

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

Inspection report

Harp Road
Brent Knoll
Highbridge
Somerset
TA9 4HQ

Tel: 01179748413
Website: www.autism.org.uk

Date of inspection visit:
13 February 2017

Date of publication:
16 March 2017

Ratings

Overall rating for this service	Inspected but not rated
---------------------------------	-------------------------

Is the service effective?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●



Summary of findings

Overall summary

This inspection took place on 13 February 2017 and was announced. It was carried out by one adult social care inspector.

The NAS Community Services (Somerset) provides personal care and support to people living in their own homes in North Somerset. At the time of this inspection there were six people who received 24- hour staff support from the service. The service provided a supported living service. A supported living service is where people have a tenancy agreement with a landlord and receive their care and support from a care provider. As the housing and care arrangements were entirely separate people can choose to change their care provider if they wished without losing their home.

A registered manager was responsible for the service. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a comprehensive inspection of this service on 14, 16 and 20 September 2016. Breaches of legal requirements were found as people's legal rights in relation to decision making were not always upheld. There were ineffective quality assurance systems in place to make sure any areas for improvement were identified and addressed.

After the comprehensive inspection, we used our enforcement powers and served two Warning Notices on the provider on 3 November 2016. These are formal notices which confirmed the provider had to meet the legal requirement in respect of people's legal rights in relation to decision making by 5 December 2016. They had to meet the legal requirement in respect of effective quality assurance systems by 6 February 2017.

We undertook this focused inspection to check they now met these legal requirements. This report only covers our findings in relation to these requirements. This means the rating of these key questions remain the same. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at www.cqc.org.uk

We found action had been taken to improve the effectiveness of people's care and in how well led the service was. The provider had carried out a review of each person's ability to make decisions. This review had also considered what decisions people needed help with and what needed to be decided upon in each person's best interests.

Others close to each person, such as their parents and health professionals involved in their care, had been consulted when best interest decisions had been made . This meant people's legal rights in relation to

decision making were upheld.

The management structure within the service had been improved. The registered manager was now supported by two deputy managers. Regular quality and safety audits were being carried out. Where areas for improvement had been identified, these had been addressed.

Other management systems and structures had also been improved. Staff were now provided with regular supervision (a one to one meeting with their line manager). There was an effective system to monitor this was being provided to all staff. Staff recruitment checks were monitored. This ensured all relevant checks were completed for all new staff to ensure they were suitable to support vulnerable people in their own homes.

The legal requirements had been met; the provider had therefore complied with our Warning Notices.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

At this latest inspection we found action had been taken to improve the effectiveness of people's care. As we undertook this inspection to check the provider met legal requirements, this report only covers our findings in relation to these requirements. This means the rating of this key question remains the same.

People's legal rights in relation to decision making were upheld.

Requires Improvement ●

Is the service well-led?

At this latest inspection we found action had been taken to improve how well led the service was. As we undertook this inspection to check the provider met legal requirements, this report only covers our findings in relation to these requirements. This means the rating of this key question remains the same.

There were effective quality assurance systems in place to make sure any areas for improvement were identified and addressed.

Requires Improvement ●

NAS Community Services (Somerset)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 13 February 2017 and was announced. It was carried out by one adult social care inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

We undertook this inspection to check that improvements to meet legal requirements after our comprehensive inspection on 14, 16 and 20 September 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service effective and well led. This is because the service was not meeting some legal requirements.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including their action plans following the last inspection which detailed the improvements they intended to make.

Is the service effective?

Our findings

At the last inspection of this service on 14, 16 and 20 September 2016 we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's legal rights in relation to decision making were not always upheld. Where people lacked capacity to make decisions for themselves the principles of the Mental Capacity Act 2005 were not always followed.

At this latest inspection we found action had been taken to improve the effectiveness of people's care. As we undertook this inspection to check the provider met legal requirements, this report only covers our findings in relation to these requirements. This means the rating of this key question remains the same.

People had communication difficulties associated to their Autism. They were not able to make all of their own decisions. 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. Any restrictions placed on people should be regularly reviewed. We checked whether the service was working within the principles of the MCA and found they were.

The provider had carried out a review of each person's ability to make decisions. The registered manager and other senior managers had attended recent additional training in this subject to help them carry out this review effectively. People's care plans showed what decisions people could make independently. People used various methods to communicate their wishes and choices. These included speech, pictures, signing and body language. This review had also considered what decisions people needed help with, what needed to be decided upon in each person's best interests and what the least restrictive option would be.

For example, one person being supported by the service had restricted access to the lounge and TV in their home as unrestricted access could cause them high levels of anxiety. We read the person's ability to consent to these restrictions had been assessed. This found the person lacked capacity to agree to them; best interest decisions had therefore been made on their behalf. Others close to the person, such as their parents and health professionals involved in their care, had been part of the decision making process. This meant people's legal rights were protected.

Each decision was recorded separately, at the time it was made. There was a clear process in place to review decisions made in people's best interests. Best interest decisions and any restrictions which formed part of people's care had been discussed with each member of staff who supported people in their own homes. They were also discussed and reviewed at monthly team meetings. This helped to ensure people's legal rights were promoted.

This meant people's legal rights in relation to decision making were upheld. Where people lacked capacity

to make decisions for themselves the principles of the Mental Capacity Act 2005 (MCA) were followed.

Is the service well-led?

Our findings

At the last inspection of this service on 14, 16 and 20 September 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no effective processes in place to assess, monitor and improve the quality and safety of the services provided or monitor and mitigate the risks relating to the health, safety and welfare of people.

At this latest inspection we found action had been taken to improve how well led the service was. As we undertook this inspection to check the provider met legal requirements, this report only covers our findings in relation to these requirements. This means the rating of this key question remains the same.

The provider had developed a clear development plan for the service following our last inspection. This covered all areas which required improvement, who was responsible for ensuring they were made and the timescales. As the provider had worked through their plan, they had provided us with regular updates and explained any changes they had made in the plan to us. During this latest inspection it was evident the plan had been effective.

The management structure within the service had been improved. The provider's national compliance, quality and risk project manager (who provided additional support and advice for services needing improvement) had supported the service. The registered manager was now supported by two deputy managers. The deputy managers were each responsible for overseeing three people's services (in two separate locations) and line managing the staff who supported these individuals. They carried out monthly audits of their designated services and chaired monthly staff meetings for each small staff team who supported people in each location.

We looked at monthly audits for each of the four locations people lived in. These focused on each person's service, their care records, medicine safety, general health and safety and staffing. Where areas for improvement had been identified, these had been addressed. For example, one audit had found that some staff required training updates. These had been arranged for staff who required them. Another had identified that medicine storage needed to be improved and this had been done. The monthly staff meetings also helped to review the quality of the service people received. Each person's service was discussed in detail. This included any changes in risk, to a person's care or their care records.

The registered manager line managed the two deputy managers. Their audits and staff meeting minutes were reviewed by the registered manager. This helped them to keep the quality of each service under review and ensure there was an effective flow of information between the homes people lived in and the provider's office base. This helped to ensure that any issues or areas for improvement were identified and addressed promptly.

Other management systems and structures had also been improved. Staff were now provided with regular

supervision (a one to one meeting with their line manager). This enabled staff to discuss their work, their training needs and any concerns they had. There was an effective system to monitor this was being provided to all staff. Staff recruitment checks were monitored. This ensured all relevant checks were completed for all new staff to ensure they were suitable to support vulnerable people in their own homes. Staff were not allowed to start work until all checks on them had been completed to the provider's satisfaction.

This meant the provider had developed effective systems to assess, monitor and improve the quality and safety of the services provided and monitor and mitigate the risks relating to the health, safety and welfare of people.