24-7 Care Ltd

Ashbrook House

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

Overall summary

This inspection took place on 20 July 2015 and was unannounced.

Ashbrook House provides care and support for up to six people with autistic spectrum disorder who have a learning disability. The service does not provide nursing care. There were six people using the service when we visited.

The service had a registered manager. 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. We found that whistleblowing had happened in practice at the service and had been dealt with appropriately.

Summary of findings

Risk assessments were centred on the needs of the individual and included risks posed when people were out in the community. Staff followed clear guidance to reduce identified risks and protect people from harm.

Staffing arrangements meant that people received one to one care to meet their specific needs.

There were safe recruitment procedures in place. All staff were subject to a probation period and to disciplinary procedures if they did not meet the required standards of practice.

Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and maintained relevant records that were accurate.

All of the staff received regular training in mandatory subjects. Specialist training was specific to the needs of people using the service. This provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

People's consent to care and treatment was sought in line with current legislation. All staff and management were trained in the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation.

A flexible approach to mealtimes was used to ensure people could access suitable amounts of food and drink that met their individual preferences.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

Staff communicated effectively with people, responded to their needs promptly and treated them with kindness and compassion.

Throughout our visit we saw examples of creative care that helped make the service a place where people felt included and consulted.

People were able to spend private time in quiet areas when they chose to. People's privacy and dignity were respected and maintained at all times.

People's needs were comprehensively assessed and care plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support reflected their preferences.

People were at the heart of the service. People were supported to attend a range of educational and occupational activities as well as being able to develop their own independent living skills. Staff supported people to undertake a choice of leisure activities within the home and in the community. The service provided its own day care service and people had been involved in its development.

The service had an effective complaints procedure in place. Staff were responsive to people's worries, anxieties and concerns and acted promptly to resolve them.

The service was well led with systems to check that the care of people was effective, the staffing levels sufficient, and staff appropriately trained so they had the skills to provide safe care and support.

The staff were highly committed and found innovative ways to provide people with positive care experiences.

Effective quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

Summary of findings

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

This service was safe

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

There were risk management plans in place to promote and protect people's safety. Staff were trained to keep people safe when people's behaviour was challenging to others.

Staffing arrangements meant that people received one to one care to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

People were supported by staff to take their medicines safely.

Is the service effective?

Good

This service was effective

Staff had the specialist knowledge and skills required to meet people's individual needs and to promote their health and wellbeing.

Staff used a number of tools to communicate with people which enabled them to express their views about their care.

The registered manager ensured that relevant applications to the statutory authority in relation to Deprivation of Liberty Safeguards office had been submitted.

Where restrictions were placed upon people, staff ensured they were enabled to continue living their life in accordance with their preferences.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

This service was caring

Staff interacted well with people and showed them warmth, compassion and patience.

Innovative and imaginative tools were used to communicate with people.

Staff promoted people to maintain their independence.

Staff supported people to maintain regular contact with their families.

Is the service responsive?

Good

This service was responsive

People's care was personalised to reflect their wishes and what was important to them.

Care plans and risk assessments were reviewed and updated when needs changed.

Summary of findings

People were at the heart of the service and were able to take part in a wide range of activities of their choice.

The arrangements for social activities were innovative, met people's social needs and enhanced their sense of wellbeing.

The service sought feedback from people and their representatives about the overall quality of the care provided. These were available in a format that met the needs of people using the service.

Staff responded swiftly to people's concerns or anxieties.

Is the service well-led?

Good

This service was well led.

People were empowered to express themselves and to be involved in decision making at the service.

There was an open and positive culture which focussed on people's individual needs.

The manager operated an 'open door 'policy and welcomed suggestions made from people and staff on improvements to the service delivery.

The care provision was consistently reviewed to ensure people received care that met their needs.

Ashbrook House

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 was planned to check 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 20 July 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

People who used the service, that were present at the time we visited, had difficulty in communicating verbally. They used gestures and body language to express their views. We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during individual tasks and activities. We spoke with the registered manager, the deputy manager, the behavioural support managers, two senior care staff and two support workers to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and five staff records that contained information about, induction, training, supervisions and appraisals. We visited the organisations' day care facility to talk with staff and observe day care activities taking place. We also looked at records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

People were protected from harm and abuse by staff that had been trained appropriately and understood the principles of safeguarding. People who were present at the time of our visit were unable to tell us if they felt safe; however, it was clear in their behaviour and manner that they were relaxed and comfortable within the service and in the company of staff and their peers.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. All of the staff we spoke with could clearly explain how they would recognise and report abuse. One staff member told us, "I would have no hesitation in reporting someone who was not treating people appropriately. It is our duty of care to report these things." Another staff member told us, "I know about whistleblowing. I would not worry about using it. I know I would be well supported if I did have to whistle blow." Staff said they were confident that if they reported any concerns about abuse or the conduct of their colleagues, the manager and the provider would listen and take action. We saw that whistle blowing had happened in practice at the service and had been dealt with appropriately. The registered manager told us that staff had been supported throughout the process.

We saw that each person had a young adults guide about bullying that gave details in a pictorial format about discrimination and abuse and how people could report any concerns.

There were robust systems in place to help people manage their finances and to protect their finances from possible misuse. These involved a number of checks and records made by staff each time they supported someone with their finances. This included a system of recording money received and money spent, with receipts provided for each transaction. In addition, we saw that people's money was audited on a regular basis to ensure their money was handled appropriately.

Staff told us they made sure people were safe and knew how to support people who had behaviours which challenged others. This was done in a way that respected people's rights and promoted their dignity. One staff member told us, "We have very good support and guidance when supporting people with behaviours that can be challenging." Staff told us, they worked closely on a one to one basis with the people they cared for. They said this enabled them to get to know people well and helped them understand their body language and behaviours, so were able to intervene before it developed. One staff member told us, "It really helps working with people so closely. Sometimes it can be something small such as a sound or a particular movement and you know the person is feeling anxious about something."

We saw that each person's needs had been assessed. There were care plans in place that demonstrated how staff identified behaviours and the specific actions they needed to take such as distracting the person to more constructive activities. We saw records that showed how a person's cultural, spiritual, sexual, emotional and physical needs could be met to protect them from the risk of discrimination. We saw in one file that a person had a particular preference for dress. The care file described the steps staff needed to take to prevent this person from being bullied or discriminated against.

We were told by staff, and training records confirmed that all staff received annual training in relation to safeguarding; to make sure they stayed up to date with the process for reporting safety concerns.

Staff told us they were aware of people's risk assessments and had been actively involved in contributing their knowledge of the person they cared for when the risk assessments were reviewed. One staff member told us, "There is a risk assessment in place for every eventuality. We need to be very aware of the risks faced by the people we look after. It's our duty to keep them safe."

Risks to people's safety had been appropriately assessed, managed and reviewed. Each of the care records we saw had a range of up-to-date risk assessments. These assessments were different for each person and reflected their specific risks, with guidelines on how to keep people safe. Staff demonstrated that they knew the details of these management plans and how to keep people safe.

Staff acknowledged that some risks to people's health and wellbeing needed to be considered and taken to promote positive experiences for people. We found that all the people who used the service were supported positively to take managed risks. For example, before a person attended any new situation, a thorough risk assessment would be completed with the support of the two behaviour support managers; who had been specifically trained to provide

Good

Is the service safe?

advice and support in relation to managing people's behaviours that could challenge others. The risk assessment would take into account how many staff members were required to support that person, and a behaviour management plan would be drawn up specifically for use in the new situation the person was being assessed for.

We found that one person had requested to go Go-Karting and we were told that this was a new situation for the service. A thorough risk assessment had been completed and in the first instance they took the person to a place where they had a track with small engine Go-Karts. The person using the service was supported to go Go-Karting and the activity proved to be successful. Following the success of the Go-Karting trip their risk assessment was amended to include driving a more powerful Go-Kart. This was again successful and had enabled the person to experience a positive and safer experience. The outcome of this has resulted in Go-Karting becoming a regular planned activity for this person. There were pictures on the wall of this person achieving their goal and the company that provided the Go-Karting experience presented the person with an award of achievement. This showed the staff had a positive and flexible attitude towards risk taking.

Training records demonstrated that all staff had received training in relation to risk assessments and how to complete these.

Incidents were reviewed and action plans devised to keep people and staff safe. For example, there were two staff who were nominated 'behavioural support managers'. If a staff member needed extra support, following an incident where a person had displayed behaviour that could challenge others, they could call upon them to provide extra help, advice and training for both the staff member and the person using the service. They would produce a behavioural management plan to support the individual and the staff team. We were told they had also provided training for some families whose relatives used the service. The registered manager told us they monitored any issues regarding people's safety monthly. In addition, we saw that a record was kept of any incidents regarding people's behaviour so that the management team could monitor any trends. This information could be used to analyse and review the person's support package. This also helped to inform staff what they needed to do to reduce the likelihood of any reoccurrence.

Recruitment procedures included checking references and carrying out disclosure and barring checks for prospective employees before they started work. All staff were subject to a probation period before they became permanent members of staff and to disciplinary procedures if they behaved outside their code of conduct. This meant that people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were emergency evacuation plans in place for all people who used the service. The staff knew about these plans and what action to take in the event of an emergency evacuation. Staff were trained in first aid and fire awareness and fire response strategies were in place. The three members of the management team were included in rotation in an 'on call rota' during out of office hours to respond to emergencies.

We saw that the service operated an effective system to make sure the staffing numbers and skill mix were sufficient to keep people safe. Staff told us that staffing numbers enabled them to provide one to one care between 07:15am until 21:15pm. Staff told us they worked long days because people who used the service became anxious when there was a change of staff that disrupted their day. One staff member told us, "It's good to be there for [people who use the service] for the whole day. It provides them with consistency and helps reduce anxiety levels."

The registered manager told us that if people using the service required extra support or specialist care then the number of staff working would be increased to meet the person's needs and we observed this in practice. At the time of our visit we saw that one person was receiving care and support from two staff members throughout the day. In addition to the regular staff, there were two managers, one of whom was the deputy manager. They were specifically trained in behavioural management techniques and were extra to the regular staff on duty. They could be called upon for extra support and guidance if needed.

Our observations confirmed that there were enough appropriately trained staff members on duty to provide the assessed level of support people needed. We saw that because staff were available and worked with the same person for the whole day; their activities did not have to stop at a certain time. The person was able to organise their whole day and knew exactly what they were doing at any time of the day. We saw that this was very important to

Good

Is the service safe?

people using the service that found change difficult and increased their anxiety levels. We saw that consistency was a key factor in supporting people to manage any behaviour that may challenge others. The staff rota confirmed that the agreed staffing numbers were consistently provided. Records showed and the registered manager confirmed that where people's individual needs and preferences required a male or a female staff member then this was facilitated.

People were supported to take their medicines by staff trained to administer medication safely. We spoke with two senior staff members who confirmed they administered people's medicines. One told us, "We get training every year and it's very thorough. We also have to complete a booklet to say we are competent. We always have two staff to sign to say we have given the medicines. It's the safest way to do it." We also spoke with a support worker who had not received training in medicine administration. They told us, "I have not had the training so I never give people their medicines. I leave that to the senior staff. I'm comfortable with that."

We found that medication was stored safely for the protection of people who used the service. There were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of.

Medication Administration Records (MAR) had been fully completed and we found no gaps or omissions in the records we saw. Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. We were therefore assured that people would be given their medicines to meet their needs.

All medicines were administered by staff who had received appropriate training. We saw, from training records, that staff had received up to date medicines training. Regular medicines audits also took place which helped to ensure the systems used were effective.

Is the service effective?

Our findings

People who used the service, who were present during our visit, were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with what they wanted and needed. Through our observations we saw that people received care from staff that had the experience and skills to carry out their roles and to effectively meet people's needs. Staff were observed to have a knowledge of people's needs and wishes which enabled them to engage with people in a way that people responded to.

Staff told us they had completed an induction training programme when they commenced work at the service. They told us they had worked alongside, and shadowed more experienced members of staff which had allowed them to get to know people before working independently. Staff told us the induction training was thorough and one staff member commented, "The induction was very important to me. I got to know people slowly but surely. I was never thrown in at the deep end." Another staff member told us, "I was grateful for the induction. I learnt a lot and built up my confidence."

The manager told us that new staff were required to complete an induction and work alongside an experienced member of staff until they felt competent and confident to work on their own. Records we looked at confirmed this. In addition, all staff received specific training in behaviour management that was called, 'Positive Range of Options to Avoid Crisis and use **T**herapy and **S**trategies for **C**risis **I**ntervention and **P**revention. (PROACT-SCIP) This training primarily focuses on positive approaches to behaviour management and encourages the use of proactive responses. This technique emphasises a 'whole person approach' when supporting individuals through a crisis in a sensitive and caring way, so that the needs of the person can be met. Staff told us they had found this training invaluable and one staff member told us, "Without the PROACT-SCIP training I would have no idea how to approach people properly." The training matrix demonstrated that all staff received this training on an annual basis. Staff files we looked at confirmed that staff had successfully completed an induction to the service.

Records showed that staff were trained in subjects relating to the needs of people who used the service. For example, training was provided in specific subjects so that staff were skilled in meeting people's needs, for example, the care of those with epilepsy and behaviours which challenged others. Other training included first aid, food safety, health and safety, safeguarding, infection control, Mental Capacity and Deprivation of Liberty Safeguards, fire awareness and the safe handling of medication. We also found that staff could access a range of additional training that might benefit them and the people they supported. For example, autism awareness, person centred planning, accurate record keeping and lone working training. In addition, we saw that from the thirty five staff employed seventeen had achieved their NVQ Health and Social Care level 2 and seven had achieved level 3. This showed that training was sourced and tailored to ensure staff were trained to meet the specific needs of the people who used the service.

Staff told us they received regular supervision where they were able to discuss their training needs as well as the care of the people who used the service. One staff member told us, "We get supervision every month. If anyone feels they need more than that they only have to ask. The support we get is brilliant."

Staff said they were supported in their role and felt able to raise issues or ideas with any of the management team and at the regular staff meetings. Records confirmed that staff received regular supervision every 4-6 weeks.

We saw that staff understood the importance of gaining people's consent before providing any care or support. We observed that people were able to choose what they did on a daily basis, for example, if an activity was planned, they could choose to attend or not, on the day. One member of staff told us, "We all respect the fact that people have the right to give consent or refuse if they want to. We have to respect their decisions. Even if you don't agree with it." Throughout our inspection we observed staff asking people for consent before carrying out any task. We also saw in people's care records that consent had been sought and documented from each person or their representative. We observed one person who declined to take part in an activity and requested some time alone. Staff made sure this happened and respected their wishes.

The registered manager told us that each person who used the service had their capacity assessed. Where it was found that they lacked capacity, a best interest decision was made, which included input from stakeholders who were

Is the service effective?

important to the person, such as family members and care managers. We looked at care records and found that Mental Capacity Assessments (MCA) had been completed which were specific to people's individual needs.

We also found that a Deprivation of Liberty Safeguards (DoLS) screening tool had been used to identify whether or not people may be deprived of their liberty. The registered manager confirmed that all the people using the service had been assessed and had an application for DoLS submitted to, and approved by, the local authority.

Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation. Staff members were able to describe the principles of the law and how people should be protected.

During this inspection we found that people were supported to have sufficient food and drink to maintain a balanced diet. Staff told us that each person chose the menu for a certain day. On that day the person would be supported to prepare and cook a meal for everyone at the service. However, we saw that staff were flexible in their approach to mealtimes and if someone wanted something different then alternatives would be made available. We saw that people were encouraged to choose different meals using pictures and choice boards.

People had access to snacks and drinks throughout the day and each person was supported to make healthy choices. The registered manager told us the kitchen was always open and accessible to everyone who used the service.

We saw good guidance in care plans in relation to the support people needed to eat their meals and snacks safely. For example, we saw that one person was at risk of choking because they ate their food too fast. Strategies of counting in between each spoonful had been implemented to help reduce this risk.

People were weighed regularly and then referred to health professionals if there was a substantial change in weight. The staff made sure people had enough to eat and drink by checking and recording what they had eaten each day. This allowed them to notice if people's appetite declined. Staff knew people's dietary preferences and restrictions.

People were supported to maintain good health and had access to health care services. One staff member told us, "We have to approach some visits with patience and take it at a slower pace. Anxiety levels can go up so we have good support plans for people when attending health visits."

We saw that each person had comprehensive assessments and care plans regarding their health. These were called Health Plans and were available in a pictorial format suitable for people who used the service. Records demonstrated that people had regular health checks with the dentist, optician and chiropodist. People were also referred for more specialist support and treatment from their psychiatrist, dietician, speech and language therapist and occupational therapist when needed.

Good

Is the service caring?

Our findings

People received care and support from staff that knew and understand their history, likes, preferences, needs, hopes and goals. We found that people were happy with the care and support they received. We observed that people were relaxed, laughing, smiling and having meals together and playing games which we saw people enjoyed. There was a homely atmosphere in the service and it was apparent that people felt at ease. They had the freedom to go where they liked and were relaxed, in the presence of staff. We saw people gained reassurance from being close to staff, who chatted to them about their daily routines and things they were anxious about. One person was concerned about their shoes when we arrived and staff reassured them and helped them find their shoes. The person relaxed and became less anxious. Support was provided in a kind and calm way and people were open and trusting of staff.

Staff told us that working on a one to one basis with people helped them to build up relationships and get to know the person as an individual and not someone who was just part of the service. One staff member told us, "It's not like being at work. It's like being with a friend." Another staff member said, "I really believe that this is like no other job. You can't do this and not care about the people you are looking after."

Staff had a thorough knowledge about the best ways to communicate with people who we observed made people laugh and enjoyed their daily life. One staff member told us, "Communication is very important. It can be the cause of so many worries and behaviours. That's why we need to get it right."

We saw that specific methods were used by staff to talk and communicate with people and these suited the needs of each person. For example, where people were unable to communicate verbally, pictorial choice boards, sign language and written instructions were used to ensure effective communication took place with each person. We saw that this was an effective way to communicate with people. For example, on the morning we arrived one person was displaying levels of anxiety. Staff effectively showed them through pictures what they had arranged next, and also what they would be doing after that activity had finished. We saw this helped to relieve their anxiety levels and they responded positively to this. We observed staff taking time in a calm and reassuring manner to talk with people to find out what they wanted. We also saw that the service had supported families with training about effective communication and had provided some families with communication tools that they could use at home with their relatives.

We found that people were supported to make their own choices about what they wanted to do on a day to basis and we observed, and were informed, how staff responded to people's requests in a positive and enthusiastic way. For example, we saw that at the start of each day each person organised their day with the staff member who would be working with them. For people who could not communicate verbally we saw this was carried out using pictorial prompts and a first and then system. This involved the use of pictures that showed the person what they were going to do next and also what they would be doing after that activity. We saw that this was an effective way to communicate with people.

People's personal preferences were assessed and recorded in care plans. These included information about people's interests, leisure needs and their past history. This meant that staff could strike up meaningful conversations with people because care records contained information about their experiences and interests. For example, we saw staff talking with one person about their preferred choice of game for their gaming system and this person's care records confirmed that they enjoyed gaming as a hobby.

We saw that people were given the opportunity and were supported to express their views about their care through regular reviews and records showed that families were invited to these. They were also available in pictorial form which was suitable for people using the service. Some people who used the service required support to express their views and preferences. There was an effective system in place to request the support of an advocate to represent their views and wishes. The registered manager confirmed that one person was using the services of an advocate.

We found that the staff promoted people's privacy and dignity on an everyday basis. For example, we saw that staff knocked on people's bedroom doors, announced themselves and waited before entering. Staff spoke with people in a polite way, listening to them and then responding so that people understood them.

People's care plans promoted their privacy. For example, there was information about the preferred term of address

Good

Is the service caring?

people wished to be known by. We also looked at information about the PROACT-SCIP training that staff completed, in relation to dealing with people's behaviours. This training focuses on positive approaches to behaviour management and encourages the use of proactive responses. We found that it was not only to promote behavioural change in individuals. It was also to achieve enhanced community presence, choice, respect, community participation and dignity. Records we looked at showed that people had entered the service with behaviours that had challenged others and had resulted in them being unable to take part in numerous activities or visit new places of interest. This was having a major impact on people's lives. We saw that staff had effectively worked with people to support them when managing their behaviours, using the techniques of the PROACT-SCIP training. We saw that this had been effective for each person using the service. For example, we saw that one person who used to self-harm to an extreme extent no longer required protective equipment. They were now able to access the community and visit the shops, or go for a meal. This had helped to promote their dignity and self-worth.

The service kept any private and confidential information relating to the care and treatment of people secure. People had access to private and quiet places both at the service and at the day care activities centre. Each person had their own bedroom and most had its own en-suite bathroom, which also promoted people's privacy. We observed that staff treated people with dignity by talking to people in a polite way, listening to them and then responding so that people understood them.

The staff also offered support to people's relatives. We were informed of an example of care and compassion by the service and its staff. When two people were not able to visit their family at home because of illness, the service organised regular hospital visits and supported the people using the service to support their family by shopping for them. This gave them a sense of self-worth in that they were able to support their family member in a time of need. In addition, the service also organised for a care package for the person's family and the service supported them to make hospital outpatient appointments.

Good

Is the service responsive?

Our findings

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. These were also available in a pictorial format.

Information from assessments was used to ensure people received the care and support they needed, to enhance their independence and to make them feel valued. One staff member told us, "It's important for us to have as much knowledge about the person as possible. It helps things to go smoothly and means we can help relieve people's anxieties."

The registered manager told us, "When we assess people for admission we have to plan it at every stage until the person is ready for that change." We saw that involving people and their relatives in this assessment ensured care was planned around people's individual care preferences. For example, family members were able to provide detailed information about their relatives likes, dislikes and preferences. We saw that this information was used to develop transition, care and behavioural plans. In addition, family members often had detailed knowledge of what triggers may cause their relative to become anxious. Collating all this information before the person arrives at the service helps to make transition easier for them.

Care records demonstrated that a very detailed and comprehensive transition plan had been completed when people had moved into the service. This included visits to the service, activity participation, overnight stays and a full PROACT-SCIP assessment. The assessment identifies triggers that raise people's distress or anxiety levels early, and a behaviour plan provides guidance to allow staff to respond positively, in a non-restrictive way. Effective communication was also a key factor of how the service would be able to meet the person's needs. This would be completed by one the managers who had been specifically trained in the PROACT-SCIP behavioural management techniques.

We were informed the care and support provided by the service was underpinned by consistency, structure and clear communication endorsed by the National Autistic Society. We saw an example of how this had worked in practice. We saw that when one person joined the service they had a particular phobia. This was having a debilitating effect on the person's life and they had not been outside for over two years. The service worked with them to overcome their fear and we saw this has had a positive effect on the person who now went out for country walks, to the park and other places they would not visit before. In addition, they also regularly take part in a scheme that involves the subject of their phobia. We saw this person at the Fun Zone who was calm and was at ease while undertaking their activities.

The manager told us that they provided people and their families with information about the service as part of the pre-admission assessment. This was in a format that met their communication needs and included a welcome pack with information about the service, the facilities and the support offered.

We saw that when people could not communicate their care and support needs, information about their preferences was gained from relatives and friends so that best interest decisions relating to care delivery could be made. Advocates were also used when required to ensure people's wishes were gained and shared when they had no relatives or friends to support them with this.

Care plans had been updated to reflect changes to peoples care and support to ensure continuity. This had been completed when people's behaviour, medicines or health had changed. Staff knew about the changes straight away because the management verbally informed them as well as updated the records The staff then adapted how they supported people to make sure they provided the most appropriate care. Care plans included clear guidance about how people wanted to lead their lives and the support they needed. We saw that promoting choice and independence were key factors in how care and support was planned and delivered.

We found that each person was able to choose the activities they wanted to do. Staff organised trips and activities that were based around peoples preferences. Examples of activities undertaken by people who used the service included Go-Kart racing, swimming, bowling, walking and visiting the library. In addition, there was a dog walking scheme where people took on the responsibility of walking the dog, clearing up after it and ensuring its safety. The service had several people carriers and a bus washing scheme had also been implemented. The manager told us it was important that people had access to regular activities because it allows people living with autism to experience new things, promotes a good quality of life and

Good

Is the service responsive?

helps the person to feel a sense of belonging and accomplishment. One staff member told us there were also social benefits, they said, "Regular involvement in activities helps people to build friendships and provides an opportunity to practice socially appropriate skills. It can also help people to practice communication skills in meaningful every day environments." We saw people taking part in activities of their choice, and interacting with staff and each other in a way that promoted independence and individuality.

In addition to these activities, we saw an example of how the service provided person-centred activities for people. The service had found a warehouse which they had set up as their own day centre. All the people who used the service were consulted about what they would like to see in place at the day centre. People were also invited to name the day centre and it was now known to all who use the service as the Fun Zone. We visited the Fun Zone on the day of our visit. We found this had been organised to try and meet the needs of all the people who used the service. For example, some people wanted to try and make it more like a youth club and wanted to see table football, a pool table, table tennis, computers and consoles to play games on. We saw this had been included. Another person liked a bit of quiet time, so a special area had been built for them to go and listen to music and sit at a table where they could play cards and dominos with their carer without being distracted by other activities taking place. We were told that two people had aspirations to be a Disk Jockey (DJ). In response to this the service set up a DJ area for them to practice and then once a month or on someone's birthday they held a disco and provided the music for it. We were given many more examples of how people were able to choose how they led their lives and what activities they wished to take part in.

The provider was responsive to feedback from people and their relatives. There were pictorial 'Having your say forms' available for people to use if they wanted to express their views or concerns. We saw an example of when this had happened in practice. One of the parents stated that the service was lacking colour at the entrance to the house and that they would like to see some flowers or plants near the entrance. The service purchased some pot plants and hanging baskets and put them around the front entrance to add some colour. Now one of the people who used the service has taken on the responsibility of caring for the plants. We saw that feedback from people's relatives was very positive about the service.

The registered manager told us there had been no formal complaints made to the service. We saw there was a system for recording and dealing with complaints. This entailed regular monitoring and if required analysis of complaints to identify any trends. One staff member told us, "We work so closely with people on a one to one basis that problems are usually solved before they arise. By the nature of the people we care for we have to address any worries or concerns they have as they arise. It would have a negative impact on people's lives if we did not do that."

Good

Is the service well-led?

Our findings

The provider's values and philosophy were clearly explained to staff through their induction programme and training. There was a positive culture at the service and among the staff team where people and staff felt valued, included and consulted. One staff member said about the provider's values, "We just do it as part of our everyday work. We don't think about it, it just comes naturally." This demonstrated that the values and philosophy of the service were well embedded in the staff team and encouraged staff and people to raise issues of concern which the service always acted upon.

The management and running of the home was 'person centred' with people being consulted and involved in decision making. People were empowered by being actively involved in decisions about their care and support, so the service was run to reflect their needs and preferences. Families were also supported by the service to ensure the care and support people received remained consistent when people visited their family members. People and their relatives were encouraged to comment and make suggestions about the service, through satisfaction surveys, reviews and on a one to one basis with staff. There were pictorial booklets and leaflets in a suitable format that made the process easier for people to express their views or concerns. We also saw that information about the service, and peoples care and support needs, were available in a format that met the needs of the people who used the service. We found that improvements to care had been made as a result of feedback from people and relatives. Audits of surveys showed that 100% of the people who gave their feedback were happy about the overall quality of the service, and rated the service as excellent. One comment we received read, "Excellent provision and excellent service. Should be used as a blue print for all care homes."

There was effective communication between people who used the service, relatives, staff and the home's management. Innovative and inventive communication methods had been introduced and used effectively, both with people who used the service, but also with their family members. In addition we found that families had been supported with training so they were able to consistently provide care and support for their relative at home. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the home, which was encouraged at supervision and staff meetings. One staff member said, "This is the best service I have worked in. The support is brilliant."

The provider was able to demonstrate good management and leadership and there was a system of management support to staff at all levels. The service had a registered manager in post. There was a deputy manager (who was also one of the behaviour support managers) and a second behaviour support manager. They were extra to staffing numbers so if any staff member required support with the person they were supporting, one of the managers could respond promptly. Staff we spoke with said they were well supported and communication was very good. The registered manager and the management team were accessible to staff. If staff felt they needed extra personal support or extra supervision then this was facilitated. One staff member told us, "There is an open door policy. We get so much support. If you need extra help you wouldn't feel uncomfortable asking for it." Staff were aware they could use the service's whistleblowing policy to report any concerns to the organisation and we saw this had worked in practice. We saw that people were supported on a one to one basis and there was a consistent approach to staffing, which we observed was important to people using the service.

The registered manager had implemented innovative ideas to improve people's care experiences. For example, we saw and experienced the day centre which people who used the service had called the Fun Zone. This catered for the needs of all the people using the service, and each person had been consulted about what they wanted to see and do at the Fun Zone. We also saw that people had been supported with their diverse needs in a caring and non-judgemental way. In addition, we saw examples of how people had been supported to become more independent and improve their self-worth.

We saw that well managed systems were in place to monitor the quality of the care provided. Frequent quality audits were completed. These included checks of; medicines management, care records, incidents, accidents, weights, the environment, nutrition and risk assessments. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care. For example, we saw that people's behavioural plans

Good

Is the service well-led?

were regularly monitored by the registered manager, especially if something had occurred to raise the person's anxiety levels. We saw that this would then be analysed and reviewed, with changes implemented to the person's behaviour management plan if it was required.

The registered manager and staff investigated and reviewed incidents and accidents at the service. This included incidents regarding people's behaviour which challenged others. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager completed a monthly report about any incidents or accidents and this included positive handling reports that demonstrated how incidents had been dealt with, plus details about staff training and any issues regarding the environment. There were corresponding action plans of how any improvements were to be made. Follow up checks were made to monitor the effectiveness of the changes.

The organisation's management monitored that the service was operating effectively and that people's needs were safely met. We found that the provider conducted monthly health and safety checks of the service. In addition, they conducted an inspection of care plans, risk assessments, policies and procedures, behaviour guidelines, complaints, medication, supervision and menus. An action plan is produced for the registered manager to complete after each visit and we saw these had been actioned.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.