

## The Kent Autistic Trust

# The Kent Autistic Trust - 118 Beaver Lane

### Inspection report

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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 6 and 7 December 2016. The registered manager was given 48 hours' notice of the inspection as people that live there are often out during the day.

The Kent Autistic Trust - 118 Beaver Lane provides accommodation and personal care for up to six people with an autistic spectrum condition. At the time of the inspection there were six people living at the service. Accommodation is provided on two levels. It is set in a residential street in Ashford, within easy reach of local shops, doctors' surgery and pubs. One person lives in a flat on the ground floor, which can be accessed from the house, but has its own front door. The ground floor also contains another flat and one bedsit for another person, both choose to use the communal facilities of the main house. In addition there are three single bedrooms with ensuite toilets and wash hand basins on the second floor. There is a communal bathroom and a shower room, kitchen, laundry and lounge/diner, which have doors to the enclosed garden at the rear of the property. There is parking available at the service as well as on street parking.

The management of the service was overseen by a board of trustees for The Kent Autistic Trust. Trustees and the chief executive officer for the trust visited the service regularly.

The service has 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.

People received their medicines when they should and medicines were handled safely. Staff took a proactive and 'can do' attitude and approach to risk and as a result people were enabled to do the things they wanted to in a safe way, such as going on holiday to a theme park in France.

The service provided outstanding care and support to people enabling them to live as fulfilled and meaningful lives as possible. People, relatives and professionals were universally positive about the service received.

The service was innovative and used assistive technology to enable people to be as independent as possible, such as sensory mats and key pads. People were able to have privacy and independence with staff accessible nearby. Those that had previously challenged services were able to live their life to their fullest potential.

The leadership and coaching provided by the registered manager and provider's team ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. The provider worked with other organisations to ensure staff received current and best practice training and information. Staff were very positive about the support they received from managers and enjoyed working for the

provider. All staff demonstrated passion and commitment to providing the best possible care and opportunities for people to live life to the full.

People had positive relationships with support staff that knew them well. There were enough staff available to meet people's needs and give individual care and support. People were supported to maintain relationships that were important to them and went out and about into the local and wider community as they wished.

There was a strong emphasis on person centred care. People were supported to plan their support where possible and they received a service that was based on their individual needs and wishes. The service was flexible and responded to changes in people's needs.

Care plans detailed people preferred routines, their wishes and preferences. They detailed what people were able to do for themselves and what support was required from staff to aid their independence wherever possible. People were involved in review meetings about their support and aspirations. Staff and people received additional support and guidance from the provider's positive behaviour support team and strategies were in place to manage any incidents of heightened anxiety. Staff received regular support and supervision from their manager.

The provider operated safe and robust recruitment and selection procedures to make sure staff were suitable and safe to work with people. People were involved in the recruitment and selection process and gave their feedback to managers.

Staff respected people's privacy and dignity. Interactions between staff and people were caring and kind. Staff were consistently patient, compassionate and they demonstrated affection and warmth in their discussions about people.

People and their relatives had opportunities to give feedback about the service. Any complaints and feedback were listened to carefully, taken seriously and used to improve services.

The provider had sustained outstanding practice, development and improvement at the service. The provider had achieved accreditation and continued to work in partnership with organisations to develop best practice within the service. Staff were highly motivated and were actively involved in and contributed to continuous development and improvement.

The provider had a strong set of values that were embedded into staffs practice and the way the service was managed. Staff were committed and proud of the service. The provider and registered manager used effective systems to continually monitor and improve the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People received their medicines safely and when they should.

People were encouraged to live life to their full potential and any risks associated with people's support was managed safely. The provider had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

People were fully protected by robust recruitment processes, which they were involved in. There were sufficient numbers of staff to meet people's individual support needs.

### Is the service effective?

Outstanding 

The service was outstanding in ensuring the service people received was effective.

People received support from staff that skilled, trained and knowledgeable in meeting people's individual needs. The provider worked in partnership with organisations known for their best practice. Staff received coaching and support from managers to ensure they delivered support in line with best practice.

Staff knew people well and were able to communicate effectively with them so as to encourage and enabled people make their own informed choices and decisions.

People's health needs were met. Staff worked closely with health professionals to ensure people benefited from good health.

### Is the service caring?

Outstanding 

The service was outstanding in providing caring staff to support people.

The registered manager, senior managers and staff were committed to a strong person centred culture.

Relatives felt staff went the extra mile to provide a compassionate and enabling care.

People were always treated with dignity and respect and staff adopted a kind and caring approach.

### **Is the service responsive?**

The service was outstandingly responsive.

Detailed care plans reflected people's support routines and their wishes and preferences.

People felt comfortable if they needed to complain and went to staff when with their concerns, which were taken seriously and used to improve people's lives. People had opportunities to provide feedback about the service they received, which was used to improve the service.

People were actively encouraged to live fulfilled lives and get out and about into the community and undertook activities they enjoyed.

**Outstanding** 

### **Is the service well-led?**

The service was outstandingly well-led.

There were thorough systems to audit and identify any possible improvements to continually improve the service. The registered manager and senior managers promoted a very open and inclusive culture and knew each person and staff member well.

The registered manager, senior managers and the provider promoted strong values and a person centred culture. Staff were committed to delivering person centred care and managers ensured this was consistently maintained.

The service worked effectively in partnership with other organisation to keep abreast of current good practice. There was strong emphasis on development and improvement, which benefited people and staff.

**Outstanding** 

# The Kent Autistic Trust - 118 Beaver Lane

## **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 6 and 7 December 2016 and was announced with 48 hours' notice. The inspection was announced because people usually go out during the day and the service is not therefore staffed during this period. The inspection carried out by one inspector as this was a small service and people had the opportunity to share their views with the inspector over two days.

The provider 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. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included two people's care plans and risk assessments and other associated care records, two staff recruitment files, staff training, supervision and appraisal records, staff rota information, medicine systems and records, equipment and servicing records and quality assurance records.

We spoke with one person who lived at the service, the registered manager, the compliance manager, the area operations manager and three members of staff. We were unable to speak with other people directly, so made observations of interactions between them and staff, to help us understand their experience of living in this service.

After the inspection we contacted four people's relatives to gain feedback from them about the service. We also received feedback from two health and social care professionals who had had contact with the service, which was positive.

## Is the service safe?

### Our findings

One person told us they felt safe living at the service and received any medicines when they should. Relatives felt their family members were very safe living at the service and their medicines were handled safely.

People's medicines were appropriately managed. There was a clear medicine administration procedure in place. Staff that administered medicines had received training in medicine administration and following this their competency was checked every six months by senior staff.

Storage to hold medicines was secure and temperature checks were taken daily and recorded to ensure the quality of medicines used.

Staff checked the medicines when they arrived into the service and these checks were recorded on the Medication Administration Record (MAR) chart. MAR charts showed that people received their medicines according to the prescriber's instructions. People had at least an annual review of their medicines. Care records clearly detailed how people may show they were in pain. There was guidance in place for when people required 'as required' or 'as directed' medicines, such as pain relief, to ensure people received these safely. There were systems in place for returning unused medicines to the pharmacist and for when people made day trips out.

Relevant action had been taken by the registered manager when a medicine error had occurred, this included contacting person's GP for advice and guidance. The medicine error had been clearly recorded. The staff and management team carried out regular audits of the medicine records and stock. The dispensing pharmacy had carried out an external audit of the medicines in February 2016. The audit identified some minor actions, all of which had been addressed.

People were protected against the risks associated with their care and support. Risk assessments contained detailed information about how to keep a person safe and how staff should work with people safely. Risks to people's environment had been assessed as well as risks associated with people's complex care and support needs. Staff had a very proactive and positive approach to risk management and looked at innovative ways people could achieve what they wanted to do. Careful planning in small steps was used so as not to overload a person with information, which may result in their failure, but allowed people choices and as much control and independence as possible. For example, one person wanted to go to a theme park in France, staff worked closely with the person's family whilst arrangements were made. At the right time and using small steps the person was supported by staff to look at the hotel, how they would travel and Disneyland using DVD's and the internet and talked things through at pace suitable to them. An emergency backup plan was put into place in case at any time during the trip the person decided they could not cope with the experience and wanted to come home. Where there were risks within the service technology had been used as a least restrictive option to enable people freedom and privacy. For example, coded door entries were used to access the area of the house where the flats and bedsits were located. People who lived in these had the codes, which allowed them the freedom to come and go, but gave them privacy from others

living in the service. Two people whose bedrooms were upstairs did not have to have one to one staffing when they went upstairs as sensory mats were used to allow staff to monitor people's whereabouts and keep people safe.

People could behave in a way that may challenge others. Staff managed these behaviours in a positive way and protected people's dignity and rights. Staff and the provider's positive behaviour support team worked together with the person to understand the triggers of behaviour for each person and developed detailed strategies to reduce the risk of occurrences and guidance about how staff should manage these if and when they did occur. People had very specific complex needs in relation to requiring a consistent approach for their routine and rituals and their environment. Staff had developed positive and meaningful relationships with people and were very knowledgeable about their individual rituals and routines and the importance of ensuring they followed a consistent support approach to meet their needs and keep them safe. During the inspection staff demonstrated an astute awareness of where people were in the house and what part of their particular routine they were at, at any one time and when their intervention was needed. This approach had had a definite positive impact on people whose rituals and incidents of behaviour had decreased.

Any incidents were clearly recorded and appropriate action taken. Incident forms were sent to senior managers, in order to analyse them for patterns and trends. Copies of the incidents also went to the positive behavioural support team so they could look at whether any changes could be made to improve people's quality of life.

People benefited from living in an environment, which was homely and well maintained. Two people had their own self-contained flats, one of which had its own separate entrance to the outside and another person had a bedsit with an ensuite shower. This accommodation was located in a separate part of the house. Other people had their own bedrooms, which had an ensuite toilet and wash hand basin facilities. People had access to a kitchen, utility room, bathroom and shower room. They had a lounge/diner, which had a door out to the enclosed garden. One person told us they were happy with their bedsit and everything was in working order. Relatives told us that equipment and the premises were well maintained. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, gas and electrical items. Staff confirmed that everything was working and repairs and maintenance were dealt with by the landlord, handyman or outside contractors. People had chosen paint colours to redecorate and items of furniture, such as a new sofa. A new kitchen had been installed, redecoration of some areas undertaken and new carpets laid.

People were protected from abuse and harm. During the inspection the atmosphere was quiet and relaxed. There were good interactions between staff and people, sometimes with good humour and laughter; depending who was being supported and people were relaxed in the company of staff. Staff were patient with people giving them time to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a safeguarding policy in place as well as easy read information for people. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and they had a copy and were familiar with the local authority's safeguarding protocols and how to contact the local authority's safeguarding team.

People were protected by robust recruitment procedures. We looked at two recruitment files of staff that had been recruited in the last 12 months. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character. Prospective staff undertook a 'taster' session within the service as part of their recruitment where their interactions with people were observed and

people who were able gave feedback to the registered manager.

People had their needs met by sufficient numbers of staff. People and staff felt there were sufficient numbers of staff on duty. There was a staffing rota, which was based around people's needs, their health appointments and activities. Monday to Friday there were four members of staff on duty 7.30am to 10am and five on duty from 4pm to 10pm, people usually went to the provider's day centre during the day. At night there were two staff sleeping on the premises and two wake night staff on duty. One person had chosen not to go to the day centre recently and staffing had been reviewed to support the person's changing need and they were supported at home during the day by two staff. The registered manager was working with the local authority to fund these increased hours. At weekends the house was staffed during the day with five staff and two wake nights and two sleeping in staff. During the inspection staff responded when people needed them and were not rushed in their responses when supporting people. There was an on-call system covered by managers. The staffing team was small and included staff that had worked at the service for a considerable number of years, turnover of staff was very low, resulting in people receiving excellent continuity. The service used existing staff to fill any gaps in the rota, followed by the provider's bank staff and then outside agency. At the time of the inspection the registered manager told us there was one vacancy.

## Is the service effective?

### Our findings

One person told us they liked living here. They said they liked the service because "I can do the things I like to do". Relatives were happy with the care and support their family member received. Relative's comments included, "We're very very happy". "I have nothing but the highest praise for the care and support, wonderful absolutely wonderful". "We're very pleased with it".

Health care and social professionals felt staff had a good understanding and knowledge of people and their care and support needs. One social care professional commented, "I feel (person) is supported by a skilled, consistent staff team who understand his complex communication and behavioural needs. Comprehensive care plans and risk assessments are in place. (Person) tends to use a few words, simple sentences and body language, all of which require various degrees of interpretation. Communication is always on his terms and staff continue to discuss and adjust ways of enabling him to express himself. At review meetings I am always informed of the changes made to enhance (person's) understanding and ability to express himself and to reduce his anxiety. Over the years I have seen only positive changes in (person) and believe this is due to the consistency of approach provided and knowledge of (person's) support needs. He appears to have grown in confidence and presents far fewer challenging behaviours".

One person during the inspection freely accessed the office as they went about their routine and interacted very positively with staff, often with the use of humour. Staff used different approaches with people, sometimes using banter and other times speaking gently. Staff were patient and not only acted on people's verbal communication, their facial expressions and gestures. Staff were also seen to be using Makaton to communicate with one person who was deaf. The service was accredited to the National Autistic Society and they commented in their report 'Support staff demonstrated a strong understanding of the communication differences experienced by those with autism including the difference between expressive and receptive communication. Staff understand the need for processing time and individual preferred methods of communication'.

People were able to make choices for example, one person talked about what they were going to have to eat when they came back after day centre, they were very specific in what they wanted and what they did not want in their discussion with staff. Another person chose and got their own breakfast and drink. Staff supported another person to choose what they wanted to take out as a snack from the fridge. Care plans contained very clear and detailed information about how each person communicated and this was reflected in staffs practice and discussions during the inspection. One care plan stated 'staff should speak clearly and directly, but firm, particularly in regards to moving her on from rituals/routines'. '(Person) is familiar with photographs, pictures, symbols and the written word and a combination of these should be used to maximise her understanding'. Staff told us they used pictures and photographs to enable people to make informed choices, such as during menu planning. Photographs were used to show people which staff would be on duty and when. Most people had a communication board within their room, although one person chose to have this displayed in the lounge as they could not tolerate many items in their room. People liked routine, which was very much part of their support and were supported where required to complete their communication board at least once a day, which confirmed the flow of their day.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS. Four DoLS authorisations were in place where people were restricted.

People's consent was gained by staff talking through their care and support at the time or by staff offering choices, such as showing two options. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager and staff had been involved in best interest discussions regarding treatment or medication changes for people and discussions and records demonstrated they fully understood the process and ensured people's human rights and legal rights were respected.

Staff fully understood their roles and responsibilities. They completed the provider's five day induction programme and then further training within the service. The induction training included the provider's values, confidentiality, their role as a worker, hepatitis B status, equality and diversity, autism and positive behaviour support, moving and handling, communication and visual aids, epilepsy awareness, epilepsy management and emergency medication, health and safety, safeguarding and mental capacity and deprivations of liberty safeguards. The induction more than met the specification of the Skills for Care Care Certificate. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Specific induction training has also been developed in how staff should support each individual person who lived in the service. New staff would observe experienced staff at least three or four times undertaking the person's specific routines and rituals and then be observed three or four times until competent and confident to support the person alone. This process was very individual and well planned and it could sometimes take months to sign off a staff member as competent in understanding the support needs of each person, particularly if a person was slow to form a trusting relationship with the staff member.

The service had achieved a recognised accreditation by the National Autistic Society. The provider kept up to date with new research, guidance and developments and linked with organisations that promote best practice. The provider had a proactive approach to staff members' learning and worked in partnership with the Institute For Applied Behaviour Analysis.

The foundations of positive behaviour support is in understanding why the individual exhibits challenging behaviour ('triggers'), and addressing the issues to prevent further episodes of challenging behaviour. This assessment is also known as a functional behavioural assessment, and is used to create an individualised support plan. Positive behaviour support aims, through positive methods, to teach the individual new behaviours and enable them to achieve what they want to achieve. We found this approach was embedded into staffs practice and had resulted in less incidents of challenging behaviour and people had a better quality of life as a result. For example, one relative talked about how staff had worked with their family member so they were able to "better express themselves" and they were more confident in their communication, this had been achieved through continuity of good staff who understood the person and their needs and worked with the person to develop their personal interests so they were more active with things they enjoyed. Staff knew when to intervene and gave the person space when they needed it. The National Autistic Society commented in their report, staff follow the 'principles of Positive Behavioural

Support (PBS) into every aspect of the service provided to the people they support'.

The provider's positive behaviour support team trained staff, but also worked with them at the service to develop strategy guidance to support people. When staff felt these strategies were not completely successful the team returned to work with the individual and staff to look at and make changes to aid better outcomes for people. For example, following concerns from staff about one person's body language and other behaviour suggested they were unhappy, staff look at possible causes in conjunction with the positive behaviour team and have identified a possible change in accommodation might be the way forward. This was then discussed with a psychologist to gain their opinion about the plan and get advice as to anything else that could be done. The psychologist agreed the suggested plan could provide a positive solution to address their anxiety and distress. Staff then worked with the positive behaviour team to put together a visual aid booklet to help the person to cope with noise within the service and strategies as what they could do if they did not like another person being noisy, such as use their headphones (which staff purchased to aid them) and listen to music or close their door, in the interim until other accommodation could be arranged. At the time of the inspection these strategies were having a positive effect.

One person could not tolerate much furniture or decoration in their room and consequently threw things out of the window or flushed them down the toilet. Staff worked with the positive behaviour team and took advice and guidance from the community learning disability team resulting in a strategy, which involved adaptation to their room and a different cleaning programme. These changes meant things were on a level which the person was comfortable with and maintained their hygiene and well being, but did not impact on other people within the service and as such their behaviour was limited to their room and not other areas of the service and they displayed this behaviour much less frequently as a result.

The provider's positive behaviour support team had also started to work in partnership with a leading academic group. The Tizard Centre is part of the University of Kent with a track record of excellence in research, teaching and consultancy in the area of intellectual and developmental disability. This opportunity allowed the provider's team to test theories, concepts, and guidelines in respect of positive behavioural support and interventions, and to discuss new legislation and research in the field.

The provider also held seminars with specialist guest speakers for staff to enhance their training and recently staff attended one on 'quality of life and wellbeing in autism'.

Staff had a six month probation period to assess all their skills and performance in the role. There was a rolling programme of training in place and staff received regular refresher training. Staff felt the training they received was delivered well and gave them the confidence to ensure they were able to fully meet people's individual needs.

Ten of the eleven staff had obtained a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above or were working towards the qualification. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they attended appraisals and had one to one meetings with their manager where their learning and development was discussed. Records showed all staff received one to one meetings. Team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures. Staff told us that these meetings could also be used as a mini training session and the positive behaviour support team would attend to review or talk through possible changes in the way staff supported an individual and consequently improve their quality of life.

Staff felt very well supported and received a lot of this in an informal way as the registered manager worked in a very 'hands on' way and the team leaders also worked shifts alongside staff. Staff felt the registered manager was always available to discuss any concerns or issues.

People had access to adequate food and drink. People had their nutritional needs assessed and were weighed regularly to ensure they remained healthy. One person told us the food was "Good", they were involved in helping to choose the meals and had their meals where they chose. Two people planned their own menus and shopped for and cooked these, although one sometimes chose to eat with others in the main house. In the house there was a varied menu, which was planned each week and staff told us people were involved in the planning meals where possible and pictures were used to aid this process. Staff also added their knowledge of people's likes and dislikes where people were unable to make a choice. Each Friday people chose to have their choice of takeaway or a meal out. Special diets were catered for, such as dairy and gluten free. Staff encouraged people with healthy choices. The 'today's menu' was displayed using words and pictures. People were usually out during the day and the main meal was served in the evening. One person talked about how they sometimes helped with preparing the food. Health professionals had been involved in assessments of some people's nutritional needs. Recommendations they had made had been followed through into practice. For example, food was fortified to increase a person's calorie intake and they had a prescribed fortified drink. Another person kept a food diary to monitor what they were eating and one person had their food cut into small pieces. Information produced by the British Nutrition Foundation was used to keep people healthy, such as the eat well plate and guidance about healthy hydration.

People's health care needs were met. People had access to dentists, doctors, chiropodists and opticians. One person told us if they were unwell the staff contacted the doctor and either an appointment or visit was arranged. Appropriate referrals had been made to health professionals. For example, recently one person had become more anxious, so a referral to health professionals had been made and the person had undergone an ultrasound to rule out health concerns. One person had recently been to a clinic for problems with their legs and special stockings had been prescribed. Another person had been referred to a psychologist and staff were working with them to look at some recent behaviour that had developed. People's health needs were closely monitored. Any health appointments were detailed clearly including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs. Staff worked very closely and proactively with health professionals, this was demonstrated during the inspection when staff felt there was a slight change in one person health and promptly telephone the doctor who agreed a change of medicine based on the staffs knowledge and understanding of that person.

## Is the service caring?

### Our findings

One person told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. One person said they "Liked" the staff, they told us staff were very kind and caring. During the inspection staff took the time to listen and interact with people so that they received the individual support they needed. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication or expressions and gestures. Different approaches were used to suit people's personalities, at times there was plenty of laughter and other times staff spoke quietly, conversations were always inclusive of people. Relatives were very complimentary about the staff. Comments included, "A good number of the staff have known him for a long time and can predict what he needs". "They have helped him through some difficult times, they have been very good like that, and they talk things through with him". "They are incredible". "They know him so well". "The staff are really well picked". Relatives told us they were "Always made to feel welcome". They were confident people were well supported and cared for.

Relatives talked about how their family members had developed whilst at the service because of the dedication of staff. One relative told us, "(Person's) communication is much better and he can express himself more than before". Another relative told how their family member was less agitated and had less "outbursts"; he could express himself better and was more flexible in his routine "a more confident man". "She does more things for herself now and communication is better. Staff try hard with her".

Health and social care professionals told us the staff were very caring. One social care professional said, "Staff are clearly very fond of (person) and are always proud of his progress/achievements. At care review meetings everyone present is eager to express how well he has done over the past year and explain in detail what has surprised them in terms of his development and ways he has managed changes".

The service demonstrated a strong person centred culture and used consistent approaches to help people express their views and develop their communication. Many of the staff team were long standing team members with many working years for the provider, enabling continuity and a consistent approach by staff to support people. Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that there were good and meaningful interactions during people's support time.

Staff talked about how people had developed since being supported by the service. The registered manager told us that people displayed far less challenging behaviour than they had previously. They felt this was down to providing consistent support and where people could be actively engaged during the day, which helped them to sleep better at night and the individual was supported by a team of staff who saw the person as an individual and not as behaviour. Staff understood people's behaviour through specific training and knowing them well and as a result of good continuity of support.

Staff were attentive and responded quickly when they saw a person required support so they did not have to wait. Staff were able to spend time with people. One person was spending time at home declining to go to

the day centre; staff were on hand throughout the day. When the person showed they wanted company staff spent time with them in their room and when the person choose staff sat in a chair on the landing outside of their room often having conversations through the door, but this was the person's choice.

Staff talked about how a person's communication had "come on" in the last two months and during the inspection when a staff member had gone to their room to support them they had stood at the door and said another staff member's name twice who was in the background and pointed to them. This had never happened before and indicated to staff that the person wanted that particular staff member to support them, which they did. Staff demonstrated their delight that the person had achieved this small step of saying the staff members name as well as asking for them.

Staff were very astute and noticed and paid attention to small things that went on. They were so knowledgeable and attuned to people's routines and rituals that they could tell by the noises being made within the house when they needed to intervene to move a person's routine on and ensure they were ready for day centre. They were also able to tell from facial expressions, body language and subtle changes in mood and behaviours how they could encourage and motivate people with tasks and activities. Staff also understood when they needed to give a person space and or redirect them to the present task or issue.

Staff worked consistently, were very patient and planned things very slowly, as people could not cope with changes to their routines, in order for people to achieve things others took for granted. When people's rooms were going to be redecorated staff worked very closely with each person to plan this, talking and involving them in choosing colours and new furniture. Things were planned and done at a pace suited to the person's needs. People's rooms were then usually decorated when they went to visit family as they would not be able to cope with the change to their routine during the upheaval of redecorating. Staff took photographs before so the person had these and then sent photographs to them whilst they were away so they could see what was happening and then more photographs when it was finished so when they returned they would already know what it was going to look like. For some people every personalised item, and in some cases this was a lot, had to be replaced in exactly the same position as previously and staff used photographs to help them with this task. This helped ensure that people remained as calm as possible and did not become too anxious.

When one person came to live at the service they had routines and rituals that caused them health problems, as well as not getting a good night's sleep. Staff looked at how things could be improved and worked closely with health professionals and family. Equipment they used was changed and with consistent verbal prompting from staff over a period of time their routine slowly changed and they now only need an occasionally verbal prompt for them to get a full night's sleep. Staff told us this had resulted in fewer antibiotics, better health and the person was happier in the day resulting in wanting to do more things.

Another example, of staff caring with perseverance and consistency, which had reaped rewards for an individual, was a person's bedtime personal care routine and rituals took the person up to eight hours to complete meaning they hardly got any sleep (usually about four hours). The registered manager told us how staff spent hours and hours ensuring a consistent approach with their support, which had gradually reduced this to two hours, which enabled the person to go to bed at a reasonable time and now slept approximately eight hours each night.

People benefited from a staff team that were highly motivated, determined and creative in overcoming obstacles to enable people to achieve quality of life. When people needed to see a health professional this in itself could be a major event, which caused anxiety and so staff sometimes used an approach called desensitisation, this approach took time and patience from staff, but usually achieved good outcomes for

the person. Desensitisation is a process primarily used to assist individuals to overcome phobias and anxieties and was developed by psychologist. For example, one person had not seen a dentist for a long time, so staff had put together a box of items associated with the dentist, which included items of equipment you might see at the dentist, such as a mouth mirror and a mask. Staff talked to the person about these items and then later left them around so they could access them if they chose. Staff role modelled the items and also showed the person pictures of the dentist. Then working with the dentist surgery and when the person was ready drove to the dentist, this happened several times as when they got there the person refused to get out of the vehicle. However on the last occasion staff went into the surgery and the dentist came to see the person in the car park sitting in the vehicle and even managed to look in their mouth, which was a great achievement. A few more visits were planned with the hope of getting the person inside the dentist surgery. Staff told us during the week of the inspection the person had licked a toothbrush, which they saw a huge breakthrough. It was this sort of approach that staff took the time to adopt that meant people got a better quality of life and achieve things previously not thought possible.

Staff thought outside the box to ensure that people's behaviours did not affect others. For example, Christmas trees made one person ill. However in order that other people did not miss out on this festive pleasure, staff had decorated the Christmas tree in the garden and when the person it affected went to family for Christmas staff told us a proper tree would be decorated inside the house.

People were supported to maintain contact and relationships with family and friends. This contact was very much driven by the individual. For example, one person chose not to visit their family, but to have contact via text, social media and saw them at their review meetings. Others visited family regularly and kept in contact by email or social media. Staff had built up close relationships with people's families and people's care plans contained details of people who were important to them, such as family members and friends, so staff would know who people were talking about in conversations. There were dates and addresses so people, if needed could be reminded or supported to send a birthday card and/or buy a present. Daily reports made by staff showed that this information was used and someone had been supported to go to shopping to buy a present for a family member for their birthday.

During the inspection staff talked about and treated people in a respectful manner. The staff team were knowledgeable and provided continuity and a consistent approach to support people. We saw staff supporting a person in the kitchen to choose a snack and then change their boots. They were patient, went at the individuals own pace and explained clearly what was happening and what they needed the person to do using speech and Makaton. One person told us their privacy was respected and care plans promoted people's privacy and dignity. For example, during personal care routines people were left in private in the toilet or in the bath if they wanted to be. Technology was used to enhance people's privacy, such as sensory mats and staff walkie talkies. Relatives told us that people's privacy and dignity was always respected. Health and social care professionals told us that people were always treated with dignity and respect. One social care professional said, "I have spent time at Beaver Lane. (Person's) needs and wishes are always taken into account when developing care plans and planning. His care plans are very person centred. I believe he is treated with dignity and respect and have watched staff engaging with him".

People were able to make choices about their care and support. Staff talked about and demonstrated during the inspection that they were respectful and encouraged people to always make their own choices and decisions. For example, what they wanted to eat. Staff facilitated decisions making in some cases by offering a choice of two items, such as clothing. Where possible people were involved in discussions and review meetings to plan their care and support.

People's independence was promoted and maintained wherever possible. People's care plans detailed

what people could do for themselves however small. For example, one care plan stated 'will brush teeth if staff hand her toothbrush with toothpaste on'. One person had been supported with travel training and was able to use public transport to go to the day centre and accessed local shops or the town independently. Staff talked about another person who had "come on" in the last year, such as going on a train and visiting Winter Wonderland in London. Some people hoovered or cleaned their rooms and participated in doing their laundry. Two people planned, shopped, prepared and cooked their own meals in their flats. One person said they choose meals they liked to have on the main menu in the house and people helped with preparation of meals, cooking, laying tables or clearing away.

Health and social care professionals felt staff maintained people's independence skills. One social care professional said, "I believe staff are doing everything they can to maintain and develop (person's) independence. (Person) is encouraged to put his plate in the kitchen at home. He has difficulty moving from one floor surface to another, but has become more used to it now (after several years of working with him on this). He coped well when the kitchen was fitted last year as they followed the same routine as when his bedroom was refurbished, i.e. he was "introduced" to, and given the opportunity to help choose the new flooring and colours. Staff are working towards getting (person) to open cupboards and taking things out. (Person) is assisted to choose clothes on the internet. He likes his clothes to be soft and loose. If he doesn't like his shoes he throws them out of the window". The National Autistic Society commented in their report, 'Autistic individuals were provided with planned activities to enable them to develop skills to be independent and self-reliant'.

## Is the service responsive?

### Our findings

After spending time at the service it was apparent that the provider had created an environment where people were in the driving seat. The service was really six individual services specific to a person under one roof. People's needs were complex, they had fixed routines and rituals and did not like or cope well with change, staff had to understand these complex needs in order for people to remain calm and enjoy a quality of life. For example, during the inspection people were supported by one staff member on each shift for the whole of their routine. This routine started when they preferred and finished when they were ready for day centre and were then taken to the day centre or travelled independently. If some people when they finished their routine and were ready for day centre were not taken immediately they then they became anxious. This meant the transport was tailored to people's needs and travelled to the day centre four times to suit people's needs.

One person said they were happy with the care and support they received and felt it met their needs. Another person said that their review meeting they were "exceedingly" happy living here. People were involved in various degrees planning their care and had regular review meetings to discuss their aspirations and any concerns. Relatives told us they attended six monthly review meetings and that their family member and them were always listened to.

A social care professional said, "Comprehensive care plans and risk assessments are in place at Beaver Lane and ARC Day Centre where (person) attends 5 days a week. Plans are reviewed and updated as required. Both services work closely together to ensure a consistency of approach. Additional support and guidance is provided to staff through the Kent Autistic Trust including, speech and language therapy, occupational therapy and behaviour support. A full sensory assessment has been completed and regular staff meetings are held to discuss (person's) progress and develop a greater understanding of his needs and how to address them".

No one had moved into the service for some time. The registered manager talked through the process of admission, which above all must ensure the person moving in is compatible with others living there. Previous admissions had included the registered manager carrying out a pre-admission assessment and also obtained assessments from professionals involved in the person's care, to ensure that the staff were knowledgeable about the person and the service was able to meet their individual needs and wishes. The person and their family also received information about the service and what they could expect. Following this the person was able to 'test drive' the service by spending time, such as for meals or an overnight stay, getting to know people and staff. Care plans were then developed from discussions with people, observations and the assessments.

People had very detailed care plans in place, which reflected their current needs. Care plans were person centred and contained information about how a person should be supported in all areas of their care and support. People's preferred personal care routines were detailed incorporating their preferences and skills as to what they could do for themselves. The plans contained information about how people communicated and things that would make them anxious. People had positive support and behavioural

strategies in place. These plans detailed what made the person happy and how they showed this. We observed staff following guidance within the care plans when supporting or communicating with people. This meant staff were aware of how they should support people in a positive way.

People have regular review meetings with staff, their relatives and care manager. Reviews were led by the person and staff told us one person had chosen to hold theirs in the local Pizza Hut restaurant and sent invites out. They had chosen to sit with staff whilst they typed up the notes together in preparation for the meeting. The reviews were outcome focused and looked at what was working and what was not and why this might be; how the person would like to change this and any choices and changes the person may have. One person told us they talked about "lots of things" at their review.

People were at the heart of the service and aspirations were encouraged and when people made decisions and choices, staff facilitated these wishes and preferences with a 'can do' approach. Some people's outcomes were very long as the person leads not the staff. One person had expressed an interest in moving into one of the flats when it had been vacant. Staff knew it was important to go at a pace that did not overload the person as this would have almost certainly ensured they could not cope and set them up to fail. Staff knew each person so well they know that the pace is different for each person and adopted a pace to suit the individual. The transition into the flat was well planned however within a short time the person decided it was not for them and chose to move back to their previous room. This person had recently again raise the idea of moving on to more independent living, although had not yet decided, but wanted staff to support them to look at their options, which the registered manager and staff were doing. Staff were also looking at any small changes they could make to improve the person's current living arrangements.

Another person had also expressed an interest in moving to more independent living accommodation. The person's care manager, the registered manager and senior management were supporting the person, a review of their needs had taken place and senior management had been proactive in looking for suitable placements or accommodation. In the meantime staff had sat with the person accessing the internet to look at some of their possible options.

One person expressed a wish that they wanted to learn to drive, staff responded positively and discussed in detail what was entailed and then when the person was ready supported them to apply for their licence. The person had to attend a medical where they were supported by staff and now have their driving licence. They had spoken to staff about what they wanted to drive and had been planning and talking about booking a specialist driving instructor who could support them. At the time of the inspection the person had contacted one driving instructor enquiring about costs.

People were not socially isolated. People attended the provider's day centre facilities within the local town. This was a facility available to people who lived within this service and other services owned by the provider and people from the local community. Normally the day centre was open Monday to Friday, but one person from the service did not like the change of routine at weekends and wanted to attend every day and this was facilitated by staff.

One person chose to go to London each year with the registered manager. During the inspection they spoke about their past trips and the next trip with great enthusiasm, they demonstrated an excellent knowledge of London, tourist attractions, cafes and travel arrangements and planned the entire schedule for the trip themselves. It was clearly empowering for them to be in total charge of this trip. One person had an exercise bike and chose to use this every day and also participated in music and movement at the day centre.

Other activities people were involved in included puzzles, television, DVD's, hand massage, shopping, music,

walks or rambles, word search, dot to dot, bowling, foot spa, cooking, sensory sessions, writing Christmas cards, colouring pictures, swimming, trampoline, computers. People also went out into the local community, such as the local town, pub, cinema, cafes, library and garden centre. Family and friends were seen as an important part of people's social life and were encouraged to visit or call and had their birthdays recorded in people's care plans.

People had opportunities to provide feedback about the service provided. They had review meetings where they and their families could give feedback about the care and the service provided. In addition the provider sent out surveys annually to relatives to gain feedback and results were positive. Relatives received a letter from the provider informing them how they intended to make further improvements to the service.

There had been no formal complaints since the last inspection. However one person had recently discussed with the registered manager two areas of their life where they were not entirely happy, one area related to the day centre. The registered manager and/or their manager were meeting with the person weekly to talk about what was going on and to focus on the positives and what they can do resolve this for the person.

## Is the service well-led?

### Our findings

Relatives felt the service was well-led. One told us they thought the Chief Executive Officer was in touch with what was going on. Another said, "I wish I had found it years ago, they know about autism".

Health and social care professionals felt the service was well-led. One commented, "The (registered manager) has been a good manager, the house is always organised". Another said, "I am very satisfied that the service is well led. The home manager always attends care review meetings along with (person's) keyworkers from the home and day centre and other relevant staff as required. I am impressed with the level of detailed knowledge and understanding the manager has about (person) and her involvement in supporting new staff and ensuring they develop appropriate skills before working with him. I have always found the management and staff very accommodating".

There was an established registered manager in post who was supported by team leaders. The registered manager occasionally undertook hands on shifts, but their main role was to provide clear day to day leadership and together with the team leaders coach and lead the staff team by example. This was an effective way to monitor the service and ensure the culture reflected the provider's values. The registered manager also spent time in other services owned by the provider and other managers visited here, to share good practice and learning. People and relatives knew the registered manager both felt they were approachable. One person said of the registered manager, they were "very helpful, very smiley and a bit bossy sometimes, but alright". Relative comments included, "She is fantastic, caring, gets things done and has terrific empathy with the clients and families". "She is very nice, caring and very tolerant". "An absolute angel". There was a very open and positive culture within the service, which focussed on people.

The registered manager and staff received consistent support from the positive behaviour support team, senior managers and the registered provider. They told us resources required to drive improvement and keep people safe were available. This was evident when a person had chosen not to attend their day centre for the last couple of months. Increases in staffing levels had been adopted to meet their change in needs, despite this not currently being funded by the local authority. This showed the provider put people and their needs first. There was a strong emphasis on continually striving to improve. Senior managers including the chief executive officer visited services and knew people and were involved in helping them to live fulfilled lives. For example, staff told us the chief executive went out on a day trip with one person and they were actively looking for resolutions for the two people that wanted to move onto more independent living.

The registered manager consistently demonstrated passion and commitment to providing an excellent service for people. Staff demonstrated the provider's values through their commitment and enthusiastic for their role and to deliver the best possible service to people. This was evident in the way people's communication was enhanced and they had freedom and choice about how they wanted to live their life.

Staff felt the registered manager motivated them and listened to their views and ideas. One staff member said of the registered manager, "She is a very good manager, very hands on, easy to talk to and you can go to her with any issues". Staff worked together as a team to support each other and to provide the best care

they could for people. Staff said of the registered manager and senior management, "It's a good place to work; they take care of people really well. I would place my child here no doubt, I would want the same level of care for my child and that these guys get. They know them well". Staff were asked annually by the provider to complete a satisfaction survey. Results showed staff were positive about their work and the organisation. Staff received feedback about the results and how the provider would continue to make improvements to the service.

Staff were willing to go 'the extra mile' for people who may have struggled in the past. The registered manager had been creative in the use of staff resources, assistive technology and person centred planning to improve the lives of people who had previously not always been enabled to live fulfilled lives.

The provider's vision and values for the service included to enable people with autism to have the best quality of life, to put people with autism at the heart of what they do, adopt an innovative and 'can do' attitude, respect each individual and aim to help them reach their potential. Staff clearly followed these. Daily records evidenced that they were supporting people in all areas of their life as required. Staff told us the vision and values were, "to provide good quality care and a quality of life". We observed and discussions showed that staff supported people to live as independently as possible and the providers' vision and values were very evidently embedded into practice.

Staff understood their role and responsibilities and felt they were very well supported. There were systems in place to monitor that staff received up to date training, had regular team meetings, supervision and appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. In addition to team meeting there was a general service meeting, which was staff, the positive behaviour support team, a speech and language therapist, and day centre staff all came together to share information. Senior managers delivered training at staff's induction and knew each member of staff. This effective team work meant staff worked together to develop their practice and provide continually improving support for people. One staff member said, "It's like a family here, we all get along".

In keeping with the provider's mission 'to provide expertise and experience in supporting people with autism'. There was a family support team based at the provider's head office. This was an independent team funded by a lottery grant. Families of people with autism and the general public could access this team for advice and guidance and receive help with form filling or be signposted to appropriate services. The provider also held a conference every year with specialists in the fields of autism, which the public could access. The provider produced a six monthly newsletter to keep people up to date with news, events and future developments. The service had also worked in partnership with the local police to help raise their awareness of people with autism.

The service had sustained outstanding practice and improvements over time and had achieved recognised accreditation from the National Autistic Society in April 2016. The inspection included observations of care and practice, interviews with people and staff and review of documentation. The overall feedback from the inspection was very positive. Comments by the reviewers in the report included, 'frontline staff and managers have a very good understanding of the needs of the people they support and the quality of service they deliver were very visible and the individuals were relaxed and enjoy living in their homes'. KAT (The Kent Autistic Trust) has a robust system of support plans which gives better idea of the needs of the individuals and how to support them effectively'.

The service worked in partnership with other organisations, such as the Institute For Applied Behaviour Analysis to make sure they were following current best practice, to drive improvements and provide a high

quality service. All managers had received training in positive behavioural support and further training from the provider's own positive behaviour support team to look at root cause analysis of behaviours rather than just the behaviour and had the skills to deliver their mission statement.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included weekly checks on medicine systems and records. The supplying pharmacist had undertaken an audit in February 2016 and made recommendations, which had been implemented. Safer food better business by the Food Standards Agency was used to audit food management, such as water temperatures and food and fridge freezers and ensure people remained safe. The Environmental Health Officer had visited in March 2016 and the service had a 5 star rating (the highest). A health and safety, fire and infection control audit was undertaken every quarter. Any concerns either dealt with by the landlord or the provider's handyman and staff.

A member of the provider's compliance team undertook quality assurance visits and reports were available. These visits mirror the inspection process looking at the five domains of safe, effective, caring, responsive and well led. Reports showed this was a very thorough audit and action was taken to address any shortfalls identified. Trustees also visit the service so they are able to check personally that the service was running effectively. A monthly report covering all areas of working was also sent to senior managers, to enable them to be kept up to date and monitor the service effectively.

People had access to easy read information, such as information about keeping safe and how to complain. The provider had also produced some documents in Chinese as one person spoke this language as well as English.

Staff had access to policies and procedures. These were reviewed and kept up to date by the provider. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.