staff were sensitive about people’s feelings and communication needs.

Everyone using the service spoken with told us and we saw that staff listened to people about what they wanted to do during the day. A staff member told us, “X [person’s name] likes a certain colour, so we take them shopping and they

choose clothes and furniture that are that colour.” Another person told us, “I can go to bed and get up when I want.” This indicated that people were supported in expressing themselves and in making decisions about their lifestyle.

We were told by the head of service that everyone at the home had recently had their care reviewed to decide the level of support they needed. Four people had been supported in this assessment by an independent advocate. We spoke with the advocate, who confirmed their involvement in supporting people to have their say about their needs. This meant that where needed people were appropriately supported to make decisions about their care and support.

Each person lived in their individual flat, which was decorated to their individual taste. This ensured that that they could see their visitors in private and discussed their care and support in confidence. During the inspection we saw staff knocked on people’s door before entering, so ensuring people’s privacy was promoted. We saw that people were dressed in individual styles of clothing reflecting their age, culture, gender, the weather and activities they were doing. Staff told us about people’s specific preferences about the clothes they liked to wear and how people were supported in maintaining their individuality in how they dressed. This ensured their dignity was maintained.

Is the service responsive?

Our findings

All the people that we spoke with told us that staff asked for their consent before providing care and support. One person told us, “This is my flat and they ask me what I want to do. I picked my own furniture for the flat.” Everyone recently had their care and support needs reviewed and we saw that where required, an independent advocate was involved to support people to ensure they were able to give consent to their care and support. We were told and records showed that where people did not have the capacity to give consent to certain aspects of their care, Mental Capacity assessments were in place to support these areas. This included consent to medication and support with managing people’s finances. This meant that people were adequately supported to give valid consent to their care.

People received support in a way that was personalised to them. Staff spoken with and records confirmed that people’s needs were assessed and planned to ensure that support was provided based on their individual needs. We saw that where people’s first language was not English key words and symbols of their language was made available, so that staff could plan and discuss people’s routine of daily living with them. The majority of the people that responded to the questionnaire that we sent said they were involved in planning their care and support needs. This meant that people were involved in deciding how they wanted their care and support provided.

Everyone that used the service had an allocated key worker. This was a designated member of staff who knew their likes and dislikes and how each person wanted to be supported. Each person’s personal accommodation was designed with their individual needs in mind, which we

were told, by staff was based on the management of risks. All staff spoken with knew how to balance risks with people’s choices, so that they could respond to people’s needs accordingly. A support worker told us, “X [person’s name] wanted to go on an aeroplane. We took them to an airport first. Then on a short flight to Scotland and they loved it.” Other people told us about how they were supported to go on holidays, and to places of interest such as to the zoo and cinema. One community professional told us that they saw that people were always busy completing tasks or attending social events, with staff’s support. This meant that staff supported people to maximise their interests and to enhance their lifestyle and independence.

Everyone using the service that we spoke with said they would tell their support worker if they had any concerns. One person told us, “I would talk to X [person’s name] if I wasn’t happy.” There was an easy read complaints procedure on display at the service so people had access to information about how to raise their concerns. The majority of people and their relatives who responded to the questionnaires we sent said staff responded well to any concerns they raised. This indicated that people were confident that their concerns would be listened to and acted upon.

The service sent surveys to people’s relatives to enable them to give feedback on the service. We saw surveys that were recently completed by relatives. These showed a high level of satisfaction with the service. We saw that people and staff were previously concerned about unsettled staffing and this had been addressed by reduced reliance on agency staff. This showed that the service listened to and responded to the views of people and staff to help in improving the service.

Is the service well-led?

Our findings

All the people that we spoke with said they were happy with the service they received. Most people that used the service and their relatives said they were asked what they thought about the quality of the service they received via surveys.

There was no registered manager in post at the time of our inspection. The provider had previously appointed someone with the intention that they would undertake the registered manager's role, but they resigned their position two weeks before our inspection. We were told that another person had been recruited to become the registered manager. This person took up their position on the second day of our inspection. Although the provider was taking reasonable steps to appoint a manager, the management of the service was unsettled and lacked the consistent support and leadership needed to manage the service well.

The systems that were in place for auditing the service were inconsistent. The auditing process included a manager from a different part of the organisation undertaking an annual audit of the service. We were told that the audit for this year had been completed, but had not been documented at the time of the inspection. We saw that there were records of safeguarding alerts raised,

complaints investigation, and surveys to people and their relatives. However, these were not analysed for trends, so that any patterns or issues of concern could be identified and used to improve the service. We were told by the care coordinator that a report of all incidents and events that happened in the service was made to senior managers on a monthly basis for monitoring purpose. We saw that this report had not been completed for three months. The provider told us in their provider information return that a senior manager visited the service regularly; however we saw that they do not currently complete a report and had not identified that the monitoring arrangements were not effective. We had a discussion with the head of service that was present at the inspection and they fully acknowledged that the systems for monitoring the service were not effective, and reassured us that they would take the appropriate actions to address the shortfalls. The ineffective systems that were in place to monitor the quality of the service breached Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All staff spoken with said that there was an open management culture in the service. They said they were able to report concerns to senior managers and action would be taken. All staff told us that the provider took appropriate action to address any issues relating to bad practice within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>Reasonable steps were not taken to identify the possibility of abuse and where the possibility of abuse was indicated appropriate action was not taken to ensure the person was safe.</p> <p>Regulation 11 (1) (a) (b)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>Effective systems were not in place to regularly assess and monitor the quality of the service provided.</p> <p>Regulation 10 (1) (a)</p>