

Autism Unlimited limited

Autism Wessex-Community Support Service West

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated

Summary of findings

Overall summary

About the service

Autism Wessex- Community Support West provides care and support to eight people living in six 'supported living' settings, including houses and flats, so that they can live as independently as possible.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, the service was supporting seven people with their personal care needs.

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

Staff told us they understood their responsibilities in relation to safeguarding. Relatives told us they felt the service was safe.

Risks to people were identified and recorded and staff knew how to respond to these risks in order to keep people safe.

Overall, there were enough staff to meet people's needs and they were recruited safely. Regular agency staff were used to cover any shortfalls in people's staff teams. The manager had introduced additional checks to ensure agency staff had the skills and knowledge to be able to support people safely.

Staff received training, regular supervision and attended team meetings to support them in their roles. Individual staff training programmes were being developed for each person and it was anticipated that these would be delivered by the end of January 2022.

Medicines were managed safely. People received their medicines when needed and appropriate records had been completed.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This was a targeted inspection that considered safeguarding, risk management, staffing and skills and knowledge of staff, medicines and consent. Based on our inspection, the service was able to demonstrate

how they were meeting the underpinning principles of Right support, right care, right culture in those areas inspected.

Right Support: The model of care maximised people's choice, control and independence. Improvements had been made in response to previous concerns and the manager had focused on reassessing and managing risks in the least restrictive way.

Right Care: People's care was personalised. People were supported to be independent and had the freedom to make their own decisions.

Right Culture: After an unsettled period of multiple changes in managers, the ethos, values, attitudes and behaviours of the manager and staff ensured people's needs and quality of life formed the basis of the culture at the service. The manager was visible and communicated well with people, those important to them and staff. The manager had worked hard to create an open culture where feedback and learning was encouraged.

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

Rating at last inspection

The last rating for this service was Good (published 18 May 2018).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about staffing levels, safeguarding concerns, risk management, medicines, staff skills and knowledge, best interest decisions and consent. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Effective sections of this full report. The overall rating for the service has not changed following this targeted inspection and remains Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Autism Wessex-Community Support Service West on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

Inspected not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Autism Wessex-Community Support Service West

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on concerns received about staffing levels, safeguarding concerns, risk management, medicines, staff skills and knowledge, best interest decisions and consent.

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service provides care and support to people living in eight 'supported living' settings, 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 did not have a manager registered with the Care Quality Commission. A registered manager means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current manager was confirmed in post by the provider during the inspection and was applying to be registered.

Notice of inspection

We gave a short period of notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a best interests decision about this.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. We sought agreement from a court appointed deputy to visit one person.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We had requested information from the provider prior to the inspection and this information was used as part of the inspection plan.

During the inspection

We met, used sign language and spoke with three people in their homes. We spoke with eight members of staff including the director of adult services, the manager, support workers and agency staff.

We reviewed a range of records. This included two people's risk management, care and support records and medication records. We looked at two staff files in relation to recruitment and staff supervision and all agency staff profiles. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with five people's relatives about their experience of the care and support provided. We continued to seek clarification from the provider to validate evidence found. We looked at staff training information and quality assurance records. We received further feedback from two staff and three professionals who were involved in the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about safeguarding, risk management, staffing and medicines management. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- We received concerns that some incidents involving one person had not been reported to both the service's manager and safeguarding teams. Since these concerns were raised, the manager had taken action. Safeguarding concerns were now dealt with appropriately. This included working with the person, their relatives and health and social care professionals. Incident debriefs and support were provided to people (where possible) and to staff following any incidents or allegations.
- Staff had received additional guidance about incident recording. There were written handovers between staff and there was increased oversight of any safeguarding allegations or incidents by the manager and provider. This meant that safeguarding incidents and allegations were reported to the local authority safeguarding teams and CQC as required.
- Staff had received safeguarding training and were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect.
- Relatives told us they felt their family members were safe whilst being supported by staff. One relative said they had "full confidence" in the safety of the service and their family member. Another said, "I have never felt that [the person] was unsafe or been in any danger".

Assessing risk, safety monitoring and management

- We received concerns about the management and risks involving one person. At the time of the inspection these concerns had been addressed and new systems were in place for the monitoring and reviewing of people's care and support plans. The manager had identified that the standard of incident recording was an area for improvement and was actively working with staff teams to address this.
- Any risks to people were fully assessed and there were clear risk management plans in place. For example, epilepsy and positive behaviour support plans had been updated for one person. For another person there were clear risk management plans in place. Staff told us these were clear and easy to follow.

Staffing and recruitment

- We received concerns about the high turnover of managers, care staff and some agency staff. For some people there were staff vacancies in their care teams. Where there were vacancies, these were covered by regular agency staff. The provider was actively recruiting to the staff vacancies and had successfully appointed staff and deputy managers to provide some stability for people and the service.

- Staff were recruited safely and the manager implemented further checks with agency staff in relation to training, recruitment and identification checks.

Using medicines safely

- We received concerns about medicines errors and omissions.
- Medicines were managed safely. Staff responsible for administering medicines were appropriately trained and their competency assessed.
- Medicines were stored safely and administration records were completed correctly.
- Medicines audits were completed on a regular basis to check medicines were being managed in the right way. Where there were medicine errors, these were fully investigated to minimise risk of recurrence.

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.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff skills and knowledge, best interest decisions and consent. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- We received concerns about the skills and knowledge of the staff supporting one person.
- The manager was working with people (where possible), staff, relatives and health and social care professionals to develop individual staff training packages for each person they supported. The manager planned to deliver the first individual training package for one person in January 2022. We received positive feedback from professionals about this personalised approach for the one person they worked with. We have not been able to assess the effectiveness of this approach and we will assess this at our next inspection.
- Staff spoke highly of the training they received. Staff were provided with a three month induction programme that included autism awareness, safe medication handling, epilepsy awareness, total communication training, positive behaviour support training, team teach training (positive behaviour support), first aid training, safeguarding, sensory training and Signalong training (communication using signs).
- Training information was provided for agency staff. Following a concern involving an agency member of staff, the manager ensured that any agency staff had been provided with positive behaviour support training that reflected the specific support identified in people's plans. Agency staff now completed an induction when they first started working with people in their homes. The manager ensured they had oversight of this to ensure they were completed.
- Following a long, unsettled period of multiple managers, staff told us they felt well supported, had regular supervisions and attended team meetings. All staff spoke highly of the manager and they felt valued and listened to.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We received some concerns relating to best interest decisions not being followed.
- Feedback from professionals confirmed that specific best interest decisions were now being followed. The manager was proactive at working with people's health and social care teams to explore the best and least restrictive ways of meeting any best interest decisions and people's needs.
- Staff had a good understanding of the MCA and best interest decisions in place. Staff told us the new manager was encouraging them to record the different ways people gave their consent when they were not able to use clear speech. Staff were very enthusiastic about this piece of work and showed us how they were all recording examples of how each person either gave their consent or expressed they did not want to do something. This information was being used to support people with their day to day decision making.