

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

Inspection report

Chessington Business Centre
Suite 12, Cox Lane
Chessington
Surrey
KT9 1SD

Tel: 01483351618

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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

NAS Community Services (Kingston) was first registered with the Care Quality Commission (CQC) in March 2016. This is the first inspection of the service since registration. This inspection took place on 21 February 2017 and was announced.

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.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. The current service manager had submitted an application to the CQC, to take over this role at the service. This was being processed at the time of this inspection.

People were supported, with help from their relatives and others involved in their care, to make decisions and choices about their care and support needs. People were encouraged to communicate their wishes using the method which suited them. Staff presented information in a way that helped people understand the support they received. People's support plans reflected their specific needs and preferences for how they wished to be supported. These were reviewed regularly by staff who checked for any changes to people's needs.

Staff were accessible and available to people when they needed them. The provider ensured staff were suitable and fit to work at the service by carrying out employment and criminal records checks before they could start work. Staff received appropriate training and support to help them to meet people's needs. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

Staff knew how to ensure people were protected if they suspected they were at risk of abuse or harm. Staff were given appropriate guidance on how to support people to minimise identified risks to keep them safe from harm or injury in their home and community.

Staff monitored people's general health and wellbeing. People were supported to take their prescribed medicines. When staff had any issues or concerns about people's health or welfare they sought appropriate medical care and attention promptly from other healthcare professionals. Staff supported people to make healthy lifestyle choices in terms of their diet and nutrition and encouraged to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration.

People spoke positively about staff. Staff respected people's right to privacy and to be treated with dignity. People were encouraged to take part in activities and interests at home or out in the community and to maintain social relationships that were important to them. If people were unhappy, the provider had arrangements in place to deal with their concerns appropriately.

People and staff were asked for their views about the quality of care and support provided and how this could be improved. They said senior staff were approachable, accessible and supportive. Senior staff monitored the quality of care and support provided. They undertook surveys and regular audits of the service and took appropriate action if any shortfalls or issues were identified through these.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff were aware of their roles and responsibilities in relation to the Act.

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. Staff knew how to recognise abuse and to report any concerns they had, to ensure people were appropriately protected.

There were enough staff to support people. The provider had carried out checks of their fitness and suitability to work at the service.

Plans were in place to minimise identified risks to people's health, safety and welfare. Staff ensured people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. Staff received relevant training and support to ensure they could meet people's needs.

Staff were clear about their responsibilities in relation to the Mental Capacity Act 2005.

People were supported by staff to eat well and to stay healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

Is the service caring?

Good ●

The service was caring. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

People were encouraged to communicate their wishes using the method which suited them. Staff presented information in a way that helped people understand the support they would receive.

Staff respected people's right to privacy and to be treated with dignity. People were encouraged by staff to be as independent as they could be.

Is the service responsive?

Good ●

The service was responsive. There was appropriate guidance for

staff on how people's needs should be met. This reflected people's individual choices and preferences for how they wished to receive support.

People were supported to live an active life in their home and community. They were encouraged to maintain relationships with the people that were important to them.

The provider had appropriate arrangements in place to deal with any concerns or complaints people had.

Is the service well-led?

The service was well led. People and staff could state their views about the support provided and how this could be improved.

Senior staff were approachable, accessible and supportive. They assessed and monitored the quality of the service.

They took appropriate action if any shortfalls or issues were identified through checks and audits. Good practice and learning was used to make continuous improvements.

Good ●

NAS Community Services (Kingston)

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and took place on 21 February 2017. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was undertaken by a single inspector.

Before the inspection we reviewed information we had, such as notifications about events and incidents that have occurred at the service, which the provider is required to submit to CQC.

During our inspection we spoke with the service manager. We looked at the care records of both people using the service, three staff files and other records relating to the management of the service.

After the inspection, as people using the service had complex communication needs, we spoke with a relative who shared with us their views and feedback about the quality of care and support provided. We also spoke with one team leader and two support workers.

Is the service safe?

Our findings

Staff knew how to protect people from the risk of abuse or harm. They received regular training in how to safeguard vulnerable adults and their knowledge and understanding about this was regularly assessed through supervision (one to one meetings) by the service manager. Staff told us the action they would take, if they had concerns, to ensure people were protected. This included following the provider's procedure for reporting their concerns to the service manager or to another appropriate authority such as the local council. Records showed when a concern was raised, staff worked closely with other agencies and health care professionals to ensure people were sufficiently protected.

Staff had access to up to date information on how to reduce identified risks of injury or harm to people. Records showed the service manager regularly assessed and reviewed with others such as healthcare professionals and relatives, how people's individual circumstances and needs could put them at risk of injury or harm at home and in the community. Measures to minimise these risks had been identified and this information was easily accessible to all staff through people's care records. This ensured when staff supported people at home or in the community they took appropriate steps to make sure these risks were reduced. For example we saw detailed guidance for staff which set out the steps they should take to minimise risks to one person to ensure their safety when they were supported to go swimming. Staff had a good understanding of the risks people might face and how to minimise these to ensure people were protected.

Positive behaviour support plans were followed by staff to keep people safe. Positive behaviour support (PBS) is an approach used to help people learn positive behaviour responses in a variety of settings and situations to reduce instances of behaviour that could challenge them and others. Information in people's positive behaviour support plans included what could trigger behaviour that challenges and the positive actions staff should take in order to prevent or deescalate a potentially hazardous situation, to keep people safe. These plans helped staff to manage and reduce these risks and prevent restrictive practices, such as restraint or seclusion, being applied. The service manager monitored all incidents to gauge the effectiveness of these plans.

There were enough staff to meet people's needs. Through discussions with a relative, staff and the service manager, we learnt the service had experienced high turnover in staff in the preceding 12 months. At the time of this inspection nearly all vacant posts had been recruited to and filled with permanent staff members. The service manager confirmed any current gaps or absences in staffing were comfortably covered by existing staff or by the provider's own bank of staff. We saw from records that staffing levels had been planned based on the level of support people required to meet their needs. People had access to staff throughout the day and night when they needed support or assistance. The service manager told us this was flexible and could be adjusted accordingly if people's needs changed.

The provider had appropriate arrangements in place when recruiting staff to work at the service. Records showed the provider had carried out checks on staff regarding their suitability to work. These included obtaining and verifying evidence of; their identity, right to work in the UK, training and experience, character

and previous work references and criminal records checks. Staff also completed a health questionnaire which was used to assess their fitness to work.

A relative told us people received their prescribed medicines when they needed them. Staff maintained records of what medicines were given and when. Staff supporting people to take their medicines had received the appropriate training to do so. Their competency was regularly checked by senior staff through audits and checks of medicines to ensure people had received their medicines as prescribed, and safely.

Is the service effective?

Our findings

Staff received training to enable them to meet people's needs. Records showed staff had attended training in subjects and areas relevant to their work. For example, all staff were required to complete specific training in autism and how to support people on the autism spectrum. All staff had also signed up to the provider's bespoke 'Autism Academy'. This was a recent initiative introduced by the provider and planned to run over two years, which would encourage staff to reflect on their working practices and share and learn good practice. After two years staff would be able to use this training as credit towards obtaining a formal degree. The service manager said this training would equip all staff with the latest information and knowledge about how to support people on the autism spectrum effectively.

Before new members of staff were able to support people, they were required to attend a full two week induction programme and a three day training course on managing challenging behaviour. Their progress during their probationary period was reviewed by the service manager. They used a 'shadow shift planner' to support them with this that enabled them to check staff's progress in achieving all the competencies required from them in their role. The service manager monitored training to check that all staff were up to date and when they were due to attend updates to refresh their skills and knowledge. Staff told us the training they received had helped them to support people to meet their needs.

Staff felt well supported by the service manager to help them carry out their roles effectively. Records showed staff received formal support through individual supervision and team meetings. Through these meetings staff were provided opportunities to discuss work performance, issues or concerns and any learning and development needs they had. A member of staff told us, "[Service manager] is very good. You get constant support."

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff were trained in the MCA. The service manager demonstrated awareness of their duties and responsibilities in relation to the Act. Records showed assessments had been undertaken by senior staff for all people using the service to check their ability to make and consent to decisions about specific aspects of their care and support. Senior staff had sought appropriate advice and support for people who may not have been able to consent or make a decision about what happened to them in specific situations. This included involving people's relatives and other healthcare professionals so that decisions could be made in people's best interests. We saw applications to the Court of Protection were pending at the time of this inspection to deprive both people of their liberty, to ensure their safety.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Senior staff had assessed people's nutritional needs which took account of their specific likes and dislikes for food and drink. This enabled staff to plan meals that people wanted. Staff told us although meals were specific to people's preferences, they encouraged people, when this was appropriate, to choose healthier options to support them to maintain a healthy and well balanced diet. Staff recorded how much people ate or drank. This gave everyone involved in people's care and support, information about whether people were eating and drinking enough to reduce the risks to them of malnutrition and dehydration

People were supported by staff to keep healthy and well. People had individual health action plans which set out how staff should support them to manage their health and medical conditions and access the services they needed such as the GP or dentist. People were supported by staff to attend their healthcare and medical appointments. Outcomes from these were documented and shared with all staff so that they were aware of any changes or updates to the support people needed. People also had a hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Is the service caring?

Our findings

Through discussions with a relative, staff and the service manager, we learnt there had been a high turnover in permanent staff members working at the service in the previous 12 months. This meant there had been times in the past when people had not always experienced continuity and consistency in the support they received from the service. The provider had taken steps to address this through active recruitment to vacant posts which was now almost complete. The service manager told us the quality and calibre of new permanent staff had already had a positive impact on people. This was confirmed by a relative and staff who described people as being 'happier' and 'more relaxed' due to the energy and enthusiasm of the new permanent staff team. A staff member said, "I can see the difference. For example [person using the service] will get involved and join in conversations [with staff] which they didn't always before. The environment is much more inclusive."

We received positive feedback about the current staff team, who were described as 'kind' and 'caring' towards people. In our conversations with staff they were enthusiastic and knowledgeable about the people they supported and knew what was important to them in terms of the support they needed. One staff member said, "I really enjoy my job and I get a lot of satisfaction." Another told us, "I love my job. Best decision I ever made!"

People using the service had complex communication needs and their records provided good information for staff on how they wished to communicate and express themselves through speech, signs, gestures and behaviours. This helped staff understand what people wanted in terms of their care and support as well as their day to day needs at home or in the community. Staff used an activity board to present visual information in the form of photos, pictures and symbols, to help people understand who would be supporting them and the activities they would be undertaking during the course of the day.

People were treated with dignity and respect. People's care records prompted staff to ensure support was provided in a dignified and respectful way. Staff demonstrated good understanding about how they should respect people's privacy and dignity, particularly when they were being supported with their personal care. This included ensuring people were offered choice, were not rushed and given the time they needed to do things at their own pace.

People were encouraged to do as much as they could for themselves to help promote their independence in the home and community. People's support plans provided information for staff on how to support people to undertake tasks and activities which promoted their independence. For example, where people could, they were supported to prepare light snacks when they needed this.

Is the service responsive?

Our findings

People, their relatives and others involved in their care, such as healthcare professionals, were involved by staff in the planning of their care and support needs. Using the information from these discussions, senior staff developed support plans which set out how people's care and support would be provided by staff. These were reviewed with people and their relatives, along with others involved in their care, to ensure the support people received continued to meet their needs. The service manager updated support plans with changes, when required, so that staff had access to current information about how people's needs should be met.

People received personalised support which met their specific needs. People's support plans contained clear, detailed information about their life histories, their specific likes and dislikes and their specific preferences for how support should be provided. For example there was detailed information for how they should be supported in the morning to get ready for the day ahead. People's support plans were easily accessible to staff in people's homes so they could refer to this when needed. When supporting people out in the community, staff used 'grab and go' folders. These contained condensed information about people's care and support needs so that information about how to support people appropriately was always readily available. Before supporting people, new staff were given a presentation about the people they would be supporting, which included information about their life history, likes and dislikes, communication needs and the support they required from staff with the all aspects of daily living. This helped to ensure that staff had the information they needed to provide support that was centred and focussed on the person and their specific needs.

People were supported to take part in activities and pursue interests that were important to them. Staff supported people to choose the activities and interests they wanted to do. Agreed activities were set out for people in a timetable or schedule so people knew what they would be doing and when. We saw people participated in a wide range of activities including horse riding, swimming and music therapy. Social activities included trips to the cinema, local pub and bowling alley. People were also supported to maintain relationships with those that mattered to them. For example staff made sure people were able to visit with family members when they wished.

The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. They had developed an easy to understand format to help people state who and/or what had made them unhappy and why. The provider's complaints procedure was also made available to people and their relatives in the service handbook provided when they first started to use the service.

Is the service well-led?

Our findings

The provider encouraged an open and transparent culture within the service. People and their relatives were given a say in how support was provided and how this could be improved when needed. This was done in several ways. For the service manager undertook quality surveys with people and their relatives to gauge their feedback and experiences of the service as well as obtain suggestions for how aspects of this could be improved. At regular reviews of people's care and support needs, the service manager took on board feedback from all those involved in the provision of people's support to identify what aspects of this could be continuously improved.

Staff told us they were encouraged by the service manager to express their views about the care and support people received and how this could be improved. Staff attended regular team meetings where they were encouraged to reflect, share and learn from each other in terms of their working practices and from accidents and incidents involving people. One staff member said, "Communication within the team is very good and we have a person centred approach. It's all about [people using the service]. We work together to find ways to improve."

A relative and staff spoke positively about the service manager and described them as someone who listened, was easily accessible when needed and supportive. Although there was a registered manager in post, the service manager, recently appointed to the post, had submitted an application to the CQC, to take over this role at the service. This was being processed at the time of this inspection. They had a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.

There was a robust quality assurance framework in place through which the provider assessed and monitored the quality of service. The service manager was responsible for carrying out monthly audits to ensure the expected quality standards had been met. These covered key aspects of the service such as the care and support people received, the quality of activities that people participated in, the accuracy of information on people's records, the management of medicines and staffing. These checks were documented along with any actions taken by the service manager to remedy any shortfalls or issues they identified through these audits.

Senior staff at provider level also carried out their own visits to the service to review and assess standards. We noted any issues or concerns that were identified were promptly raised with the service manager who took the appropriate action to deal with these. In addition managers from the provider's other services also carried out peer reviews of the service through quality monitoring visits. We noted managers used these visits as an opportunity to share good practice and learning across the provider's services. For example, the service manager told us following a quality monitoring visit, they had implemented the 'shadow shift planner', used at another service, which had enabled them to improve the way they monitored the progress of new members of staff at the service.

