

National Autistic Society (The) Kingsley House

Inspection report

Kingsley House
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 29 March and 6 April 2017. The first day was unannounced and the second day was an agreed date to ensure people and staff were available to talk to.

Kingsley house provides specialist care and support to younger adults who have autism and learning disabilities. It is run by the National Autistic Society (NAS) and is registered to support up to 19 people living in small flats and houses on one site. The service does not provide nursing care. At the time of the inspection there were 10 people living at the service.

The last inspection completed in January 2015 we rated this service as good with requires improvement in effective as we did not feel the environment was age appropriate.

There was a registered manager running the service. 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.

Kingsley House offered people a service which was highly personalised and took into account people's complex needs due to their autism. Staff were exceptionally skilled at working with people in the least restrictive way to promote their rights and empower them to live fulfilling lives. Staff were proud of their achievements in assisting people to develop their independent living skills and celebrated successes with each other and those who lived at the service. For example, they emailed good news stories about the accomplishments people had achieved.

We found the registered manager and management team to be open honest and transparent. The environment and atmosphere was inclusive and everybody was treated as an individual and was valued.

The manager demonstrated that they continually looked for ways to make improvements so that people who used the service benefited from exceptional care and expertise. Staff were skilled at understanding people's needs and unique ways of communicating. The provider had employed a speech and language therapist to work alongside the care staff to enable them to develop the best ways of assisting people to communicate. This was by way of symbols, pictures and photos. This type of media was extensively used in everyday working, to help people to make sense of what was happening and what was being asked of them. They also used social stories to help people process information and prepare for events. For example the registered manager prepared a social story for people to help them understand about the inspection process, our visit to the service and what questions we might ask.

The staff team worked in innovative ways to ensure their skills were utilised to the best effect. For example one care worker was a skilled musician and they were given time to share this skill in providing music sessions for people. Another care worker had been assisted to gain trampoline qualifications to enable them to provide this activity for people safely.

People's safety was considered in every aspect of their care and support. Risks were well documented. Medicines were safely managed. The provider operated safe recruitment processes to ensure only staff who were suitable to work with vulnerable people were employed.

Care and support was really well planned and person centred. Support plans for people were very detailed and ensured staff were providing a consistent approach. Support plans focussed on positive aspects of people. They were reviewed with people and those who were important to them. Where people needed additional support to ensure their own safety and that of others, this was done in a sensitive and caring way. When people showed expressive behaviours, staff looked at why they may be showing this behaviour and looked at what they could do to provide more positive reinforcement and ensure people had the right care and support to reduce their anxieties.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

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.

It was clear people felt safe living at the service. Staff managed risk in positive ways to enable people to lead more fulfilling lives.

Staff knew about their responsibilities to safeguard people and to report suspected abuse.

People were supported by enough staff to receive appropriate care. Robust recruitment procedures were followed to ensure only appropriate staff were recruited to work with vulnerable people.

People received their medicines on time and in a safe way.

Is the service effective?

Good ●

The service was effective.

People were cared for by skilled and experienced staff. Training was seen as key to ensuring people received the most effective care and treatment.

The service had used innovative assistive technology to promote the most effective way to assist people with their communication.

The design, layout and furnishing of the service had fully considered the needs of people and staff to provide the most effective care.

People's consent to care and treatment was sought. Staff confidently used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

People were supported to eat a well-balanced diet and they had access to health professionals to make sure they kept as healthy as possible

Is the service caring?

The service was caring.

People received care from staff who developed positive, caring and compassionate relationships with them.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

People were supported to express their views and be involved in decision making in meaningful ways.

Good 

Is the service responsive?

The service was exceptionally responsive.

People received person centred care from staff who knew each person, about their life and what mattered to them. Care, treatment and support plans were highly personalised.

People were encouraged to socialise, pursue their interests and hobbies and try new things. Their views were actively sought, listened to and acted on.

People were partners in their care, care records were individual, personalised and comprehensive.

People and their relatives knew how to raise concerns which were listened and responded to positively to make further service improvements.

Outstanding 

Is the service well-led?

The service was well-led.

The management team led by example and promoted a strong sense of wanting to continually improve.

People were at the heart of what mattered. People's views were sought and taken into account in how the service was run and made changes and improvements in response to feedback.

The culture of the home was open, friendly and welcoming. People, staff and visiting professionals expressed confidence in the management team.

There were robust and effective systems to review and improve on the quality of care and support, taking into account the views

Good 

of people and staff.

Kingsley 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 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 29 March and 6 April 2017 and was unannounced. Both inspection days were completed by one adult social care inspector.

During the first day we spent time observing how care and support was being delivered and talking with people in their homes and around the service. We also spent time with senior staff in their meeting about the running of the service and discussion about specific details of incidents concerning people living at the service. This included an analysis of what was working well and what they could do better. We spoke with three people and eight staff.

On the second day, the inspector spent time looking in more detail at records relating to people's care as well as audits and records in relation to staff training and support. We used pathway tracking, which meant we met with people and then looked at their care records. We looked at four care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We looked at four recruitment files, medication administration records, staff rotas and menu plans in some of the individual houses. We reviewed audit records relating to how the service maintained equipment and the building and the quality assurances processes in place.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law.

Following the inspection we spoke with three relatives and contacted five health care professionals to gain their views about the service. We received feedback from two.

Is the service safe?

Our findings

People said they enjoyed living at Kingsley House and felt safe. Not everyone was able to give their views but our observations showed people appeared happy and were able to move freely around their own home, surrounding areas and gardens. One relative said "I feel this is a safe place for (name of person) to develop and feel secure."

People were kept safe because staff understood what risks related to each individual and worked in a way to minimise those risks. For example, where people had been assessed as being at risk of hurting themselves or others around them due to their heightening anxiety levels, support plans and risk assessments clearly instructed staff on what cues to look for and how to diffuse a situation. These were highly individualised and informed staff about how best to minimise risk of behaviour or situation escalating. In addition to positive behaviour support plans each person had six risk assessments. These were broken down into different risk areas; keeping safe in the home, keeping safe in the community, health, medication & safeguarding, finances, restrictive physical intervention and challenging behaviour. Each risk assessment clearly outlined the appropriate control measures for staff to follow to ensure that risks were minimised. Staff were clear about risks and where to find relevant information to help them keep people and themselves safe.

People had the right support throughout the day and night because staffing levels were based on levels of assessed need and where people had specific additional one to one support, this was clearly identified. The registered manager said they had a stable staff team. They used agency staff to fill in for sickness or annual leave as well as regular staff who were willing to fill any gaps in the rota. The registered manager and team leaders were conscious of the fact staff needed to have regular breaks and that the work was sometimes stressful so did not want to overly rely on regular staff doing too many overtime hours. Staff confirmed they worked well as a team and were able to meet everyone's needs in a timely way. Staff tended to work in specific teams with the same people. This helped to ensure people felt safe and comfortable with a core of regular care workers. It also helped to ensure staff were adopting a consistent approach when dealing with behaviours which may challenge.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They confirmed they had received training regarding safeguarding. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There had been a number of alerts raised by the service within the last 12 months. These mainly related to one person attempting to harm another person. The registered manager and senior team were proactive in ensuring CQC and local safeguarding team were kept informed of these events and what measures were put in place to reduce the incident occurring again.

People were protected from the risk of unsuitable staff being employed. Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Their last employer was asked for a reference and checks were made to ensure potential new staff did not have a criminal record which would preclude them from

working with vulnerable people. They were only offered employment once the registered manager and provider were satisfied all these checks were in place.

Medicines were well managed and people received their medicines at the time they were prescribed to be given. Records for medicines were completed appropriately and consistently. Medicine records matched the prescribed medicine totals in the home and where appropriate staff had double signed entries to help prevent possible errors. Medicines were held securely in each person's own house. All staff had received training on the safe administering and recording of medicines and their competencies were checked on a twice yearly basis. Audits were completed on medicine records to ensure processes were safe. We checked medicines in two individual houses and saw the records were accurate and tallied with the medicine stock. Where people were prescribed as needed (PRN) medicines, there were clear protocols for when this should be considered. There were steps for staff to consider before administering PRN medicines.

The environment was safe and well maintained. The Registered Manager created an audit schedule for the year and the audit responsibility was shared to ensure that multiple staff were involved in the auditing process and audits did not become stale. Actions plans were developed from audits and actions completed within agreed time scales. Regular health and safety checks were completed. These included water temperature, fire checks and cleaning schedules to ensure that the homes of the people they supported were well maintained and safe. We sampled a few of these checks in two of the houses and saw they were well maintained. Emergency evacuation plans had been developed for each person in the event of them needing to leave the building for their own safety.

Is the service effective?

Our findings

People were supported to have their needs met effectively by a staff team who knew their needs, preferences and wishes. People were not able to say whether staff knew their needs and wishes; however it was clear from our observations, discussions with staff and review of support plans, that staff did know people's needs well. Relatives confirmed their family member's needs were well met. For example on relative said "The staff know people well and know what works and what doesn't."

At the previous inspection we found improvement was needed as some of the areas of the service were still school-like and not age appropriate. Improvements had been made. We saw that communal areas and people's own rooms and flats had been personalised and painted and decorated appropriately. The Provider information Return (PIR) stated they had a volunteer horticulturist who specialised in therapeutic gardening and they were designing a new sensory wonderland garden to replace one of the playgrounds on site from when the service was a school.

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. The registered manager and staff were clear about who had such safeguards in place and were working in accordance with any conditions. People's rights were being fully protected and staff were working in the least restrictive way. The Provider Information Return (PIR) showed that ten people had their liberty, rights and choices restricted in some way by the support and care planned for them. This was to promote their safety. Nine authorisations had been granted and the details of specific conditions were available for staff to review. One application was pending. It was clear the registered manager had a very good understanding about what information was required for such applications and when these needed to be reviewed.

Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Where a person lacked capacity to make a decision, a best interest decision had been made with family members and other professionals, such as GPs or independent advocates where appropriate. For example, best interest decisions had been made on people's behalf in relation to the administration of medicines, including the administration of covert medicines (this is where medicine is disguised in food or drink). Other decisions included the use of keypads to restrict people's access to a kitchen area to ensure their safety.

People benefited from staff who were well trained and supported to do their job effectively. This was because the registered manager and provider ensured there was a comprehensive programme of training for staff in all areas of health and safety as well as more specialised areas of understanding autism, behaviour that challenges and communication. Staff confirmed training was a key part of their role. One staff member said "The training is a whole range of learning, face to face and practical learning. Everything is covered and courses are put on several times to make sure we get an opportunity to do them." The registered manager held a matrix to assist her in ensuring staff skills and competencies were regularly updated. Each area had a timeframe for when the staff member required an update and these were organised accordingly. Staff consistently said they had a good level of training and could request further training if needed.

Staff were offered regular support and supervision to ensure they understood their role and discuss any training or support needs. The PIR stated that some staff had support plans in place to ensure their emotional wellbeing to enable them to perform well at work with reasonable adjustments in place. Staff confirmed they were given regular one to one supervisions and team meetings where they were able to talk about their role. They also explained they had debriefing meetings to discuss their well-being following an incident. One staff member said "Sometimes it can be a very demanding job, but very rewarding. You need to have good support in place otherwise you would take it all home and worry about it. The manager and team leaders are all excellent and if you have any concerns you can go to them."

New staff were given a two week period of shadow shifts (being supernumerary to the staff rota and spending time with more experienced staff to see how to work with people). They were also required to complete the Care Certificate, which covered all aspects of the care to help them understand their role and do their job effectively.

People were offered a variety of meals to suit their tastes and promote their health and well-being. People had developed their own individual menu plans with support from staff. Pictures and photos were used to help people make choices about what meals they would like. People were supported to shop for their own food and to cook their meals with support from staff. It was clear from the menu's peoples likes and dislikes had been fully considered as well as any special dietary requirements. People did not comment on their meals or menu choices but one person told us they enjoyed shopping and cooking, especially making cookies.

People had access to health and social care professionals. Their health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. For example the service worked closely with health professionals and external services such as the Intensive Assessment and Treatment Team (IATT) to ensure that people's needs were met. The IATT team are local specialist nurses and other health care professionals who work with people with learning disabilities. They had developed a medical room onsite that health professionals could use to visit people who struggled to access services within the community. This ensured that every person has their health needs assessed and reviewed regularly. People had a hospital passport which helped to tell healthcare professional how people liked to communicate and how they were usually supported. Each person also had a healthcare action plan to ensure the right support and advice was sought for medical conditions.

Is the service caring?

Our findings

People who were able to give their views said they liked the staff who worked with them and confirmed they were caring. Relatives were positive about the caring and kind nature of staff. One said "All the staff I have seen or spoken to appear very caring."

Our observations showed there were positive and caring relationships between people who lived at the service and staff. Staff spoke about people in a way which demonstrated they were caring and supportive. Staff talked about people's positive attributes. For example "(name of person) is always making me laugh, they are so full of fun, it is a pleasure to work with them."

Staff understood the importance of offering people choice and respecting people's wishes. Staff were able to describe how they ensured people were afforded as much choice as possible in the way they delivered care and support. It was clear people's wishes in how they chose to spend their time and what they enjoyed doing were honoured and respected by staff. For example staff described how one person enjoyed art and making decorations for their flat, but at times would rip these down. Staff respected the person's choice to either have their artwork up or to clear their space to have no adornments.

Staff spoke about people as individuals, knew their social histories and who was important to them. What was important to the individual was understood and known to staff, which helped them develop strong bonds and meaningful relationships with people. For example, one person had a special bear which they took out and staff helped them take photos of an outing with their bear. Another person had a passion for fireworks and the staff team ensured they took them to a variety of events where they knew firework displays would be occurring. Another person loved holidays and staff were willing to work extra shifts to support them to enjoy their holidays.

Our observations showed there was lots of laughter and fun going on throughout the day. Staff were caring and kind in their approach with people. When one person showed signs of distress they were supported to walk around the grounds as this was a known strategy to help them calm and become less anxious. Staff were skilled at interpreting people's non-verbal cues to help ensure the right care was provided at the right time. One staff member said "Some of our guys can't tell us when they are upset or anxious but we know from their behaviour and mannerisms when they are upset and so we offer them support to either move away from the thing which is upsetting them or to distract their attention."

People were supported in a way which fully promoted their dignity and respect. Staff talked about ways in which they ensured people's dignity was upheld. For some individuals who were disinhibited and chose to strip off at times, special film had been used on the windows to ensure their privacy and dignity. People were supported to enjoy and celebrate their own individuality in the way they dressed and expressed themselves.

People were supported to maintain important relationships. Relatives confirmed there were no restrictions on visiting times; they were always made welcome. Relatives said they could speak to their family member

in private if they wished to. Some relatives lived too far to visit frequently. People were supported to stay in touch via video links, emails and letters. Key workers ensured there was regular contact with family and friends and a log was kept of the calls made to family.

People were supported to personalise their rooms and flats in any way they chose. Some people had lots of photos and personal belongings and others had few. Staff respected people's personal space and supported people to make their space their home.

The service had received compliments and thank you cards which showed that relatives were impressed with the caring approach staff showed to people. One said "Please accept my heartfelt thanks for all the effort, support, care and professionalism shown by yourself and the whole support team..."

Is the service responsive?

Our findings

People and their relatives felt the service was highly responsive to people's complex needs. One relative said "They have worked miracles in enabling (name of person) to do things we had previously thought too difficult for them. They have been out for pub meals and to a local disco run for people with special needs. We have been really impressed with the new things they have been able to try and succeed in." Another relative said "My relative is thriving, I am so impressed that they (staff team) have been able to help (name of relative) achieve more independence with cooking, cleaning and general life skills."

People's care and support is planned proactively in partnership with them. The service used a number of innovative ways to achieve this. Where people needed additional time to process information or different mediums to help them understand what is being asked, staff used social stories to help prepare people. For example a social story might include simple words, pictures and symbols to assist a person to understand what a review meeting would be discussing. People were assisted to make their own choices about the support staff they wish to work with, their current activities and goals for the future. Again photos, pictures and symbols were used proactively to help people make these choices and have a real say in their plan and future care. This may be something as simple as what colour they would like their room painted to who they wished to live with and what staff they enjoyed working with. The registered manager prepared a social story to help prepare people for our second visit to the service. This explained what the inspector's role was in simple language and what questions we might want to ask people.

When support plans were being developed they were produced in the format the person found most easy to understand and interpret. Plans were sometimes put into a PowerPoint presentation for people to go through a number of times. Where possible people were involved in their review meetings. If they choose not to attend, their views were gained prior to the meeting. One person for example, chose to email their views to the registered manager. One parent said "(name of person) often needs time to process information so finds written communication easier. They have encouraged her to email staff with any worries or ideas and this is working well."

People were at the heart of the service and their support plans were positive and celebrated people's diversity. Plans clearly instructed staff what they needed to do to support the person to live the life they wanted, but also explained the risks and the ways a person might need additional support around behaviours which may impact on the person, staff or other people around them. Support plans always started with what positive attributes the person had and how best to support them with proactive strategies that would promote their emotional well-being. For example for one person their plan detailed how they enjoyed competition and a challenge. It gave specific guidance about how staff could use this to help get the best results for the person. It said when assisting the person with cooking, to challenge them with statements like 'I bet you can't stir that?' For some people, they required a specific routine to help them feel safe and comfortable. Often staff used visual schedules to help people prepare and understand what was happening throughout their day.

Due to the nature of autism and the difficulties this can cause people in terms of sensory processing and understanding the world at times, people sometimes presented behaviours that were challenging. After every incident of challenging behaviour a deputy manager reviewed the incident report and if determined an action plan was needed. They employed a speech and language therapist (SALT) and a behaviour support coordinator within the service. The support team were able to refer to these teams if further support was required. This ensured a responsive and individualised approach to each incident and ways of working with people to minimise their anxieties.

The service was exceptional in enabling people to communicate their needs and preferences. People's complex communication was understood by staff which helped people enjoy interactions and be empowered to make their own decisions. The service employed a speech and language therapist, who worked across a number of the provider's service. They provided expert support to assist staff in developing their skills and range of communication aids. For example, one person who had limited verbal communication had been assisted to have a range of symbols and pictures with words put on their iPad. This helped them to communicate their needs and wishes, which they previously struggled to do.

One person had a special night time ritual where they asked their night sleep in staff to sing and dance to three songs before they retired to bed. They liked staff to wear pyjamas to do this. This was an important ritual which helped the person feel settled and secure. Staff all participated in this with enthusiasm.

Professionals who visited the service said it was focused on providing person-centred care and it achieved exceptional results. One healthcare professional said "I believe they have done fantastically well with (name of person). They have a holistic, person centred approach and have helped to increase (name of person) independence." They explained that before moving to the service the person was struggling with going out into the community, but with support and goal planning, they had been able to develop the person's confidence to enable them to go out and about in the local community. The professional said "They are a very specialised service and strive to have the right mix of people to support."

Ongoing improvement was seen as essential to the registered manager, senior team and support workers. We observed a senior support meeting where the senior staff team talked about ways in which they could improve the experiences of people living at the service. They spent time detailing and analysing a specific incident and sought ways they could learn from this. They understood that the person's behaviour was an expression of their distress and looked at what they could do to improve the person's emotional well-being. As well as improving the outcomes for individuals, the service and staff team continually strived for improvements in the activities they offered. This included ensuring people had opportunities to have contact with people from other services. For example, they ran a youth group in one of their buildings on site where other young people with autism were invited. They also had a regular breakfast club to enable people to share time and meals together in a neutral space.

The service strived to be known as a specialist in Autism. For example they were currently undergoing Autism Accreditation and these also included regular observations (four times a year). These observations looked specifically at staff approach and their knowledge of autism and sensory considerations. Training for staff included several days in understanding autism and positive behaviour strategies.

People really benefitted from a service which was flexible and responsive to their individual needs and preferences. People had been assessed thoroughly before coming to the service and a package of care and support agreed which included one to one funding. This allowed the service to plan individualised care and

support. There was a high ratio of staff which enabled them to work in creative ways to enable people to live as full a life as possible. For example they had developed a relationship with a local farm where some people enjoyed spending time helping with the animals. High staffing ratios enabled people to go out and about visiting places which interested them as individuals rather than going out in groups.

For one person, going out to new activities raised their level of anxiety, but with support and innovative strategies they were enabled to try new things. Their support plan detailed how staff should support them by using their iPad to show them pictures of new environments, places and people or use electronic Maps. It asked staff to plan how to introduce the person to a new activity and asked staff to slowly build up the person's confidence. Before going on trips into the community the person was asked to complete a plan. This included how they were expected to behave and what strategies they would use to manage anxieties. This included writing their feelings and anxieties in a worries book. Staff would then write a response with reassurance and advice for the person to refer to. This strategy had very worked well and the person had been enabled to visit a busy local supermarket to shop for their own groceries. This was a task that they had previously found too daunting.

When people had developed a skill or overcome an anxiety, their success was celebrated. The service had a good news story which they sent to all staff and people living at the service. For example, the person who had been enabled to do their own shopping wanted everyone to know about their success. Staff took photos and shared the achievements as part of the good news story. This impacted on staff who spoke positively about people's successes and helped them to plan with the person to work out their next goal.

People's well-being and quality of life was enhanced because a comprehensive range of activities had been developed. People's daily and weekly timetables were tailored to suit their wishes and requests. The staff team worked well in ensuring their skills were utilised to the best effect. For example one care worker was a skilled musician and they were given time to share this skill by providing music sessions for people. Another care worker had been assisted to gain trampoline qualifications to enable them to provide this activity for people safely. One person had expressed a desire to care for animals, so the service had purchased some ducks and chickens for the person to help take care of. This had been a resounding success and had helped the person achieve a sense of worth and responsibility.

People's feedback was valued and people were actively encouraged to talk about any concerns or worries. The complaints process had been written in an easy read format and was posted in different parts of the home. The registered manager visited people in their flats and houses on a very regular basis. This enabled her to ensure people saw her as part of the staff team and encouraged people to spend time chatting. Investigations to any concerns raised were comprehensive and responded to in writing.

Is the service well-led?

Our findings

People, relatives and professionals gave us consistently positive feedback about the quality of care provided and the management approach. One relative said "I have faith in the manager and senior team to deliver the best care. They know (name of person) and what is important to them and they work hard to ensure they have a fulfilling life as possible." Another relative said "I have been impressed with the level of communication. If I email or call the manager, she responds quickly and answers any concerns or worries we may have." One professional said "The management team are very professional and always keep us in the loop with respect any incidents or areas they feel they could improve. I have been very impressed."

The leadership team were forward thinking and inclusive. They worked proactively with other organisations to ensure they were following best practice. For example they referred to the local specialist support team for advice and guidance in areas such as sexuality and relationships. The registered manager had provided some training to the local police force following an incident where a police officer had not fully understood the complexities of someone living with autism. They had developed links with local shops and farms to enable and foster a good relationship. People had complex behaviours which sometimes resulted in inappropriate interactions with members of the public. By fostering good relationships with local businesses and helping them understand the difficulties people with autism face in some situations, they had averted possible conflicts or referrals to the police.

The management approach was open and inclusive. They encouraged development and growth of staff. They had a 'staff shout out board' that allowed staff to recognise one another's good practice and celebrated this, this helped to encourage staff to go the extra mile and identify what constitutes good caring practice. Staff confirmed they had a high degree of confidence in the registered manager and the core of team leaders. One staff member said "You can go to the manager about any issue, she listens and is very good at finding solutions." Another said "I feel the managers here do listen to us and I definitely feel valued."

There was a strong commitment to continuous improvement, both through investment in staff learning and support and in developing a specialised service which met the needs of people with autism. They were going through a process of accreditation. Autism Accreditation is an internationally recognised quality standard provided by The National Autistic Society. The accreditation programme looked at identifying strengths and good practice. The aim was to help organisations to continually improve as the self-audit stage was revisited throughout the three-year cycle. This allowed new staff and developments to be integrated into the programme on a rolling basis.

Kingsley House senior staff said they had already seen some significant impact for people living at the service. The external review of their practice had helped them to utilise reflective practice in a more dynamic way. We saw this in action when we attended one of their reviews of care for an individual and a senior team leaders meeting. It was clear all staff were committed to providing the best care and support for each individual. They were centred on what was positive about the person and how to work with their positive attributes to gain the best outcomes for people. For example, following a detailed review of one person, it became clear their incidents occurred following meals. Following consultation with their GP, peptic medicine

was prescribed with the impact being the person's amount of incidents reduced from a daily occurrence to only once or twice a month. This had a positive impact on the life of this young person and enabled staff to consider more activities and positive risk taking for them.

The provider, The National Autistic Society (NAS) was a national organisation who specialised in services for people with autism and as such was a source of knowledge and information to its own services and to other providers who worked with people with autism. For example the NAS had been a leading organisation in Government to implement an Autism Act in 2009 which led to a national autism strategy in 2014. This has helped organisations, providers and the public have a greater awareness of autism and promoted the rights of people with autism. The training for staff centred on the understanding and complexities of autism to enable staff to have an in depth understanding of the unique strengths and needs of people living with this condition. The impact for people was staff gained a more in depth understanding of what it was like living with autism. This was through the introduction of the autism academy which was a 2 year training programme for staff and this looked at autism in depth including: Sensory needs, social imagination, communication. All deputy managers were going through level five leadership and management course. The service had started running management training sessions for senior support workers and deputy managers to enhance their management skills.

Staff were valued and supported. Staff were supported to debrief after incidents as these could be very difficult to manage and it was recognised how important it was for staff to reflect on how they felt following these incidents. Staff confirmed these sessions were really valued and that reflective practice was an integrated part of their learning and practice. It was clear from our observations during a team meeting; staff opinions were valued and encouraged. Staff well-being was considered and planned for.

The service worked hard to find innovative and creative ways to enable people to be empowered and voice their opinions. This was done via the use of a range of media adapted for each person to enable them to process information and make choices and decisions they may otherwise find difficult. For example the use of social stories and communication books individualised for each person depending on their needs. The area manager for the provider visited monthly and ensured people were aware of their visit dates via a poster. They spent time with people to ask their views. In addition, the service had two quality monitoring visits a year which was peer review process whereby a manager from a different services came and 'inspected' the service. This included observing staff with people we support and talking to family members. This level of auditing and scrutiny from other managers added another level of quality monitoring.

The registered manager was passionate about ensuring the lives of people living at the service were fulfilling. She worked by example ensuring she completed some shifts with staff. There was a clear development plan for the year. This included ensuring quality audits involved staff and covered all aspects of health and safety. It also included an annual staff survey for staff to give feedback and this was analysed nationally, findings were shared with all staff. The service was registered for 19 but the registered manager said they would only increase their numbers if new placements were fully considered and people being considered were compatible with others already living at the service. People were being supported to live in small flats either on their own or with one other within the site of Kingsley House.

Their vision was to 'support people to live the lives they choose in a home they have made their own.' The registered manager said the main aim was to ensure that people were "living the lives that they want to that's based on their hopes, dreams and wishes and have a home that reflects who they are and feels like home." This was achieved by ensuring the views of people were listened to. For example, 'Have your say meetings' were held every month for people to ensure they were capturing their views on the quality of the service. One person requested to have an art and craft group which had started every Friday. They obtained

feedback from people regarding 'site decisions' such as décor etc. This was done in a format that suits them so usually a visual choice board. The registered manager said they wanted people to be actively involved in choosing staff who work with them. She explained "Our recruitment process is a values based assessment day where candidates values are assessed in line with our values; We are Courageous, We Inspire, We tell it how it is and We learn from real experience. The people we support are involved in recruitment and join the candidates for lunch if they want to, some of the people we support just come in during the day to say hello, it really depends on what they want to do. "

The registered manager and provider understood their responsibilities in respect of duty of candour. Where they had reviewed incident reports or complaints and concluded the service could have done things differently, they acknowledged this.

The rating from the last inspection report was prominently displayed in the front entrance of the service and on the provider website.