

Autism Wessex

Autism Wessex-Community Support Service West

Inspection report

Suite 4, Stowey House
Bridport Road, Poundbury
Dorchester
Dorset
DT1 3SB

Tel: 01305213130
Website: www.twas.org.uk

Date of inspection visit:
23 March 2018
26 March 2018

Date of publication:
17 May 2018

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 inspection took place on 23 and 26 March 2018 and was announced. The inspection was undertaken by two inspectors.

This service provides care and support to people living in their own homes and in one 'supported living' setting. 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. There were seven people being supported by this service at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy and other best practice guidance. These values include choice, promotion of independence and inclusion.

Not everyone using Autism Wessex-Community Support Service West service received the regulated activity personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place. A registered manager 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 last inspected Autism Wessex-Community Support Service West in December 2016. At that Inspection the service was rated overall requires improvement with a rating of good in caring and responsive. This included improvements to the arrangement for the safe administration of medicines, the assessment of people's mental capacity, how the management of risks were documented and the approach to oversight and governance. At this inspection we found that improvements had been made and the service was now good in all areas.

People were safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly.

Staffing levels ensured that people's care and support needs were continued to be met safely and safe recruitment processes continued to be in place.

Staff understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity. However assessments were not recorded.

People's needs and choices continued to be assessed and their care provided in line with up to date

guidance and best practice. People received care from staff that had received training and support to carry out their roles.

Risks continued to be assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff understood how to prevent and manage behaviours that the service may find challenging.

Staff continued to support people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines were suitable for the people who used the service.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided.

Staff had a good understanding of people's needs and preferences.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

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

People's relatives told us they had no concerns about the care and support they received from staff.

People's identified risks were managed and staff understood their responsibilities to report any concerns to keep people safe .

People were supported to take their medicines safely.

There were sufficient numbers of suitable staff to meet people's needs.

Staff were checked before they started work to make sure they were suitable to work in this service.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated a good understanding of The Mental Capacity Act 2005 and people's capacity to make decisions was assessed.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

The staff approach and values of the service was focused on

people's individual strengths and abilities

Staff communicated with people in accessible ways.

Is the service responsive?

Good ●

The service was responsive to people and their needs.

Staff understood people's ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

People and their relatives knew how to complain or raise concerns about their care.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted an open and person centred culture.

Staff told us they felt they were well supported by their line managers who were very approachable and supportive.

There were systems in place to monitor and improve the health and safety and quality of the service provided.

The service worked in partnership with a wide range of health and social care professionals to help ensure that people received the support, care and treatment they needed to meet their needs and achieve positive outcomes.

Autism Wessex-Community Support Service West

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 took place on 23 and 26 March 2018 and was announced. 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. We needed to be sure that they would be in. The inspection was undertaken by two inspectors.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four members of staff, the deputy manager and the registered manager and the nominated individual. We visited six people, spoke with two people and four relatives about their views on the quality of the care and support being provided. Some people using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We also spoke with two healthcare professionals.

We looked at care documentation relating to three people, four people's medicines administration records, four staff personnel files, staff training records and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People's relatives told us they did not have any concerns about the care and support their relative received. Comments included, "[The person's relative] is in safe hands" and "[I don't have any worries]". Another person's relative told us the staff managed risks and kept them informed. People's interactions and relationships with staff were friendly and comfortable. All of the healthcare professionals told us they did not have any concerns about how staff supported people to keep them safe. One healthcare professional told us the staff team implemented strategies to reduce risks.

At the last comprehensive inspection in December 2016 we identified that not all people had risk assessments which identified what risks they faced and how they should be managed. At this inspection we found that improvements had been made and risk assessments were now in place where necessary. Staff supported people to manage and reduce any risks to their safety. This included managing risks such as accessing the community, and with behaviours that may challenge others. Risk assessments were completed with input from health and social care professionals and promoted people's independence. For example, there were person centred risk assessments in place for staff to follow when supporting people to live in their own home with support, to use transport and how to support someone if they became distressed or upset. Staff were aware of these plans and risk assessments had been reviewed on a regular basis to make sure they remained up to date and reflected changes to people's circumstances. One healthcare professional told us they staff team followed the advice they gave to manage risks.

At the last inspection we found that required additional checks were not in place for one person's medicine. We found at this inspection that improvements had been made to the audit of medicines and staff had received refresher training where required. One member of staff told us, "I now have to check medicine administration records before I start my shift". Medicines were stored securely and at a safe temperature. Accurate records were maintained of medicines administered and people received their medicines as prescribed. Regular checks were undertaken, and the checks we undertook on the day of the inspection showed all medicines were accounted for. Protocols were in place instructing staff about when to give people their 'as and when required' medicines.

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. Staff recorded and reported any concerns they had, including any changes in a person's behaviour so appropriate action could be taken. Staff told us they did not have any concerns but would not hesitate to report them to the deputy or registered manager. Staff were aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place.

Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by the registered manager. For example, for one person the analysis of a recent incident led to a review of how two people were supported and the service had an agreement to increase staffing to meet their needs. This approach enabled the staff to minimise the risk of recurrence. The staff discussed any incidents to identify any learning for the individual involved or for the service as a whole.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with people. The provider had introduced changes to how staff were recruited to drive improvements to attracting new staff and improving the process of assessment of potential new staff. The registered manager told us this had proved very successful and new staff had recently been appointed.

There were sufficient staff to meet people's needs. People received support from staff to develop life skills, access day activities and to pursue interests in the community. All of the people using the service needed support from staff in the community and they received this support. Staff told us that the service sometimes used temporary staff but the same staff were used and they knew how to meet people's needs. One relative told us, "They have been using agency staff and do their best to minimise any disruption". One member of staff told us new permanent staff had been appointed following the provider's focus on recruitment.

The provider had made arrangements for infection control. Staff had access to gloves and aprons and received guidance on their responsibilities for infection control. Staff told us they understood their responsibilities for infection control. Staff had completed food hygiene training and there were correct procedures followed where food was prepared.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to meet their needs. People's relatives spoke well of staff; comments included: "They are very good" and "They are switched on to the autistic side to clients". All healthcare professionals told us staff made referrals to them when needed and communicated well to identify people's needs. All relatives told us they were involved in decisions relating to the relative's care.

At the last inspection we found that People's capacity was not consistently assessed in line with the Mental Capacity Act (MCA). At this inspection we found that improvements had been made and people's mental capacity assessments and any required best interest decisions were now in place. 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. Everyone who works with or on behalf of an adult, who may lack capacity to make particular decisions must comply with this Act and have regard to its Code of Practice.

Where people did not have capacity to give consent, decisions were made in their best interest. Decisions had been made for people who lacked capacity regarding the care provided and being assisted with medicines. People's relatives with power of attorney and court appointed deputies for health and welfare were involved with specific decisions as required. This was confirmed by a relative as a court appointed personal welfare deputy.

People's care was assessed to identify the care and support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. Assessments covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. Care plans contained clear instructions for the staff to follow to meet people's individual needs. For example, one person's care plan detailed how staff should support them with behaviours that can challenge others and supporting them to keep safe at home. Another person's care plan detailed their daily routine that staff should follow to meet their needs and support them to access activities in the community they enjoyed.

Staff had the knowledge and skills to undertake their role. Staff told us they felt supported by the deputy manager and the registered manager to do their job well and to meet the needs of adults with autism. Staff received training and support on areas such as safeguarding adults, food hygiene, positive behaviour support, autism and practice and administering medicines. The provider and registered manager had systems in place to support new staff to understand their roles alongside class room based training. New staff were supported to learn how to support people's individual needs by shadowing experienced staff, the values of the service and observations of their competency were carried out. One member of staff told us, "I've learned a lot from the training here. I can go on as many training courses as I like".

All staff told us they felt supported by the management team to carry out their role. Comments included, "I

have regular supervisions.." and ""I have a very good relationship with my manager". Staff received regular supervision and they told us they were able to pop into the office anytime for advice and support. Staff told us they were given guidance about how to further improve their practice and support people using the service. One member of staff told us the deputy manager checked their work to support them in their role. Another member of staff told us they received support through staff meetings.

Staff supported people to eat and drink well to meet their needs. People were supported to make choices about the meals they enjoyed by being supported to go food shopping and meal planning. We observed a member of staff supporting someone to prepare a meal of their choice. For another person, staff prepared a drink for someone that they knew they enjoyed. People's nutritional needs were reviewed and regular checks maintained on their weight and any risks, such as digestive problems. Staff followed guidance from healthcare professionals and the information was accessible to all staff.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. Staff supported people to have regular reviews with healthcare professionals. Healthcare professionals told us communication with the staff team was good and one health care professional told us the service had made improvements since the last inspection. They told us, "They implement changes to benefit the client". One member of staff told us they regularly spoke to one person's healthcare professional. They told us, "We discuss what is going well and what can be improved".

Each person had a health action plan which was regularly updated outlining their healthcare support needs. Staff supported people to their health appointments, including any specialist appointments they required. Staff told us they had phoned a hospital to explain the person's needs prior to supporting them to access treatment. This approach resulted in the person accessing the right treatment and minimising distress for the person. Relatives told us staff kept them up to date with any changes in a person's health. One relative told us staff responded to their concerns about their relative's health.

People and their relatives were involved in decisions about their care. We observed staff providing care and support in accordance with people's care plans and respecting their choices. Comments from people's relatives included, "Communication is very good" and "They keep me informed". Staff were clear where people had the mental capacity to make their own decisions, this would be respected. This included consent being sought daily for all activities such as where people wanted to spend their time, and what people wanted for their lunch.

Staff worked with staff in day services and outside agencies to deliver effective care and support to people. People were supported to report any housing issues to their landlord and look after their home. Staff also supported people to clean, cook and manage the security of their home.

Is the service caring?

Our findings

People continued to receive good care from staff who knew them well. Staff had developed positive relationships with staff and were supported by the same staff on a regular basis. People's relatives spoke highly of staff. Comments from relatives included, "They are so patient", "Nothing seems too much trouble" and "They [the staff team] are great". Staff treated people with kindness, respect and compassion. Some people at the service did not communicate verbally. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. Staff were aware of what made people happy.

Staff supported people in a kind and caring way and respected people's privacy and dignity. Staff respected that they were supporting people in their own home and people's need to spend time on their own at times. Staff supported people with their personal care in the privacy of their bedroom or bathroom. Staff knew people's individual communication skills, preferences and daily routines. People were empowered to make choices about the care and support they received, for example in their daily routine and activities they enjoyed. This information was reflected in people's care plans and provided in practice. People were supported by staff who knew them well and understood their needs.

People were supported by staff who focused on people's individual abilities and interests. Staff were proud of the service and how they supported people to make choices and to do the things they enjoy. One member of staff told us the person they support made daily choices and their family and social worker were involved with other decisions. Another member of staff told us, "We want to empower and not over power". Staff shared with us the positive outcomes they were supporting people with, like someone now being involved in their shopping. Care records documented other positive outcomes for people, including someone self-managing their behaviour in the community.

People were supported to maintain relationships with friends and family members. Relatives told us staff regularly communicated with them and they could contact staff if needed. People's relatives told us their relatives were happy with the care that was provided to them. One person's relative told us, "They [staff] are doing a very good job".

The service was meeting the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways that took into account any impairment which affected their communication. For example, staff understood that some people required additional time to process information and this was recorded. For another person, staff were trained in order to use sign language and pictures to communicate effectively with the person.

Staff knew people's individual communication skills, abilities and preferences. Some people at the service had difficulties in communicating verbally. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. For example, staff understood the vocal sounds that one person made to express how they were feeling. This information was recorded in the person's care plan and

any changes were monitored.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. During our inspection we saw people chose how they spent time during the day and staff responded to people's needs with the input from other agencies. People's relatives spoke very positively about the activities they took part in. People went out shopping with staff and attended day service and activities they enjoyed. Staff explained that it was important for people to have choice and control over their lifestyle. Comments from relatives included, ""They [the staff team] are expanding [the person's name] life experiences" and "they [the staff team] will sort any problems out. I have peace of mind".

Staff were well informed about people's needs. Care plans were person centred and detailed how staff should support people's individual needs, including their communication, support with eating and drinking, sleep patterns and social needs. People and their relatives were involved in developing care plans. For example, one person's care plan detailed how staff should support them to go into the community and how staff should respond to verbal sounds and physical signs of distress. For another person, their care plan detailed what was important to them and their likes and dislikes. Care plans were reviewed on a regular basis. We observed that staff supported people in accordance with their care plans. One person's relative told us staff understood their relative's needs and were "adaptable". Another person's relative confirmed that they attended regular meetings to review their relative's care.

Staff supported people to engage in activities and interests. People had a weekly programme of activities, which included regular scheduled activities. Activities included those relating to daily living skills, such as food shopping, as well as leisure activities, such as swimming and attending day services and social events at the weekend and evenings. One person's relative told us, "[The person's name] goes to everything that is available. [The person] is very happy". Another person's relative fed back their relative had a good day.

A complaints process was in place. Relatives told us they could contact the management or staff team if they had any concerns. Staff said they also felt comfortable speaking to the deputy or registered manager if they had any concerns or wished to raise a complaint. Staff and relatives were confident that any concerns raised would be taken seriously and appropriately dealt with. Comments from relatives included, "I don't have any complaints but if I did I would feel quite happy to bring it up" and "The odd niggle gets sorted". Another relative told us that the management team would respond to any concerns and were always available, including out of hours. Staff told us people were also supported to raise any concerns and they would also support them to go into the office if they wanted to speak with the management team.

The provider was developing their approach towards supporting people to make decisions about their end of life care. No one was receiving care at the end of their life. The provider had started to look at how they could supporting people with autism to communicate their future end of life wishes. The registered manager told us this would involve supporting staff to develop their skills, with input from Skills for Care and developing procedures. The service had also worked with the local hospital on a joint piece of work to improve care for people with autism in hospital.

Is the service well-led?

Our findings

People's relatives and healthcare professionals spoke positively of the staff and management team. Comments from relatives included, "They are great actually", "I am very happy" and "[The deputy manager] is willing to take on board any issues I raise". Comments from healthcare professionals included, "a good organisation" and "positive experience working with them [staff team]". One healthcare professional told us the service had improved since the last inspection. Staff spoke highly of the support they received from the deputy manager and registered manager. One member of staff told us, "The Service is really well managed, we are always kept informed and someone is always available on call". Other comments from staff about the management team and provider included, "they will listen", "there to give advice" and "approachable".

At the last inspection we found that quality assurance measures were not consistently effective. At this inspection we found that improvements had been made. The registered manager told us changes had been made over the last year in a number of areas to improve how the service was led and managed. This included embedding improvements since the last inspection, positive changes to the provider governance structures and a different approach to staff recruitment. Staff told us they felt very positive about the changes and there had been a lot more focus on paperwork. One member of staff told us staff had been asked for their feedback on driving improvements in meetings. They told us, "We are finally getting a voice". They told us actions had been taken following these meetings and the drive to recruit more staff had a positive impact on staff morale. Another member of staff spoke highly about the new chief executive (CEO) and the changes they had introduced. They described the CEO as, "a visible leader" who was introducing "positive improvements".

There were systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing any incidents and accidents, quality of care records, support to staff and meetings with people who use the service. For example, any incidents were reviewed to ensure if any changes to the person's plan of care were required. Care plans were updated following changes to people's needs or incidents and advice was sought from other agencies where required. The records of the delivery of care were reviewed to check that people had received the care planned, appointments attended, how daily outcomes had been achieved and any concerns. They also confirmed whether the care records had been checked, including if person's medicines had been administered as prescribed. The management team also carried out spot checks of the care provided to people, including out of hours.

There was an inclusive, positive, person centred culture in the service. People, relatives and staff felt able to express their opinions and felt their suggestions were listened to. Some people were able to provide feedback to staff about their experiences of the service. Surveys were completed by some people. Feedback included one person's feedback about their experience of their day activities and updating staff profiles. Relatives were also asked to express their views of the service and it was planned that these surveys would be sent out in April 2018 along with feedback surveys to stakeholders. The service worked well with health and social care professionals to support people to achieve good outcomes.

Staff understood how to whistle-blow and told us they would raise concerns about people's practice with

the safeguarding leads or contact the local authority or CQC. The registered manager was the safeguarding lead for safeguarding adults within the organisation. All staff told us they did not have any concerns about staff practice and were clear about their responsibilities to keep people safe. The provider was undertaking a review of safeguarding processes across the organisation to identify any improvements to the organisation's approach to its responsibilities.

The registered manager submitted statutory notifications as required to notify us about certain changes, events and incidents that affect their service or the people who use it.

The registered manager had a proactive approach to continuous improvement. They had identified areas to further drive improvements in the service. These included the introduction of dignity and communication champions, improving communication across the organisation through the use of technology and developing opportunities for people and relatives to develop the service. The registered manager told us they felt very well supported by the senior management team to introduce changes. The registered manager also kept up to date by attending training, local meetings with commissioners and partnership groups.