

## The Kent Autistic Trust

# The Kent Autistic Trust - 165 Jemmett Road

### Inspection report

165 Jemmett Road  
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### Ratings

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

# Summary of findings

## Overall summary

### Care service description

165 Jemmett Road is a residential care home for six people with learning disabilities. The service is a detached property, set over two floors in a residential area of Ashford.

165 Jemmett Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 165 Jemmett Road accommodates six people in one adapted building.

### Rating at last inspection

At the last inspection, the service was rated Good in Safe, Effective, Caring, Responsive and, Requires improvement in Well-Led

### Rating at this inspection

At this inspection we found the service remained Good in Safe, Effective, Caring, Responsive and had improved to Good in Well-Led

### Why the service is rated Good

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with Learning disabilities and autism using the service can live as ordinary life as any citizen.

At the time of the inspection a registered manager was not in post, which is a condition of the service's registration. 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. The provider had recruited a manager that was going through the registration process at the time of our inspection. The service was managed day to day by the manager, who is referred to as such in this report.

The service continued to safeguard people from potential harm or abuse, and worked closely with the local safeguarding team. Risks to people had been assessed and mitigated, and people were being supported to take risks. People were supported by a stable staff team, that knew them well and had been recruited safely. There was an effective process in place for ordering, administering and disposing of medicines, which meant people received their medicines when needed. People were protected by the prevention and control of infection, the service was clean and tidy without odour. Lessons were learnt when things went wrong, and improvement plans put in place to ensure the best outcomes for people.

People's needs continued to be assessed, and the service and Provider learnt from, and implemented best

practice. Staff continued to be offered consistent training, which enabled them to care for people in the best way. People were encouraged to maintain a healthy diet, and were involved in the menu choice, and food ordering or shopping. During the inspection we saw examples of the service working internally and externally to deliver the best health outcomes for people. This included making sure people had access to a wide range of healthcare services and professionals. Staff had worked to adapt the service to meet the needs of people, supporting them to personalise areas, and creating spaces such as the sensory room for people to relax and enjoy. People's consent was sought, and staff were working within the principles of the Mental Capacity Act (MCA). 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 service was consistently caring. People continued to be treated with kindness and respect. People clearly liked the staff supporting them, and relative feedback was that people were consistently treated with compassion. People were supported in a variety of ways to have their views known, and the service continued to explore new communication methods. People's privacy and dignity was respected and promoted by staff.

Staff and the manager understood person centred care, and sought to implement it into all aspect of people's lives. Staff worked to provide responsive care by holding regular reviews, which covered all aspects of people's lives including relatives, care managers and healthcare professionals. People were engaged in a wide range of activities, personalised around their likes and dislikes. There had been no complaints since our last inspection, and the manager worked closely with people and relatives to resolve any issues before they escalated. At the time of our inspection no one was in receipt of end of life care.

The manager of the service promoted an open empowering culture for the service. Staff understood their responsibilities, and the manager understood their regulatory responsibility. Where necessary they had submitted notifications to the CQC and the rating for the service was clearly displayed. Risks were assessed and reviewed regularly. The manager had sought feedback from people and their relatives and staff told us their ideas and opinions were welcomed. There was a process in place to ensure lessons were learnt, and the manager had access to the funds they needed to ensure sustainability of the service. The manager worked in partnership with external organisations, including safeguarding, commissioning and services people used for their holidays.

Further information is in the detailed findings below.

## 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 remained Good.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service is Well-Led

There were effective systems to assess and monitor areas of improvement in a timely way.

There was a positive culture at the service.

People's opinions had been sought and used to make improvements at the service.

The service continuously learned and improved.

The manager worked in partnership with other agencies.

# The Kent Autistic Trust - 165 Jemmett Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 6 and 9 April 2018 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection, we reviewed information we held about the service, such as previous inspection reports, and any 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. The provider completed a Provider Information Return (PIR). A PIR is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the manager, two senior care staff, two care staff, the regional manager, the business development manager, the quality and compliance manager, the manager of the day centre run by the provider, the positive behaviour manager, and an assistant positive behaviour manager. We looked at two care files and risk assessments, two health files, three recruitment files, medicine records, quality assurance surveys and audits. After the inspection, we spoke with one staff member and three relatives.

## Is the service safe?

### Our findings

The service continued to be safe. Relatives told us their loved ones were safe. When asked about safety concerns around their loved ones, a relative told us they had "No safety concerns."

Staff had continued to receive sufficient training to enable them to recognise and safeguard people from potential harm and abuse. Staff told us "I would look for a change of behaviour that would be the biggest give away with our guys. I would look for bruising or a change of behaviour towards a staff member." Staff felt confident managers would respond to any concerns raised, and told us outside their organisation they would report concerns to the Care Quality Commission (CQC), police or safeguarding. The manager had organised for the local authority safeguarding team to deliver training to staff to support them to recognise potential abuse, and gave staff the opportunity to discuss any concerns privately. The manager had made safeguarding referrals when required. There continued to be a safeguarding policy in place, as well as an easy read version for the people living at the service.

Risks to people continued to be assessed and mitigated. Risk assessments were individual and completed for all aspects of people's lives including, support needed with food and drinks including risks with hot drinks, maintaining privacy and dignity, wellbeing, medicines, the community, staying safe in adverse weather conditions and managing money. One person's risk assessment identified them as needing to travel in their own vehicle when going out, which we observed happened. Some people had epilepsy care plans, which contained detailed guidance including; medical histories, the type of seizure, how the person would present and potential triggers. Staff were able to mitigate the risks to people by carrying rescue medicines and supporting them from a safe but respectful distance.

People had personal emergency evacuation plans (PEEP) in place, which included detail of how each person responds to the fire alarm, people's mobility and support needs to evacuate safely. Each PEEP was reviewed regularly, and detailed what to do in the event someone refused to leave the building, and how to ensure they were safe until the fire brigade arrived. Staff had created an 'In / out' board, designed to show who was in the building, and include people with fire checks. The manager worked closely with the local police, who dropped in periodically and shared any local information including any trends or rises in burglaries for example. The police also offered advice on how to keep the premises secure. Staff completed weekly health and safety checks on the environment.

The manager told us they had worked hard with staff to promote people taking risks, and staff changing their mind-sets, and looking at situations from new perspectives. The manager told us "We have some great staff, they needed confidence to try new things," and went on to say "staff are no longer risk adverse". As a result, people had been encouraged to take more risks, including purchasing theme park passes, allowing them access to a number of theme parks, as well as London attractions which they "Loved."

People continued to be supported by a staff team that knew them well. One staff told us, "I just love coming here, I enjoy working with the staff and people. You don't feel like you are working." Staffing was based around people's needs, and staff worked in teams that alternated shift patterns. The manager worked with

staff, and people clearly knew them well. Where gaps were identified in the rota, staff were offered additional shifts as overtime throughout the Provider, and therefore sometimes people were supported by those who worked with them at their day centre, which was also run by the provider. Staff told us this provided people with a consistent approach and people were "Excited" to see the staff from the day centre, and associated them with activities they enjoyed. One relative told us "When we have visited there has been enough staff." Staff told us they felt comfortable supporting people with complex conditions because, "There is always staff to help." People's care plans detailed how people may cope with staff change overs and when new staff members start.

Safe recruitment procedures continued to be followed. Before new staff started work at the service, the provider had carried out all necessary recruitment checks. Each staff member had a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services. Potential staff were invited to attend a 'taster' day at the service. The two hour period was to assess how people responded to the potential new staff member, and to involve people in the recruitment process. It also gave potential staff the opportunity to see the service, and ensure it was the right setting for them. Managers and team leaders would observe the period, and use feedback to support recruitment decisions.

There continued to be safe provisions for the administration and returning of medicines. A daily medicines check was completed by the manager, to ensure people had received their medicines and that all medicines were accounted for. Daily temperatures continued to be taken to ensure medicines were stored safely. People continued to have individual guidance on how best to support them with medicines, which meant people received their medicines when they required. Medicines prescribed on an 'as and when' basis (PRN), such as paracetamol for pain relief had clear guidance for administering and recording its use. This included instructions on when to administer, how to administer and time lapses between doses. People's medicines had regularly been reviewed by the GP. Staff supporting people with epilepsy carried bags with rescue medicines at all times. Staff had completed medicines administration training and competency checked prior to administering medicines. The most recent medicines audit, completed by the quality and compliance manager confirmed all outstanding actions from the previous audit had been met.

People continued to be protected by the prevention and control of infection. The service was clean and fresh smelling throughout. There was a cleaning schedule in place which staff completed, with the support of some people living at the service. People were supported to do their laundry, with staff offering verbal prompts. Staff told us, "(Name) loves doing the housework, they are very handy!" Staff had received infection prevention control training. There was sufficient Personal Protective Equipment (PPE) available throughout the service, and we observed staff using PPE appropriately.

Accidents and incidents continued to be clearly documented, monitored, and improvement plans put in place when something went wrong. Following the incident, there was a debrief about the incident, people and staff support put into place, as well as reviewing improvements for the future. The day after the incident, the manager would review the incident. Actions as a result of learning would then be shared with the staff, including staff at the day centre, the positive behaviour support team and the operational manager to ensure the best outcomes for people. The positive behaviour support team were then responsible for monitoring trends, and creating graphs for the manager highlighting possible triggers for the person's review. One person's file showed evidence of this and detailed a 'lower level of incidents and unsettled behaviour than previous years.' Incidents for this person has successfully reduced from 36 to 24 over a year, which staff told us contributed to the person being observed as 'happier.'

## Is the service effective?

### Our findings

People continued to receive effective care. People were supported by an experienced staff team that included internal support such as speech and language therapists, occupational therapists and positive behavioural support teams.

People's needs continued to be assessed in six and twelve monthly reviews, which were attended by all staff, the manager, regional manager, day centre manager, occupational therapist, speech and language therapist and positive behaviour team, as well as care managers, people and their relatives. Care plans continued to be detailed, including people's life histories and were regularly updated. People's care files were created in line with good practice, and included information such as how to communicate most effectively with them. Technology had been used to enhance the delivery of effective support to promote people's independence. One person had been contacted by staff using a video call in order to help them overcome their social anxiety. The positive behaviour support team researched and implemented NHS guidance on the least restrictive ways to support people.

Staff continued to receive the training and support required to complete their roles. The induction process continued to be effective, consisting of one week's training, and included shadowing staff three times in the community and with personal care before being assessed and enabled to work without supervision. The induction training included a number of training courses to enable staff to complete their role and included; epilepsy awareness, autism awareness, medicines awareness, safeguarding and mental capacity training. Staff told us, "Seniors work with you to make sure you are comfortable to support people." The manager and team leaders held regular supervisions with staff. Supervisions included discussing people individually, providing support for key workers, discussing any staffing issues, any health and safety concerns, and discussed the training staff needed.

Staff continued to complete mandatory training, and had been given the opportunity to sign up to additional training which a number of staff told us they did. One staff member told us they had been given the opportunity to complete a counselling course, which they believed would help them in their role as one person's key worker. The positive behaviour support team had re-trained all the staff at the service in Makaton. As a result people and staff were able to record them signing 'Rudolf the red nosed reindeer' at Christmas which the Provider put on their social media sites. Staff told us their experience and background was used to the benefit of all staff. For example, one staff member had a background in sign language and taught everyone one sign at the end of reviews where all staff were present, to help increase knowledge of sign language and improve communication with people.

People continued to be involved in planning meals at the service. People had input in the menus, and took it in turns to choose their favourite meals for their dedicated night. Staff told us, "We eat together like a family, it makes it more fun." People were involved in purchasing food, and those who did not enjoy going to the supermarkets were supported to order the food online. There was a menu displaying the week's meals in the dining room, in pictorial and word format. We observed people being encouraged to prepare drinks, and being given lots of choices in regards to food and drink. Staff told us of one person, "They love a tea, and if



it's not up to their standard they will tell you." People were able to make their drink choices known by selecting a different cup for a different drink. People were encouraged to prepare meals where they were able to. Staff told us one person enjoyed toast, and pointed to the peanut butter to indicate that as their breakfast choice. Staff then encouraged the person to get the toaster out to prepare the breakfast. We observed people being encouraged to make healthy decisions in terms of snacks. We observed one person choosing a pear, whilst another chose biscuits. Staff praised people when they made healthy decisions.

People's care plans detailed their likes and dislikes with food and drink. There was also guidance on how to support people with eating, such as encouraging them to break between mouthfuls to reduce the risk of choking. One person had been observed as not eating well during meal times. The manager observed that the environment was not right for them. The person was identified as needing a calmer environment so staff and the manager seek to create a relaxed calm environment during mealtimes. When this does not work, the person is supported to eat in their room, which saw an improvement.

People had hospital passports in place in preparation for any time they may need to go into hospital to ensure a consistent approach to their care. These contained important information regarding how people liked to be supported and their medical history.

The business development manager told us, "We work well as a team within the Provider." During a regular review meeting, one person was identified as having increased behaviours, which were affecting their ability to be involved in activities, and increasing their anxieties and depression. The full staff team worked together to create a step by step management plan for the person. Staff praised the person when they were able to reduce the behaviours, and told us they would sign, and say "Well done buddy." Staff told us as a result of the on-going work, the person was now a "Really happy guy." The manager was supporting another person by exploring a weighted vest for them, to help reduce anxiety. The manager told us the person enjoys a heavy touch and enjoys neck massages, so they were working with the occupational therapist to source one. The service continued to work very closely with the day centre. On a daily basis, there would be calls between the two to handover important information about people, including; detail on people's moods, anything urgent for example if someone had a seizure. If someone was identified as having had a seizure, the manager and day centre manager would review if they needed to adapt that person's activities for the day, to ensure they were appropriately supported. The day centre manager was involved in people's reviews, and the services worked in collaboration to provide the best care possible.

People continued to have health plans, and health checks were completed monthly with staff. People were registered with the GP, dentist, chiropractor and optician. Within their health plans, there was evidence of regular appointments, which included; professional consultation details such as why the call was made follow ups, and who was responsible to complete them as well as recommendations from the call. With their consent, people's weight was taken regularly. One person had declined being weighed for a period of time, and there were guidelines in place for staff to observe person closely and try to monitor weight gain or loss by eye and how they fitted their clothes. Another person was diagnosed with epilepsy, but had no rescue medicine in place. The manager worked with the GP to prescribe rescue medicine for this person, in case they should have a seizure. The Providers occupational therapist and speech and language therapist completed a joint assessment on all the people living at the service. As a result of the assessment, one person was supported to get a new flask, which controlled volume of water released, and they preferred to their previous flask. One person had a history of water infections. Their care plan detailed what to do if there was an increase in that person's behaviour, for example if they were short tempered, which was out of character, then staff should test that person's urine for infection. Staff told us this meant the service could ensure there was no delay in getting the person the medical support they required.

The service continued to meet the needs of the people living there. Since our last inspection, the previous staff sleeping room had been converted into a sensory room for people. Staff had sought people's feedback on the colour of the walls, and researched calmer environments to ensure it met people's needs. The sensory room contained a number of sensory items such as mermaid cushions, light up cushions, mirrors, a glow in the dark board on the wall you could write on, as well as a number of lights with varying speeds, sounds and colours to be tailored to each person. There was a projector that projected a sea effect on the ceiling, that also replicated the sound of the sea, selected for one person who enjoyed the sound of water. The manager said of one person using the sensory room, "I couldn't have asked for a better reaction, they were so happy." Staff told us people enjoyed the sensory room, and it had been used to de-escalate behaviour, and as a tool to help people reduce their anxiety, which was great for those living at the service.

Relatives and staff told us the service was, "Welcoming." There was artwork people had created on the walls, which relatives told us they liked. People's bedrooms had their names and photos on the doors. People's rooms were individual, and personalised, with people supported to print pictures from the internet to have an input in the design of their room and the service. One person was observed enjoying sitting on the stairs, where there were increased acoustics. Staff created a space for them to sit, with mirrors on the walls and a bean bag to sit on in a safe area. The garden was accessible, and we observed one person using it on both days of our inspection.

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 interest and as least restrictive as possible. Staff and the manager continued to work within the principles of the MCA. During our inspection, we observed staff giving people choices, and encouraging them to be independent. Staff said of one person, "They are very good at knowing what they want, when they want. They make it clear if there's something they don't want." People's files detailed how staff should support the person, depending on who they were supporting. An example was that one person was supported to make choices by showing them two pictures, and them pushing away the option they had not chosen. We observed this happening during the inspection. People's files detailed information on who could support them to make decisions about their health. It included clear guidance on how to support people; for example if they could read, ensuring staff gave them time to process information, and reminding staff not to use 'jargon.'

Capacity assessments were completed, and when people were deemed to not have capacity to make specific decisions, best interest meetings were held with people, their relatives and other important people in their life. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had made the necessary DoLS applications for the people living at service, some of which were awaiting assessment, while others were awaiting authorisation.

## Is the service caring?

### Our findings

People continued to be supported in a caring way, promoting independence and maintaining people's privacy and dignity. Relatives and staff told us the service was "Homely" and "Welcoming."

We observed people being spoken to, and interacted with in a friendly caring manner. One person was observed entering the office to use the laptop, staff acknowledged them, gave them a reassuring rub on the back, saying "Good man" as they left. Staff spoke about the people they supported with compassion and kindness. One staff told us "I do what I do because I care about the guys." Staff were observed high fiving people, another staff holding a person's hand whilst speaking to them, and praising them by saying "Good job buddy," whilst signing. The manager told us of the importance of building trusting relationships with people, "When I came back from holiday, they gave me a huge hug, it made me want to cry. It has taken time to build trust and it's worth it."

Documentation within the service was written with kindness and fondness, one person's file said "(Name) has a beautiful smile." Staff used people's preferred names, and people were observed as smiling, singing and appearing happy on our arrival. One staff member told us "The best thing about working here is being able to give back to the guys. When you see the big smile on their face when they accomplish something." Staff spoke to each other in a caring way, one staff member told us "We just click as a team."

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

Staff continued to know people well. People's files contained information relating to their life histories. People's documentation was accessible for them at any time, and was formally reviewed with people during their reviews. Communication guidance in people's care plans detailed how best to communicate with people. One example of this was one person required staff to start the sentence with their name to re-engage them and change their focus prior to giving them information. Another person required staff to speak to them without jargon, and give them time to respond. Some people were able to read and were encouraged to use this form of communication whilst others used Makaton. Staff told us they empowered people by building trust, and encouraging them to be independent. For example, one person responded well to not being watched directly or making eye contact when completing chores. Staff told us they responded well to reassurance throughout the task and praise once the task was completed. The manager spoke about people, and behaviours that could challenge in a respectful way. One person was deemed to be displaying behaviour that challenged by gripping staffs tops. The manager observed this and reflected that the person was seeking reassurance, and worked with the positive behaviour team to support staff to relax with the person, using distraction tactics. Staff told us they did not use physical restraint, they opted for non-invasive solutions. One staff member told us "We are the masters of distraction."

One person enjoyed going to the café on a weekly basis but on one occasion was unwell and unable to leave

the house. Knowing this experience was important to the person, the service created a café in the dining room. Staff made a 'café' sign and served a cooked breakfast with the aim to bring the café to the person. Staff told us feedback from people was that they enjoyed the experience, and found it "Exciting."

Staff told us people had strong bonds living at the service, and showed concern for one another. One person was described as 'rubbing the shoulder' of another person following a seizure. During the inspection people were observed to be relaxed and happy, each choosing what to do following the days activities.

Staff continued to receive effective training, and had the time to deliver support in a person centred way. People were supported to make important decisions relating to their health and care with the support of their family, staff and health care professionals. One person was being supported by an advocate. Throughout the service we saw different communication methods being used. There was signage throughout the service in different formats, including pictures, written and in French for one person who is bilingual. Staff used a mixture of Makaton, speech and some could speak additional languages which they told us people enjoyed. People's preferred methods of communication were clearly detailed in their care files, and we observed them being used during the inspection.

People's privacy and dignity continued to be respected and promoted. Staff told us, and we observed them knocking on bathroom and bedroom doors before entering. People had locks on their doors, for those that wanted to use them. Staff told us they supported people's privacy and dignity by ensuring they were covered when going for a shower, checking their dressing gowns were on and tied up before leaving the room. When supporting people with personal care, or getting dressed staff told us they ensured people's bedroom curtains were shut to give them privacy. Staff told us it was important to them to encourage people to complete as much personal care as they were able, to promote people's independence. The manager told us "I love being here in the morning. You get to support people with their personal care, and see what mood people are in. We couldn't wish for a better group of people." Staff understood at times people may want spend time alone in their rooms. Staff allowed people to do this respectfully, but stayed close on the landing in case of an emergency. One staff member told us "This is their house. We just work here and support them to be as independent as possible."

One person had previously spent a lot of time alone, but had been enabled to spend time on the laptop with staff in the office, sharing a quiet space. Staff told us this was beneficial for the person to ensure they were not isolated, and were able to interact on their terms with staff when they wanted. Staff continued to be able to recognise when people were distressed or in pain. During our inspection, one person was observed becoming anxious. Staff responded in a calming way, following guidance set out in the person's care plan, and stroking the persons face to help reduce their anxiety. Staff were able to describe the signs and symptoms each individual would display if they were unhappy or in pain. Staff told us of one person "They do not feel pain. If they are in pain they will lead you to the medicines cupboard or tell you with eye contact."

People were supported to maintain relationships with those who were important to them. One relative told us of their joy to receive a mother's day card, and that other relatives "sobbed" when they received Christmas cards from their relative. One relative told us of staff and the manager, "They are always there if we need support." Relatives told us they felt welcomed at the service. The manager told us they were, "Really involved with the families. We have some great families," and, "We love it when they come over."

Personal information about people, including care plans were held securely in the office within a lockable cabinet. When staff were not in the office, it was locked to ensure the information was kept safe.

## Is the service responsive?

### Our findings

Relatives told us their loved ones received responsive care personalised to people's needs. One relative told us, "We have never had any concerns."

People continued to receive personalised care to them as individuals. On both days of our inspection, people attended the Providers day centre, where they had the opportunity to socialise with peers from within and outside of the Provider and take part in activities. One person chose to attend the day centre three times per week, and on the other two days was supported one to one to do activities of their choice. On return from the day centre, one person was supported to go for a walk, others supported to have a drink and snack, while others chose to relax in the living room, or in their bedrooms.

People led busy and active lives. Staff told us "I really enjoy working weekends because everyone is here." There was an activity board in the dining room, and office detailing people's schedules. Those that needed picture references had them, others that could read had activities displayed in word format. There was an activity cupboard in the dining room, containing different items for different people including; paints, games, a musical keyboard for the floor, skittles, and puzzles staff had made specifically for the people they supported. One staff member told us, "I love the days out with them. The laughing and the joking." Activities were also planned for the weekend including days out to the beach, going for drives, wildlife parks, discos and pub trips. One relative told us, "The last few times I've called, they have been at the pub, which I love." One person enjoyed running through the house and garden with their electronic tablet, watching videos on the go. Staff told us, "Their face lights up, typical of their age, they love technology." We observed staff singing along to one of the programmes this person was watching, and they smiled and laughed with staff. Another person enjoyed using the internet to look for locations to visit.

One person was supported to attend a holiday in an autism friendly location. Staff spoke with enthusiasm about the activities the person was able to take part, including, hiring the swimming pool for exclusive use, and making the most of the grounds. Staff told us the person smiled the whole holiday, "It was lovely they were relaxed and calm." Staff told us they learnt improved de-escalation techniques, including adapting tone, and as a result they were able to hold conversations with the person for longer than previously. As a result of the bond formed on the holiday, that staff member became that person's key worker. The owners of the location subsequently fed back, "We fully appreciated how supportive the staff were with (name) and showed them lots of kindness." Another person was supported to go on holiday with a friend from the day centre.

The manager told us they had seen an improvement in the person centred way people were supported by staff. Staff were able to explain person centred care, and detail how they would change their approach from one person to another to achieve the best outcome. People's care plans continued to be up to date, and had been regularly reviewed and updated by the manager. People's daily routines were detailed and had been created to keep them active. Care plans continued to contain detailed information on how to best support the individual including; the support people needed when washing and dressing, and guidance that some people were not able to be left alone when showering, to achieve the best outcomes for people.

People, their relatives, health and social care professionals and staff were involved in six monthly reviews which considered all aspects of the person's life and how to improve it. During the meeting, goals were set and reviewed, as well as considering how to manage money, relationships, health and wellbeing. People's achievements were considered on an individual basis, for example one person's achievement was that they progressed to choosing breakfast, as opposed to choosing the first or closest option. Staff told us of another person's achievement, that they had progressed to regularly going out.

Since our last inspection, no complaints had been recorded. The service continued to have a robust complaints policy in place, which sign posted people to the relevant external bodies to escalate complaints to. The office, which was accessible to staff, people, relatives and health care professionals had an easy read complaints policy for people and the CQC 'How to make a complaint' leaflet. The manager told us they sought to resolve any issues before they became complaints, and worked closely with people and relatives to offer support and guidance where necessary. One relative told us "I have no concerns so far, but I feel the manager would respond if I did."

The manager kept a record of all compliments received. The compliments included feedback from internal managers stating, "Always nice to attend such a positive meeting where lots of solutions can be put forward." Compliments from family members included, "Thank you for sending me the lovely photos of (name)." Positive feedback was also provided from an agency staff member that had worked at the service, comments included; "The way they treated the service users was lovely". The manager told us all positive feedback was shared with staff regularly in reviews.

At the time of our inspection, no one was receiving end of life care. However, the manager and some staff members had attended training on end of life care, and were in the process reviewing of how this could impact the people they support in the future.

## Is the service well-led?

### Our findings

At the time of our inspection, a registered manager was not in post. The previous registered manager had left in June 2017, and a new manager had been appointed the same month and started in July 2017. The regional manager worked with the manager and provided oversight and support to the service. The manager has submitted their application to become the registered manager of the service in February 2018.

At our last inspection, we found the service was not consistently well-led. At this inspection, we found that the manager and Provider had made improvements. The manager had extensive experience in working with people with learning disabilities and autism. Staff told us the manager was, "Really approachable." At our last inspection, we found that maintenance of the property was not consistently completed, or responded to in a timely way. This resulted in areas of the home being left in a poor cosmetic condition, which was not satisfactory for the people living there. On this inspection, we found that maintenance had been logged and responded to in a timely manner. The service had been up dated in places and staff had worked hard to make it "Homely" which relatives told us they were happy about.

At our last inspection, staff told us areas of the service were "Lacking" such as audits to ensure maintenance and oversight of the service. Furthermore staff were not receiving the necessary support to do their roles, such as regular supervisions. At this inspection, we found staff were regularly having supervision, and there was a robust system for quality checks lead by the quality and compliance manager working with the manager. Quarterly audits on areas such as health and safety, fire safety and infection prevention control had been completed. The manager had put in place an action plan to address any areas with outstanding issues, completing weekly audits, with all outstanding actions from March 2018 completed by the time of our inspection.

The manager reviewed progress made last year, and set goals for coming year. Achievements included; staff completing Makaton training, re-decoration of the service, new staff recruited and staff working in a person centred way which resulted in incidents of behaviour that could challenge being reduced. New ways of communicating with people had been implemented, which resulted in improved communication with people. Achievements not met included improving the garden, purchasing a new recliner. The manager was able to evidence how these were being prioritised for this year.

Relatives and staff told us they thought the service was well led, and liked the manager, one relative told us, "Everything has improved with the new manager." Staff told us, "The manager is always supportive, always gives positive feedback." Staff and the managers shared a joint vision; to improve people's lives and enable them to be more independent. Another staff member told us, "The Provider is really good. It is focused on the guys and not focused on money." The manager described a positive culture at the service, speaking highly of staff, and team leaders. Staff told us, "The ethos is great. The company makes you feel part of the family." Staff told us managers were "Transparent and open."

The manager told us they enjoyed keeping their skills up to date, and sought additional training internally and externally to do this. The manager told us, "I am really fortunate to have had some really good training,

which I try to pass onto staff." They went on to tell us about a mental capacity training course they recently attended, and how they shared the learning from it with staff, to enable them to support people in the best way possible. The manager told us of the Provider, "The difference is amazing; there is great support for me." The manager told us that they had also received support from their peers. Staff told us that senior management were regularly at the service, one staff member told us "I can call them about any issues." The Provider holds an annual conference; they invite specialists to speak at the event to raise awareness about learning disabilities." The manager told us this year the focus would be on people's experience with autism through all the different life stages.

The regional manager explained to us how the provider reacts to external events, as well as learning internally when incidents occur. The CEO shared external information relating to incidents with management to provide them an opportunity for self-examination, exploring how they would react to such events. An example of this was the service completing risk assessments for people who use paraffin creams, which are known to be highly flammable. Staff were then aware of potential risks to people, and how to mitigate them. As part of the provider quality monitoring systems, observations of staff were carried out, which led to improved outcomes for people. For example, communication improved, staff were initially described as "Using complex language," and improved to; "Always using Makaton." Senior manager's within the Provider were part of the Kent managers forum, and shared best practice, changes in legislation and learning with the wider management team.

The manager understood their regulatory responsibility, and had notified the Care Quality Commission of important events as required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website. Personal information was stored securely. Staff told us they understood their role and responsibilities. The manager saw their biggest achievement as changing the way staff support people. The manager told us, "Everyone makes suggestions on how to improve people's lives and we all help to implement them."

The service continued to seek the views of others. People who were identified as being able to read completed feedback surveys. The manager supported a person to complete a questionnaire on the basis of their reactions to the questions asked, and when the manager was unsure of the response, no answer was given. Questions on the survey included; how people felt about the garden, and if they had access to it, if the home is warm and clean and if happy they were happy with communal areas. The service had sought feedback from the relatives in the form of a questionnaire, with responses sent to head office for analysis. Feedback from relatives was also sought at the six monthly reviews, with improvement plans put into place for any actions needed. Staff had completed a survey that included feedback on; what they would enjoy and dislike if they lived at the service, feedback on the team, training, if the service was supportive and if was homely. Staff told us, "Management are willing to listen and give you support when needed." Staff were encouraged to complete activity feedback forms detailing what activities the person they supported enjoyed, what staff think they could potentially enjoy and the resources required to implement that activity. Responses from staff included using applications with filters, sensory smells lighting and a projector, some of which had been implemented at the time of our inspection. The manager told us the applications with filters made people laugh, and created an opportunity for bonding with staff. When staff had left the Provider, they completed exit questionnaires, which were shared with the manager. We saw an example where the manager had requested further information from the Provider, in an attempt to improve the wellbeing of those still employed at the service.



Links with the community continued to be strengthened. One person was known at the local pub, and was able to go behind the bar to choose snacks and drinks during visits. Another person was known by name at the local shop, and visited frequently. Staff and the manager supported people to attend 'autism friendly / sensory events' times at the local supermarket, cinema, bowling and trampoline park. People enjoyed attending the local park in the summer to take part in fetes and music festivals.

The manager worked in partnership with external services, recently having contacted a charity exploring the possibility of them supporting the service to have a sensory garden. People had care managers, and some advocates that were involved in their care, and invited to attend reviews. The manager had made links with the safeguarding team, and regular contact with commissioning, epilepsy specialists and neurologists.