



Inspection Report on

Autism Spectrum Connections Cymru- Community Support Services

**Flat 1 St. Anthony Court
St. Anthony Road
Cardiff
CF14 4DF**

Date Inspection Completed

2nd March, 2023

02/03/2023

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About Autism Spectrum Connections Cymru- Community Support Services

Type of care provided	Domiciliary Support Service
Registered Provider	Autism Spectrum Connections Cymru
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Autism Spectrum Connections Cymru's (ASCC) domiciliary support service (DSS) is registered with Care Inspectorate Wales. This inspection was undertaken at the request of Panel, to check progress with compliance with Priority Action Notices (PAN). The service provider was advised at the previous two inspections that they must take action to ensure they meet the regulations which apply to domiciliary support services. This inspection has shown much improvement. The previous manager was no longer working for the service and has been replaced with an acting manager who is making rapid progress in bringing the service into compliance.

Overall, we found there has been a great deal of work towards compliance with regulations. Full compliance has not yet been achieved, but the progress is significant.

Well-being

The service now appears to be well organised. People using the service are benefitting from staff being supported by regular supervision which is evidenced by the up-to-date supervision matrix and individual supervision records.

People are also benefitting from there being sufficient staff to meet their needs and this was supported by rotas which were readily available. A comment at the last inspection was that rotas were constantly being changed so that people did not always know who to expect. Rotas were provided for the previous four weeks and the subsequent four weeks, and there did not appear to be any changes in them.

Care and Support

A comment at the last inspection had been that staff were often exhausted due to working excessive hours without a break. The rotas indicate that this situation has improved, and showed that time for supervision, team meetings and administration are now scheduled. The acting manager also said that time is allowed for travel and for breaks. The manager discussed plans to produce individual schedules for staff, identifying their travel times and other breaks.

There is still some confusion regarding who is receiving a regulated domiciliary support service. The acting manager provided care plans for two people which stated that they were not in need of personal care. This was discussed at length and she now understands what constitutes a regulated domiciliary support service. She said that she would consider this at any subsequent assessments for new people requiring a service.

Environment

Although this section is not normally covered in DSS, as services are provided in people's own homes, it was noted that the atmosphere in the office is positive and relaxed. There appeared to be a good rapport between the acting manager and the staff who were there on the day, several of whom were attending for medication refresher training.

Leadership and Management

At the previous two inspections we found the service provider did not have clear arrangements for the oversight and governance of the service. At this inspection we found that there have been significant improvements in the running of the service. The new acting manager continues to have a significant impact on the service. She is proactive in her approach and has introduced systems. Records and information are readily available and up to date. Staff appear relaxed and confident and have a good rapport with the acting manager. They have taken considerable action to address the issues in the PANs (Priority Action Notices), but further improvements are required.

The responsible individual (RI) regularly visits the service (currently every two months) and additionally has at least weekly contact by telephone and email. The assistant manager said that he is providing the support she needs.

The statement of purpose is still not compliant with the legislation. There is now a written guide to the service but this is also not fully compliant and needs development. Neither was up-to-date.

The quality of care review report requires further improvement. It has no indication of which service it was for and does not give the dates of the six months covered. None of the summaries are completed. Some stated: *"AH will get some quotes from people supported"*, or *"click or tap here to enter text"*. There was no evidence of feedback from representatives of individuals, service commissioners or staff. It did state that commissioners had given positive feedback from their visit, but it didn't specify what that was. There is no data regarding incidents, notifiable incidents, safeguarding matters, whistleblowing, concerns or complaints, and, therefore, no analysis of the aggregated data. There is no information regarding complaints and, therefore, no review of any action taken in relation to complaints. There is no detail of audits of the accuracy and completeness of records and results of these audits. We expect the service provider to take action to make improvements.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
6	At the time of the inspection, the service provider did not have clear arrangements for the oversight and governance of the service in order to establish, develop and embed a culture which ensures the best possible outcomes are achieved for individuals using the service and to meet the requirements of the regulations.	Not Achieved
66	The responsibly individual has not supervised the management service in a satisfactory manner to ensure the service has sufficient numbers of staff who are trained, competent and skilled to undertake their role and achieves best possible outcomes for individuals.	Not Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

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