



Inspection Report on

Autism Spectrum Connections Cymru- Community Support Services

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

Date Inspection Completed

08/05/2024

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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
Language of the service	English
Previous Care Inspectorate Wales inspection	[3 January 2024]
Does this service promote Welsh language and culture?	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

This was a focused inspection to test the Priority Action Notices issued at the previous inspection. During this focused inspection we considered the theme of wellbeing, as well as leadership and management.

People receive care and support in line with their personal plans which leads to positive wellbeing outcomes. We found the service seeks regular feedback from people supported and action is taken to enhance service delivery based on the feedback provided. The service works collaboratively with other agencies to ensure that people experience positive physical and mental wellbeing.

The manager of the service works to ensure that the service and organisational values are embedded into daily practice. We saw evidence of good opportunities for staff to receive support and supervision, as well as opportunities for learning and development. The responsible individual (RI) visits the service to seek feedback from people and staff.

The service has achieved compliance with regard to previously issued Priority Action Notices.

Well-being

People experience choice and control over their day-to-day life. We read feedback forms and reviews which demonstrate people are frequently consulted with about how they spend their time. People set and review their wellbeing goals, and support staff record their progress in achieving or working towards these. People can access the right information, when they need it, in the way they want it and use this to manage and improve their well-being. The service has updated their written guide to the service to improve accessibility of the information. People are treated with dignity and respect. The service ensures that people are listened to and work with people to support their individual circumstances. There is an up to date statement of purpose (SoP) which outlines how the service is provided to people. There is clear information to support people to understand what care and support is available to them by the service.

People are supported to remain physically, mentally, and emotionally well. People are supported to remain healthy and active and to do things to keep themselves healthy. We found the service works collaboratively with a wide range of professional services to ensure people have access to the healthcare they need. People are actively encouraged to participate in a variety of activities within their community in order to support and develop relationships. We found people are supported to develop and maintain skills to support their independence.

People are protected from abuse and neglect. The service has a safeguarding policy and procedures which is in line with best practice. The manager and RI review any safeguarding matters and take appropriate and timely action. The manager ensures that care documentation, and processes are audited and reviewed regularly. We read action plans to support the future development of management systems. There is a clear focus on people's wellbeing at the centre of the service delivery.

Leadership and Management

There are management arrangements in place to support the smooth running of the service. The manager and the RI have worked together to improve oversight and governance processes within the service. We saw evidence of frequent RI visits to the service to seek feedback from people supported as well as staff. We found the RI considered written feedback routinely collected by the manager in order to consider the quality of the service provided. The RI prepares a report about the quality of care provided within the service. We found the report considers a range of aggregated data and analyses the impact of this on the quality of care. The manager routinely audits and reviews systems within the service. We found on some occasions the recording of audits undertaken could be strengthened. However, the manager is familiar with the systems used by the provider and uses these to ensure compliance within the service, as well as to drive improvements. The manager and RI have an action plan to support the continuous development and improvement of service delivery.

There are enough staff on duty to support people effectively. We saw rotas are in place to ensure care and support is provided in line with people's personal plans, and delineated times are provided to protect staff wellbeing and allocation of breaks in their day. Support staff are suitably recruited, trained, and supported to carry out their duties. Support staff speak highly of the learning and development opportunities within the service. We saw training records demonstrating support staff have up to date mandatory training, as well as opportunities for continuous professional development. The manager has acted on feedback provided at the last inspection, and all staff recruitment documentation is now available in line with regulatory requirements. Support staff receive frequent support and supervision to enable them to work confidently and competently. The quality of supervisions is good, with clear links to the organisation's values and ethos and opportunities provided to support staff to reflect on their own practice.

The service provider is in the process of separating the contracts for care and support and accommodation in order to delineate clear lines of accountability and responsibility as per the regulations. We are assured that this process will be completed by the next inspection.

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
N/A	No non-compliance of this type was identified at this inspection	N/A
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.	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.	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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