National Autistic Society (The)

NAS Community Services (East Midlands)

Inspection report

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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

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people with learning disabilities and autism spectrum disorder. At the time of our inspection, this service supported 3 people with a range of social care needs.

At the last inspection in December 2015, this service was rated overall good. At this inspection, we found the service remained good.

A registered manager was 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run

People appeared to feel comfortable and safe with the staff team who provided their support. Relatives agreed their relatives were usually safe with the staff team who supported them.

Training on the safeguarding of adults had been completed and the staff team were aware of their responsibilities for keeping people safe from avoidable harm. The registered manager understood their responsibilities for keeping people safe and knew to refer any concerns on to the local authority and Care Quality Commission (CQC).

People's support needs had been identified and risks associated with people's care had been assessed and monitored. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff recruitment procedures ensured appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place.

Staff induction and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the registered manager and team leader and had regular one to one supervisions.

People were protected by the prevention and control of infection. The staff team had received training in infection control and understood their responsibilities around this.

People received their medicines as prescribed and staff supported people to access support from healthcare professionals when required. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's

consent before providing support.

People were involved in planning how their support would be provided and staff took time to understand people's needs and preferences. Support documentation provided staff with guidance regarding the support people needed to maintain their independence. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. The provider had systems in place to monitor the quality of the service and had a process in place, which ensured people could raise any complaints or concerns.

People knew what to do if they had a concern, complaints were investigated, and lessons learnt to reduce future concerns.

The service notified the Care Quality Commission of certain events and incidents, as required.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

NAS Community Services (East Midlands)

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 comprehensive inspection of NAS Community Services (East Midlands) took place on 25 and 26 January 2018. It included visiting two people's home addresses after they said they were happy for us to do this. We visited the office location on 26 January 2018 to see the manager and office staff; and to review care records and policies and procedures. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local Healthwatch for their views of the service and they did not have any concerns.

During our inspection, we visited the office to look at records and talk with the registered provider. We met two people who used the service and spoke with two relatives by telephone. In addition, we spoke with the registered manager, a team leader, a senior support worker and four support staff.

We looked at the care records for two people who used the service. We also looked at other records relating to the management and running of the service. These included four staff recruitment files, induction and training records, supervisions and appraisals, the employee handbook, the statement of purpose, quality

assurance audits and complaints records.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their homes. However a relative was concerned about staff being able to work safely with their family member as they presented some behaviours which could be classed as challenging. They told us, "The staff are good and know [person] well. I just worry as [person] has been unsettled for some time." We discussed the relative's concerns with the registered manager. They told us they were working with the family, staff and health professionals to identify what was causing the person to be unsettled and were putting in plans to ensure the person remained safe while receiving care. The registered manager explained staff were trained to support the person and there were guidelines in place for staff to follow. Staff who worked with the person agreed they had plans in place and had received training and support to ensure they supported the person in a safe way.

People were protected from avoidable harm and abuse because staff knew how to report any concerns and had received training in safeguarding adults. One staff member said, "I would report any concerns. I know what to do. I would feel I can raise any concerns."

The registered provider had a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The registered provider was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required.

Risk management plans were in place to promote people's safety and to maintain their independence. People had individual risk assessments in place to assess the level of risk to them for specific tasks or activities. The assessments were clear and had been reviewed on a regular basis to ensure the care being provided was still appropriate for each person. Environmental risk assessments were also in place to guide staff. For example, one risk assessment was around the kitchen environment and how to keep the person and staff safe while using this.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. A relative said, "There are enough staff who know [person] well." Staff also confirmed there were enough staff. However, one staff member commented, "If someone calls in sick we have to stay. That can be a very long shift." The registered manager and senior support worker told us they used staff who knew people well to cover shifts if there was sickness but it did sometimes mean staff had to provide cover until an alternative could be found as most staff worked alone with each person.

Staff confirmed the staffing numbers were adequate and enabled them to support people safely. One staff member said, "We have had issues with recruiting new staff but we always make sure there are enough staff available who know each person well." Staff told us the rota was planned based on what people wanted to do to accommodate their activities. At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs.

There were arrangements in place to ensure safe recruitment practices were followed. The registered manager told us all staff employed by the service underwent a robust recruitment process before they

started work. Records confirmed appropriate checks were undertaken before staff began work at the service. These included criminal records checks with the Disclosure and Barring Service (DBS). There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show staff were suitable to work at the service.

Systems were in place to manage people's medicines safely. A relative also confirmed what people told us about the support they received with medicines, one relative said, "[Person] is given their medicines by staff. They have recently been changed by the psychiatrist." The relative could explain the medicines their family member was taking and had been involved in reviews of the medicines.

Staff had been provided with training on the safe handling, recording and administration of medicines in line with the service's policy and procedure. Medication administration records (MAR) were completed accurately and regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner. One person had a medicine they took when required. There was not an up to date protocol for the reasons this could be given. The registered manager told us the medicine had recently been changed and they would follow up with the professional who prescribed this. Staff were able to explain the times when this could be given.

People's environment had been assessed. Environmental risks had been assessed and were monitored to make sure people were protected as much as possible from avoidable harm. Checks on the building and equipment in use had been completed including fire safety checks and drills. However, these had not always been completed at the required frequency. The team leader told us they would check these were completed on a regular basis.

People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene. There was guidance and policies that were accessible to staff about infection control. In addition, staff were supplied with personal protective equipment (PPE) to protect people from the spread of infection or illness.

There were systems in place for staff to report incidents and accidents and these had been recorded and reported accurately. The staff we spoke with felt any learning that came from incidents, accidents or errors was communicated well to the staff team through team meetings and supervisions if required. The registered manager reviewed and audited any incidents or accidents and these were communicated with the staff team to ensure lessons were learnt and improvements made.

Good

Is the service effective?

Our findings

People's care was assessed holistically to ensure their needs could be met effectively. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. The registered manager told us it was their role to complete the initial assessment for people before a support package was offered and said they always tried to involve the person, family members, people who knew the person well and any health or social care professionals if appropriate. This ensured that qualified healthcare professionals were involved in the assessment process when required and the support was based on up to date legislation, standards and best practice.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. A relative felt that staff did require additional training due to the complexities of working with their family member. They told us, "The staff have had training but I think they could do more to support [person] and their situation." The registered manager advised the person was currently being assessed by a health professional to determine the best way to continue to support them and if additional training was required following this it would be put in place. Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were confident to work unsupervised. This could be for a period of two weeks or longer if necessary. The registered manager told us about the improvements they had made in this area; in particular with new staff and ensuring staff receive refresher training when required. A member of staff commented, "They are very hot on training. They have to be as we work with very complex people." Training records confirmed staff had received an induction and regular on-going training that was appropriate to their roles and the people they were supporting.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance and a supervision matrix was in place to show they had received this. One staff member commented, "I have regular supervision; but I don't need to wait for supervision to discuss any concerns; I can just call [registered manager]."

Where appropriate, people were supported by staff to have sufficient food and drink. Staff knew the importance of making sure people were provided with the food and drink they needed to keep them well. One person told us, "The staff help [person] to prepare meals and drinks." Where it had been identified that someone may be at risk of not eating healthier options and gaining weight, appropriate steps had been taken to help them reduce their weight with their consent. For example eating healthier foods and reducing snacks. People's support plans described how they were supported to make their own food choices and be involved in the shopping, and preparation of their own food and drinks. There was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

The service worked and communicated with other agencies and staff to enable consistent and person centred care. People had input from a variety of professionals to monitor and contribute to their on-going support. For example; behaviour specialists to help provide guidance on how to best support people to manage any anxiety or support staff with the best way to communicate with people to make this easier for

them to understand. The registered manager worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns and if people's needs had changed.

People's healthcare needs were monitored and support planning ensured staff had information on how support should be delivered effectively. A relative told us, "[Person] is seeing the psychiatrist at the minute. The in-reach team are working with them too. [Person] does go to the doctor and the dentist." Information about people's medical history and current health needs was in their support plan. Their health needs were frequently monitored and discussed with them and if appropriate their relatives. People were supported to access healthcare services including the dentist, optician and psychiatrist. The outcome from most appointments had been recorded. The registered manager agreed they would remind staff to ensure all appointments were recorded.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager had completed capacity assessments with people in relation to their understanding to make a specific decision. The registered manager had a good understanding of the principles of the MCA and when to make a DoLS application. The staff team explained they always sought people's consent before providing any care or support and we saw this happening when we visited people at home. A member of staff commented, "It is so important to offer choices to people, it helps people feel involved. They can tell us what they want."

Good

Is the service caring?

Our findings

People had a good relationship with the staff and people continued to experience positive caring relationships with them. One person told us, "The staff are good." A relative commented, "[Staff member] is very nice and the other staff are too." Staff were respectful and promoted people's dignity. A staff member told us, "I always make sure I give [person] time on their own in the bathroom. I always knock before going in, including the front door. It is their home." A relative told us "The staff are very respectful; you can tell by the way they talk to [my relative].

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. A member of staff told us, "It is important we know [person] as that helps us to communicate with them. Staff spend a lot of time getting to know each person to help to support them in the right way for them."

Support plans were person centred and written to give staff guidance on how people wanted their support to be delivered. For example, one person's support plan identified how they wanted to be supported to manage their finances and what they wanted staff to do to support them with this. The person had been involved in developing their own support plan and their views were recorded.

People were actively involved in making decisions about their support and were involved in the initial assessment of their needs and in developing and reviewing their support plans. One relative commented, "We discussed the support plan at the start. I have not seen it since but we regularly talk about [person] and their support."

Staff encouraged people to maintain their independence and offered support and encouragement when needed. One relative commented, "They do get [person] doing things for themselves." Support plans included guidance for staff in relation to people maintaining their independence. For example, one person was involved in doing their own laundry, cooking and cleaning. Their support plan gave staff guidance on how to encourage the person to join in and complete the tasks they could do themselves.

Details of advocacy services were available to people using the service. Advocacy services represent people where there is no one independent, such as a family member or friend to represent them. No one currently using the service was using an advocate but people had previously. The registered manager told us they had advocated on behalf of people when they had undergone re-assessment for their right to receive the benefits they were entitled to and through reviews with professionals from Adult Social Care to ensure people had the right to choose who would provide their care. They explained this had been important as some people's assessments were not reflective of the support they needed which meant a possible reduction in the benefits they were entitled to or a reduction in the support they were assessed as needing.

Staff understood about confidentiality and the provider had a confidentiality policy. Information about people was kept secure.

Good

Is the service responsive?

Our findings

People received personalised support that met their needs. The relatives we spoke with said when their family members care was being planned they were fully involved. One relative told us, "We had a meeting at the start and discussed what it was [person] needed." Support plans contained people's views on the support they required. For example, one person's plan stated 'I will plan my week with the staff so I can tell them what I would like to do.'

People were supported by staff who knew them well. People's support plans contained information about their history, interests and people who were important to them. Staff knew this information and used this to deliver personalised care and support. For example, one person's support plan detailed where they had gone to school, activities they enjoyed, music they preferred and how they liked to be supported with washing their hair. It was clear in the person's support plan they enjoyed talking about what activities they were doing and staff were encouraged to engage in these conversations.

People were supported to take part in activities of their choice. For example, one person was supported to go to a local social group, another was supported to meet with their friends regularly for a meal and another person was supported to church every Sunday and other events run by the church. The registered manager explained staff had been supported to develop understanding about the person's religion and what this meant to them to enable the staff to meet their needs.
People were also supported to local amenities such as the shops and bank. It was clear in people's support plans staff were continually looking to expand people's interests. For example, people were encouraged to be involved in different activities to see if they enjoyed these or wanted to try something new.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . The provider gave some good examples of how they met this standard. For example, information was available in a pictorial format to make it easier for people to understand including about how to keep safe and what they could expect from the staff. Staff also used different ways to communicate with people to enhance their understanding. For example, one person had cards with information on which were used to reinforce what the staff were saying to help the person understand and a clock was used to help the person to understand how long they needed to wait for something.

The service had a clear complaints procedure in place and this explained the role of the local authority, the Ombudsman, and the Care Quality Commission in dealing with complaints. People using it had clear information on what to do if they had any concerns about the service and how their complaint would be managed. People and relatives knew how to raise a concern. A relative told us, "I do know how to complain. I haven't but I do talk to [registered manager] and [team leader] regularly." However a relative did explain they had raised concerns with the registered manager and felt they had not always been informed what was happening. We discussed this with the registered manager. They told us they were in regular contact with

the relative and agreed they would meet with them to discuss the concerns raised with us further to make sure the relative's felt their concerns were being listened to and addressed.

Complaints had been recorded and acted upon. For example, a relative had raised a concern about the cleanliness of their family member's home. The registered manager had investigated this and put measures in place to ensure this did not happen again. People were given information about the outcome of any concerns they raised.

This service did not routinely support people with end of life care; however, the registered manager told us they were beginning to work with people to identify what their wishes would be at the end of their life. The provider had a policy and support plans were being developed so people could let staff know their wishes.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibility to submit notifications and other required information and had done so.

The provider and registered manager were committed to improving the service. The registered manager told us they had changed the staffing structure to provide more support for staff through the introduction of a senior support worker role and more time for staff to focus on the support they were providing by providing some additional administration support for the team leaders.

There was an improved induction process in place for new staff, which set out clearly the values and expectations that were required of them. The new process included more time to read support plans, policies and procedures and also extra time to get to know the people who used the service. The improved process ensured new staff started their employment with clear guidance from the senior managers and there were plenty of opportunities for staff to raise questions and to gain clarity on any processes. The training had also been improved by the staff development co-ordinator to ensure staff had attended the courses which were relevant for their role and keep their knowledge up to date.

There was a positive and open culture at the service. One staff member told us, "I've worked here for six years and I am really happy; never have any issues that can't be sorted." However, a relative told us they were not happy with the support their family member was receiving and felt they had not received enough information from the registered manager. We discussed this with the registered manager. They advised they had now managed to have a social worker allocated who could help to address some of the concerns the relatives had in relation to their family member. They also explained the staff team had been working with health professionals to try and find the reason for the person being unsettled and how to resolve this. The registered manager told us they worked very closely with the staff team for the person and all were fully committed to ensuring the person was more settled. The registered manager told us they had spoken regularly with the relative but agreed to have a further meeting to try and resolve their concerns.

Quality assurance processes were in place which included gaining feedback from people and their relatives. Feedback forms were completed regularly either by telephone or in person with staff from other offices contacting people so it was someone outside of the local office team asking for feedback on their performance. Staff also had the opportunity to provide feedback through a staff survey. Staff had received a newsletter to tell them the results of this and what the provider proposed to do to address any areas for improvement. People and relatives told us they usually received a prompt response when contacting the office and that office staff always did their utmost to help.

The service was committed to ensuring on-going development and improvement. The provider and registered manager completed a series of monthly audit checks to monitor the quality of the service

provided. These included checks on medicines administration, daily records and support plans. Where any concerns were identified action was taken to rectify this and an action plan was put in place to monitor the progress against the actions. The provider had a plan for service development, which included developing different training for staff, continuing to recruit more staff and offering training for people using the service in safeguarding to develop their understanding.

Staff felt supported by the registered manager and team leader. Staff met in the form of supervisions, informal chats and staff meetings. A staff member told us meetings were a good way to raise any concerns they had about people or if they were having difficulties with how to support people. One staff member said, "We reflect on what has happened it is very good and helps us to learn."

The service worked in partnership with other agencies in an open honest and transparent way. Working in partnership with other agencies who commissioned services and local authority safeguarding and community health teams ensured that people received a joined up approach to their care and support.

The provider is required to display their latest CQC inspection rating so people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.