

Alderwood L.L.A. Limited

Alderwood LLA Ltd - Ecton Park

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Overall summary

Alderwood LLA Ltd Ecton Park provides accommodation, personal care and support for one person with a high functioning learning disability and autistic spectrum disorder. It is situated in a residential part of Northampton.

The inspection took place on 7 October 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found a really positive, caring and progressive atmosphere within the service. The person who lived at the service was placed at the very heart of the delivery of care. All aspects of support had been centred on them and their needs. There was lots of good humoured and

Summary of findings

jovial chat, with kind and trusting relationships evident between staff and the person. The person who lived in the service had been involved in the planning of their care. They told us they felt fully included in discussions about all aspects, being able to have their say at each step of the way. Staff were very enthusiastic about their work and driven by a desire to provide high quality care. They were flexible and adaptable, ensuring that the person participated in their own care and achieved their full potential, helping them to lead a meaningful life, doing things that were important to them. The provider philosophy was that people should be able to access the best of everything in life and have ample opportunities to achieve their goals.

The service was led by a committed, dedicated and passionate registered manager, who was well supported by a strong and positive management structure within the provider organisation. The culture within the service was open, optimistic and encouraging; staff were proud to work for the service and wanted it to be the best it could. Staff and the registered manager were highly motivated and very committed to their work; they faced up to challenges that arose and used these to improve things. They had strong values and a shared vision, and strived to give people positive care experiences and provide high quality care.

Staff attended regular meetings, which gave them an opportunity to share ideas, and exchange information about possible areas for improvements to the registered manager. Ideas for change were welcomed by the registered manager and provider, and used to drive improvements and make positive changes for people. Quality monitoring systems and processes were used robustly to make positive changes, drive future improvement and identify where action needed to be taken. All staff told us they wanted standards of care to remain high and so used the outcome of audit checks and questionnaires to enable them to provide excellent quality care.

The person who lived in the service felt secure and we observed that they were calm and relaxed in the presence of staff. Staff had a positive approach towards keeping them safe and demonstrated a strong awareness of what constituted abuse. They understood the relevant safeguarding procedures to be followed in reporting potential abuse. Staff were committed to managing

fluctuating risk factors and had a good understanding of how to support the person when they became anxious or distressed. Potential risks had been identified, and detailed plans implemented to enable the person to live as safely and independently as possible.

Robust recruitment checks took place in order to establish that staff were safe to work with people before they commenced employment. There were sufficient numbers of staff available to meet people's care and support needs and to enable them to do the things they enjoyed. People received their medication as prescribed. Safe systems and processes were in place to protect people from the risks associated with medication.

Staff received regular training, based upon best practice in autism, which provided them with the knowledge and skills to meet people's needs in a person centred manner. They were well supported by the registered manager and senior management team in respect of supervision and appraisal which enabled them to remain motivated and responsive to people's individual needs.

Staff sought people's consent before they provided care and support. Where people were unable to make certain decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Where people had restrictions placed upon them, staff ensured people's rights to receive care that met their needs was protected, and that any care and treatment was provided in the least restrictive way.

People were supported to access suitable amounts of good quality, nutritious food. A variety of meal options were available, which included specific health and cultural dietary requirements. We found that the person who lived in the service was encouraged and supported to participate in meal preparation as part of developing their life skills. Referrals to health and social care professionals were made when appropriate to maintain people's health and well-being. Staff worked closely with other professionals to ensure people's needs were fully met.

The person who lived in the service told us they had been supported to develop life skills and gain independence, using individually created development programmes. The support for this was provided by a highly skilled staff group, who shared a strong person centred ethos and

Summary of findings

were dedicated to helping people lead a fulfilled and enriched life. The person and their relatives expressed their delight at the progress they had made since coming to the service, which was often far beyond the level of achievement they had previously hoped for. Staff used innovative ways to support people to move forward, adapting when their needs changed. They had a strong understanding of people's interests and hobbies and

accessed a wide range of activities that were tailored to people's individual needs. The person who lived in the service had been actively supported to integrate within the local community, using local facilities to avoid social isolation. To facilitate this, the service had developed links with local colleges, libraries and local employers offering work experience.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse and avoidable harm. Risk assessments were in place, which enabled staff to promote positive risk taking and people to remain safe.

There was sufficient experienced and trained staff to meet individual people's needs. Robust recruitment systems were in place to ensure that staff were suitable to work with people.

Suitable arrangements were in place for the safe administration and management of medicines.

Good



Is the service effective?

The service was effective.

Staff were provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively. The person who lived at the service received care based on current best practice for people living with autism.

People's rights had been protected from unlawful restriction and decision making processes. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People's nutritional needs were appropriately met and they were supported to enjoy a balanced diet. Staff ensured that health and social care needs were met so they could remain healthy and enjoy a good quality of life.

Good



Is the service caring?

The service was very caring.

Staff were extremely kind, and caring in their approach to people. They were committed to supporting people to be as independent as possible and valued them for who they were. The person who lived at the service was placed firmly at the heart of the service.

The ethos within the service was open and honest, the person who lived at the service considered that staff were friends and had built up trusting relationships with them, being involved in decisions about the care they received. They were treated with dignity and respect and staff worked hard to ensure this was maintained not only amongst the staff team, but between other people within the provider organisation as well.

The person who lived at the service was supported to maintain strong family relationships. Relatives considered that staff went 'above and beyond' to ensure that people were treated with compassion.

Good



Is the service responsive?

The service was very responsive.

Good



Summary of findings

Staff took time to get to know people before they moved into the service, so the provision of care could be tailored to their specific requirements. They knew people's individual needs, likes and dislikes and provided truly person centred care.

The person who lived in the service had a choice about their daily routine and any activities they chose to do were flexible, so they had control over their lives. The service had creative ways of ensuring people were fulfilled and led enriched lives.

People and their relatives were encouraged and supported to provide feedback and express their views on the service. Feedback was used to drive improvements.

Is the service well-led?

The service was extremely well- led.

The person who lived in the service was placed at the heart of the delivery of care. They were supported by a highly motivated, consistent and dedicated team of care staff who worked to the provider philosophy.

The provider and registered manager promoted strong values and a person centred inclusive culture. Staff were proud to work for the service and were supported in understanding the values to ensure that high quality, holistic care was given to people.

Management arrangements were in place to ensure the effective day to day running of the service. The management team were very approachable and supportive, toward people, relatives and staff helping them to reach their full potential.

The provider had robust systems in place to monitor and improve the quality of the service people received. There was a strong emphasis on continual improvement and the use of best practice guidelines to benefit people and staff. The service worked with relevant professionals and organisations to promote understanding.

Outstanding



Alderwood LLA Ltd - Ecton Park

Detailed findings

Background to this inspection

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

This inspection took place on 7 October 2015 and was unannounced. The inspection was undertaken by one inspector, so that the inspection process would not impact upon people's normal daily routines and activities.

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. We received the completed document just prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

Prior to this inspection we also reviewed all the additional information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we observed how staff interacted and engaged with the person who used the service during individual tasks and activities.

We spoke with one person, and one relative. We spoke with four healthcare professionals, the registered manager, two care staff, the operational manager and two members of the administration and human resources staff. We also spoke with the local authority and clinical commissioning group to gain their feedback as to the care that people received.

We looked at one person's care records to see if their records were accurate and reflected their needs. We reviewed three staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits and health and safety checks.

Is the service safe?

Our findings

The person who lived at the service told us they felt safe with the support they received from staff. They said, “Staff know what I need to help keep me safe. They let me do what I want to but are there to help and support me.” They explained how they had moved from another service with more people, so they now had less people around them but staff had made them feel safe. We observed this person was calm, comfortable and relaxed in the presence of staff and looked to them for guidance when they were unsure. We saw that they felt able to talk to staff about any concerns they had. They told us they often asked to speak with the operational manager or other staff members if they were worried about things, as this helped them to rationalise their concerns and feel safe.

Staff demonstrated their awareness of how to keep people safe and had received training on safeguarding procedures. One staff member told us, “I would go to my manager and report any concerns if I had them.” Another staff member told us, “We are here for the people, it is our duty to make sure they are safe, no matter what or how small something is, we would report it.” We were also told, “We don’t take anything for granted, we monitor and review and act on things if and when we need to.” Through our discussions we established staff understood local safeguarding procedures and the different types of potential abuse that existed.

Staff told us that numbers of safeguarding referrals were relatively low because they had taken action to learn from past safeguarding outcomes. One staff member said, “We try and learn from previous safeguarding’s so that they don’t happen again.” When a safeguarding matter had been investigated records showed that this was discussed at staff meetings so lessons could be learnt and action taken to avoid reoccurrence. Records showed the registered manager was aware of their responsibility to report allegations, and made relevant safeguarding referrals to the local authority and the Care Quality Commission (CQC) when appropriate.

Risks to people’s safety had been minimised through assessments, which identified potential risks. One person explained how they had been risk assessed to go on a shopping trip and to go home to spend time with their family. This had not only enabled them to do things they enjoyed but helped them to feel safe. Staff felt confident

that the risk assessments in place helped them support people safely, both within the service and outside, in the community. One staff member said, “Without the risk assessments, people would not be supported to go out and do what they do, so they are really worthwhile.” Staff considered they had a real benefit and positive impact upon people’s lives. The registered manager said, “People should be able to make their own decisions and take risks which they consider to be acceptable and to lead their lives the way they want to.” The registered manager told us the service had worked hard to ensure risk assessments were robust and detailed and tried to enable people to undertake positive risk taking, whilst remaining as independent as possible. For example, to support people to manage their own finances. Staff enabled people to define their own risks with individual support as required.

The registered manager spoke with us about risk assessments for the person who lived at the service, which included plans for reducing anxiety and distress. We found they detailed the circumstances that might trigger certain behaviours, ways to avoid such triggers and the action to be taken if the person became distressed. This person was able to explain to us how staff helped them to minimise possible risk factors so they could participate in things they enjoyed; although there were rules and guidance in place, these did not limit them. They told us this structure helped them to feel safer and more secure.

Staff told us accident and incident recording procedures were in place and showed us the registered manager had been made aware, and action taken where necessary. One staff member said, “We always make sure that we complete the forms if we need to. It’s important.” Accident and incident forms were completed on the day of the incident occurring. We saw evidence of completed forms within the records and saw that an overview was produced to identify any changes that could be made to reduce the numbers of occurrences. This information was used to identify ways in which the risk of harm to people could be reduced.

The registered manager discussed with us how fire safety equipment was regularly checked and that fire drill procedure and evacuation plans were up to date. Staff had guidance on what to do in emergency situations and people had individual evacuation plans in place in case of

Is the service safe?

the need to evacuate the service in an emergency. There was a continuity plan in place, which included information about the arrangements for major incidents, such as the loss of power and water.

Staff were recruited safely into the service. The training manager told us staff employed by the service had been through a robust recruitment process before they started work. One staff member said, “I was fully checked before I started here but that’s a good thing.” The provider ensured staff were suitable and safe to work with people who lived at the service. These recruitment checks completed included two reference checks, Disclosure and Barring Service (DBS) checks, visa checks and a full employment history review. Records showed relevant checks had been completed to ensure the applicant was suitable for the role to which they had been appointed, before they had started work.

The person who lived in the service told us, “I always get to do what I want and go where I want to, so I think there is enough staff.” Staff considered there was enough of them to support people appropriately. One staff member said, “Yes, there is enough of us, we need more than one staff member but if there was three, there would be too many. It is just right to give the care that we want to.” We were also told, “There are definitely enough of us to help [Person’s Name] to get out and do what they want to.” The registered manager explained that rotas were compiled for staff to work across two services, so if there were any staff shortages, staff could cover as they had a good working

knowledge of people and their needs. Staffing levels were reviewed on a regular basis, and adjusted if people’s needs changed. The staff rotas we reviewed confirmed the number of staff on duty was as detailed on record. There was sufficient staff to meet the needs of people and to keep them safe.

There were suitable arrangements in place for the safe administration and management of medicines. People were supported to take their medication in a safe manner. We were told, “I don’t take much medication but I have it when I need it.” Staff told us they took time to administer medication carefully as it was a very important part of their role. One staff member said, “We don’t want errors to occur.” We observed that people were supported to have their medication in a calm and relaxed manner and were receptive towards staff when they were offered this. Staff had been trained to administer medication and their competency assessed as part of this process. We found that the service had a monitoring system in place to make sure medication stock levels were accurate. The amount of medication in stock corresponded correctly to Medication Administration Record (MAR) charts, which had been double signed by two staff members when medication was administered. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed. People received their medicines as prescribed, and medicines were stored and administered in line with current guidance and regulations.

Is the service effective?

Our findings

People felt that staff understood the care and support they needed. The person who lived in the service said care was provided in accordance with their care plans, in which they had been involved in compiling. They felt confident staff had the skills to provide them with the right level of care. Staff understood people's needs in a person centred way, because of the training they had received. One staff member told us, "How can we understand why someone is feeling like they are, if we don't have the right skills to help them. We don't want to rush in without knowing everything. It's important that we have the right training."

Staff received a significant amount of training which benefitted the way in which they delivered care to people. One staff member said, "We get a lot of training, the company is really good for that. It all helps us to know what we are doing and to give good care." Another staff member told us, "Training is really good, we get everything we need and it helps us to feel confident in the care we are providing." The operational manager said, "Training is an investment in staff. If we get that right then we can make sure people receive good quality care and are able to lead a fulfilling life." Training was completed on a face to face basis, and covered a wide range of core training needs, along with more specific areas of training, including autism awareness, equality and diversity and safeguarding.

Autism based training prepared staff to help people with complex needs and challenging behaviours. One staff member told us, "People are very complex, it can be hard to know why we act like we do, but the training we have does help us to consider reasons before we act." Staff told us how they had used their knowledge to de-escalate situations, supporting the person who lived in the service's extreme anxieties around moving to a new area and living in a new environment. Staff were able to support this person to become accustomed to their new home and engage effectively within the local area, because of the skills they had gained from training. On arrival in the new environment, the person had introduced themselves to their neighbour and took them some flowers. This process was made possible because of the knowledge staff had gained from the specific training they had received.

A comprehensive induction programme was in place for all new staff. One staff member said, "The induction was really good, it gave us an insight into things, the work we would

do and what we could expect. It was delivered at our own pace." They said it ensured they were equipped with the necessary skills to carry out their role and gave them the benefit of learning new skills. The training manager confirmed the provider had a robust induction programme, which covered the Care Certificate and core essential standards of basic care. The induction programme enabled staff to be assessed against a variety of competencies, which took them through until the conclusion of their probation period. As part of the induction process, staff had been assigned a mentor for a period of six months, with whom they met on a monthly basis and who could offer support to them about any aspects they required. Staff were also given a buddy within the service, so they could benefit from working alongside a more skilled member of staff as additional support. Training records confirmed staff received a period of induction which had been delivered at their own pace, so as to enable them to feel supported in meeting people's assessed needs.

Staff received regular supervision and appraisal. One staff member said, "We get regular supervision but we don't need to wait until then to discuss things." Staff said supervisions were useful, allowing them to discuss any training needs or concerns they might have about their performance. Supervision records confirmed staff had regular supervision and appraisal to identify and address any training and development needs.

People confirmed that staff asked them for their consent before delivering care. We were told, "They always ask me what I want to do." Our observations also confirmed that staff gained consent before providing people with support. Staff also told us of ways in which they gained consent from people before providing care; for example, using non-verbal methods of communication, or by direct questioning, depending upon the person's condition and level of anxiety. People were given choices in the way they wanted to be cared for and we observed this in practice during our inspection. For example, a member of staff asked the person who lived in the service, where they would like to talk with us and the person chose the lounge area.

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

Is the service effective?

needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us that they were aware of the principles of the MCA. They explained that, if it was assessed that a person lacked mental capacity, they would work with their family and the whole team to make a decision for them, in their best interests. Any decisions made on the person's behalf were done so after consideration of what would be in their best interests. We found there were comprehensive decision making care plans in place which guided staff on how to support people to make decisions when best interest decisions had to be made. This was completed in accordance with the MCA.

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 MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought and gained authorisation from the appropriate authorities to lawfully deprive people of their liberty. Records showed that applications had been made in line with DoLS.

People were supported to have sufficient food and fluids. One person told us they enjoyed the food they had and that they were supported to undertake shopping for menu ingredients and to choose their own menus. They were encouraged to participate in cooking their meals. We were told, "I enjoy cooking and have made lots of meals. I get to choose what I want to cook." Staff supported them to make

healthy food choices and to have, where possible, a balanced and varied dietary intake. Records showed that dietary and food preferences were detailed within care plans in a pictorial format to enhance people's understanding. We found people's weight was monitored where there was an identified risk in relation to their food intake. Staff reviewed this information on a regular basis and ensured referrals were made for timely intervention should this be required.

People were supported to access healthcare professionals to maintain their general health. Staff told us it was important they acted on any changes in people's condition so they could seek advice. One staff member said, "We always help [Name of person] to access the doctor if they need to, we listen and act when we need to." The operational manager told us the provider had worked hard to maintain good relationships with a variety of health and social care professionals so this would benefit people's health. We spoke with one healthcare professional who had no concerns about the way in which the service referred people to them. They said that the service worked hard to ensure people saw who they needed to, for example, psychiatrists and psychologists, the local learning disability and mental health team. This external support was used to ensure that the behavioural strategies implemented by the staff team, were suitable and appropriate. Health action plans were in place to help external professionals understand people's needs and detailed the action that had been taken.

Is the service caring?

Our findings

The person who lived in the service was really happy with the care and support they received from staff. They told us, “Staff look after me and help support me. I think they are kind and caring.” Through further discussions we identified that the person thought that staff were, ‘always nice’ and ‘really helpful.’ They had worked to help motivate the person and increase their skills and abilities within many areas, all of which had helped give the person a huge sense of value and self-satisfaction. The person discussed the relationship they had built up with certain members of staff, which had enabled them to grow as a person, to flourish, be more trusting of new people and gain new life skills. We were told, “They help to support me and look after me, they get me to do a lot of things and have ways to reduce my tension and anxiety. That’s important and I can always have a laugh with them.” We saw photographs within the service of the person, enjoying a variety of activities and outings with staff members, with a big smile on their face, laughing and enjoying their experiences.

On the day of our inspection, staff made sure the person who lived in the service was settled and relaxed, before explaining who we were and asking if they wanted to meet us. Once they had consented, staff introduced us to the person, letting them take the lead because it was their home. This philosophy worked because they then asked us if we wanted a hot drink, proceeded to make it for us, and felt able to show us round their house, showing us all areas and explaining what they did with staff on a daily basis. They were proud to show us their vegetable patch and explained that when the vegetables had grown, they wanted to use them in their cooking, which they gained great enjoyment from. At each stage of our conversations, the person had a smile on their face, increasing in confidence about their achievements when spoken with by staff. Their acceptance of our presence was only made possible by the close relationships staff had with the person; the trust they had in staff enabled them to interact successfully with us.

Relatives were also very happy with how staff cared for their loved one. They spoke very highly of the care given and were great advocates for the significant impact it had had upon people’s lives. One relative said, “The care is so very good, always aimed at what [Name of Person] wants.”

We observed kind and friendly interactions taking place on the day of our inspection. Staff were patient and supportive, constantly involving the person in conversation, with lots of sociable chat taking place. Staff responded promptly to the person’s requests for assistance. They were attentive, ensuring the person was content with the plans for the day, willing to change them if required. We found the person was going on a shopping trip for the day; they had planned what they needed to buy and were reminded by staff about other things they might need. We observed they were happy and appeared excited by the prospect of going out with staff they liked, to do something that they enjoyed. We saw them smiling and laughing and gaining comfort from being close to staff, seeking reassurance from touch. We observed strong, affectionate relationships between staff and people, with moments of tenderness and compassion.

Healthcare professionals were extremely positive about the way in which people were treated by staff. They described staff as, “Kind, compassionate and dedicated in the way they go about things. They have the best interests of everybody they support at heart.” Healthcare professionals considered that staff helped people to have the best experiences they could in life. They said that the support people received was delivered with genuine warmth and compassion.

Staff told us they worked hard to help motivate people and increase their skills and abilities within many areas, to give people a sense of value, self-worth and satisfaction. They focused on ensuring people built up strong relationships with members of staff, as they felt this enabled them to grow as a person, to flourish and gain new life skills. For example, one staff member told us the person who lived in the service enjoyed cooking. We found they had been supported to undertake a variety of cooking experiences, to meet with a famous chef and to cook meals for their friends. One staff member said, “We are here to give people the care and experiences they deserve.”

Another staff member said, “I have no problem in getting up in the morning to come to work. I want to make a difference to people’s lives.” We were also told, “Seeing people happy, that’s just great. It makes it all worthwhile.” Staff really wanted the best for the people who lived in the service.

People had an assigned keyworker who had been allocated to them based upon common interests with staff members.

Is the service caring?

As a result of this, staff knew the person they supported really well. Staff told us their function was to take an interest in that person, developing a good knowledge of them and building up a trusting relationship. They had a good working knowledge of people as individuals, knowing what their personal likes and dislikes were and what experiences in life they wished to achieve. This information was confirmed when we reviewed people's care records.

Staff displayed high levels of motivation and dedication toward meeting people's individual needs. They had genuine relationships with the person who lived in the service, and spoke about them with warmth, showing they wanted the best possible outcome for them. One of the staff members commented that one of their best experiences had been, "Taking [Name of person] on some amazing shopping trips to Birmingham and London and to see the smile on his face and knowing he's worked so hard to get there." Staff told us they would strive and make every effort to make sure people could follow their dreams and achieve all their goals. Staff considered that people were an extension of their family. The registered manager said they had the right staff team in place to support people. They told us, "I think we have a great team of staff, the best. We all work together and I know they want the same as I do for people." Staff were driven by a common desire to give inclusive care to people in a caring and homely environment.

People had individualised communication plans, resources and strategies to enable them to express themselves. These were kept with the person at all times, and could be used to reduce anxiety, give positive praise and offer reinforcement when required. The person told us, "They are good, just having them keeps me calm and I know that staff will understand what I need, that really helps to reduce my anxiety." We observed a wall chart with writing and symbols of a variety of possible emotions to be expressed. There were also emotion cards within the service, with symbols to represent how people were feeling, such as happy, sad or unwell. This meant the person could point to a symbol to help them communicate to staff how they were feeling if they were unable to express this for any reason. The registered manager and staff told us it was really important they could communicate meaningfully with people.

People were constantly encouraged to make choices about every aspect of their daily routine, their daytime activities or what they would like to eat. We were told, "I like to have the same staff, but that doesn't mean if I want a new staff member that I can't ask. I get listened to about what helps me." For this person, it was important that staff listened to what they wanted. We were also told, "I always have a choice, each day, about everything I do." Staff told us and we observed that they consulted people about their daily routines and activities and people were not made to do anything they did not want to. One staff member said, "It's so important that we ask people. We shouldn't just assume that because someone wanted something on one day, that they will want it the next." As a result of this, care was very much centred on each person's wishes and needs rather than being task orientated and routine led.

Staff used a person centred approach and worked hard to ensure people's views were heard. For those who could not communicate at a specific time, the registered manager told us the service used external advocates to support people when making important decisions. In most cases if people lacked the mental capacity to make particular decisions, their relatives, social worker and key worker were involved in making the decision in the person's best interests.

People told us that staff respected them. We were told, "I have my privacy and am treated with respect." Staff understood how to treat people with dignity and respect and supported them to maintain their privacy. One staff member told us, "It is important that we respect people's decisions, they should have a say in what they do. It's their life and we want to be part of it." Staff valued people's contributions in making decisions and choices about their own lives; this was evident in our observations where we saw that staff spoke with people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support staff assisted them in a discrete and respectful manner. Staff supported people with personal care to the extent they needed but encouraged people to be as independent as they were able to be. When personal care was provided it was in the privacy of people's own rooms.

Is the service responsive?

Our findings

People had their needs fully assessed before admission to the service. The operational manager and registered manager explained the robust approach they took to assessing new admissions. We saw there was a full two day pre-assessment of needs, where staff took time to spend the day with the person, understanding exactly what their care and support needs were, what their likes and dislikes were and what made that person tick. One staff member told us, "It really helps having such a good assessment before someone comes in to us." The operational manager told us, "We want to make sure that we can support people before they come into us. It can take time but that is why our pre-assessment period is longer than most other services." Staff told us once a pre-assessment of needs had been completed, that care plans and risk assessments would be compiled. Only once this pre-assessment of needs had been completed, would the service decide if they could meet that person's needs.

Before a new person arrived at the service, staff would spend time working with them in their current setting, getting to know them and their family as thoroughly as possible. Working with people at different times of the day and night, by the time they were admitted to the service, the person knew the staff members that would support them and staff understood what people's real needs were. Careful consideration was also given to which service was suitable for people's needs and which staff would best help them along their transition period before admission took place. We found this approach was respected and valued by people, their families and health and social care professionals. One healthcare professional told us, "I have not known any other service spend so long completing a pre-assessment. It really is exceptional and is the reason they get such great results."

People had a detailed plan identifying their background, preferences, communication and support needs. The person who lived in the service knew they had care plans to guide staff with their support needs. Staff told us each plan was tailored on an individual basis to address any identified areas of weakness and to play to each person's strengths, ensuring growth and positive outcomes. We found each person's care plan was in easy read format using pictures and short sentences to assist people to understand the content. Throughout each document, we

saw photographs of people in a variety of situations (for example, brushing their teeth or washing their hands); in conjunction with pictorial images to support people's understanding of the information contained within their care plans.

People participated in the assessment and planning of their care through regular meetings with their key worker, using pictorial cues and their communication aids, to enable them to have their say. Each person's key worker reviewed their care needs and preferences as part of a weekly key worker report and this information was sent to family members on a regular basis. Senior staff carried out monthly care plan reviews to ensure people's care plans remained current and appropriate to people's individual needs. Throughout our inspection we observed that staff supported people in accordance with their care plans.

Staff told us care plans were important documents and needed to be kept up to date so they remained reflective of people's current needs. One staff member told us, "The care plans are really very good. They give a sense of feeling of who that person is and what support they might need. Obviously there is no substitute for helping to support them as this gives us the real understanding of what they need, but the care plans are really helpful." Care plans had been written in a person centred way which reflected people's individual preferences. Records indicated that a needs assessment for each person was completed regularly to ensure the support being provided was appropriate and remained reflective of their full care needs.

During the inspection we found numerous examples of people being taught daily living skills to promote their independence and increase their social engagement. This included intense support for people to become more confident in different social settings, such as college or work placements. The Adult Development Programme (ADP) was clearly defined in people's records and enabled people to have robust and valuable learning opportunities. It broke vital life skills into easy steps and worked within core themes, which interlinked to provide measurable achievements for people. Staff told us that it ended in a major achievement for the individual person.

The person we spoke with told us this process had helped to change their life. They made and sold popcorn at movie nights and baked cakes for charity events and cooked meals for their friends. Through our discussions with them, it was evident this process placed them at the very centre

Is the service responsive?

of their care, made them feel useful and engaged in something constructive and was based upon something of worth to them. We also found they had moved to the service with extremely high levels of anxiety. An intense programme of life skills development, tailored to their individual needs, was prepared for them. With continual support from caring and understanding staff the person had now developed a close friendship with the other people in the provider services and the staff in the home. They now went out into the community on a daily basis and enjoyed a variety of activities. These achievements had been made possible with the implementation of the ADP.

The service had strong links with resource centres for people with a learning disability and other local organisations. This included a weekly disco and social club, work experience opportunities in a tuck shop and links with a local library. We saw the person who lived in the service enjoyed going shopping and attending the local athletics track to run. They told us they loved to go shopping, visit the provider head office for a chat with the operational manager and spend time with their family. They said they also engaged in a variety of sporting activities of their choice, went bowling with friends and enjoyed eating out in local restaurants. The person was also keen to tell us how they earned their money. For example collecting the towels from each service, washing them and returning them back again. They said, "It gives me something to look forward to and helps me learn to budget and plan." Photographs showed the person really enjoyed these activities with support from staff. They always had a smile on their face in the photographs. Each activity undertaken was based upon people's preferences and was discussed with the person prior to them undertaking the activity. Staff told us by people taking small steps they were supported to work towards bigger and greater achievements.

The provider had its own horse project where people could attend if they wanted to, working to muck out the stables and groom the animals. The idea for the project came from the fact that people told staff they wanted to care for, and look after something. All aspects were set at an appropriate pace for the person and people were given the chance to say if this was something they felt would be of value to

them. We found that people used the different tasks to reduce their anxiety levels, for example, mucking out stables gave the person the opportunity to imagine cleaning out their frustrations and freeing themselves from their anxieties. The project was based upon best practice guidelines for people with autism and was intertwined with the ADP, to work on increasing people's accessibility to new life experiences and accessing a variety of meaningful activities.

Staff told us that dogs caused extreme anxiety for some people whilst in the community. This would often prevent proper access to a full and varied range of activities for them to engage within. In the same way as the horse project had been borne from a desire to give people better access to activities, the dog programme came to be. It commenced with listening activities (dogs barking etc.) and social stories about dogs in general. The pace was then set by the individual to ensure they were confident and relaxed before moving on. The next stage would be to introduce a dog into the garden whilst the person observed from a window. The ultimate aim was to introduce people to taking part in a dog walking scheme. For some people, dog walking had become a regular part of their daily routine and we observed that people were really keen to go out and participate in this activity. Records showed that the ideas for this and the horse project had been fully discussed with people before they came to fruition, so everybody had a chance to give their feedback.

People were aware of the formal complaints procedure in the home, which was displayed within the service in an easy read format. The person who lived in the service told us they had nothing to complain about but that they knew who to speak with if they did. Relatives said the registered manager always listened to their views and addressed any concerns immediately. The registered manager and staff told us they felt they were always visible and approachable which meant that small issues could be dealt with immediately; this was why they had a low rate of complaints. We saw there was an effective complaints system in place which enabled improvements to be made and that the registered manager responded appropriately to any complaints that had been made.



Is the service well-led?

Our findings

The person who lived in the service knew who the registered manager was. Throughout the day we observed that they spoke easily with registered manager and responded with warmth when they saw the registered manager, smiling and feeling able to have a laugh and share a joke. Everybody felt the registered manager led by example, to ensure people received the best support possible. They said that the registered manager commanded respect from their staff team and was passionate and dedicated to their job. They wanted to deliver high quality, person centred care to people who lived with autism, to make sure people had the best experiences in life that they could.

Staff told us the registered manager was very supportive of the people in the service and the staff who worked there. They said the registered manager was good at her job and was experienced, caring and approachable. One member of staff said "It's a great place to work. All the staff work together for the best of people." Another member of staff said "The manager is flexible, always about to ask anything. We never have to worry as we are always supported. That ethos runs through the whole staff team. You can ask anyone anything." Staff commented that the service was well-led, with on-going evaluation of all aspects of care in order to drive improvement. They told us that senior management had a visible presence which helped give them confidence they were doing a good job and made them feel really well supported.

People, relatives and healthcare professionals described the service in really positive and glowing terms. The person who lived in the service told us, "They have helped me to make a difference." They explained how much of a difference the support given had meant to them and said that all the managers were very helpful towards them. Relatives spoke very positively of the registered manager and staff who gave them feedback on a regular basis and worked hard to deliver an open and transparent culture. They considered the service was extremely managed well and provided very high quality care. One healthcare professional said all the staff in the service went the extra mile to make sure good things happened for people. They told us, "They really do care, as a service they are so good." Another healthcare professional said, "I cannot think of anywhere else that gives care in the same way. They really

understand people and their needs and won't stop until they have achieved that." Healthcare professionals considered that by coming to the service, people had been given a second chance. We were told that very often people's previous placements had not worked, and that by coming to the service, this had opened up a new lease of life for people and given them a wealth of opportunities.

The registered manager said the ethos within the service was to provide high quality, person centred care for people living with autism. The registered manager considered they had a really good staff team and that everyone pulled together to ensure the best of everything was given to people. Staff were always willing to help out and learn new skills, because this helped them to provide the best care and support they could to people. The operational manager told us, "We are always looking for ways to improve. We will take on board what your report tells us and anything you identify during the inspection and use it to help us." Records confirmed that advice and input from local authorities, people and their relatives was valued and listened to. Where questionnaires had been completed by people and their relatives, the responses were taken into account. The provider and registered manager were fully committed to ensuring the service continually improved.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner. Staff told us the staff team worked well together which helped them to provide good care for people and enabled them to feel supported within the work environment. They had regular staff meetings which gave them the opportunity to discuss any issues they had, about practice in general or about individual people and enabled staff to share ideas or ways to improve working lives. Staff were able to question the managers and raise concerns if required. Records showed regular staff meetings had been held for all staff. The minutes showed the manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The culture within the service was about open and transparent and focused on maintaining individuality and person centred care for people. Staff were passionate



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about maximising each person's potential and independence. They wanted to equip people with skills for life regardless of whether they remained within the service or eventually moved on.

To help this there was an inclusive culture, where people were involved in the running of the service. An example of this was their involvement in the selection process of new staff. As part of the interview process, shortlisted candidates were required to spend time with people, whose views were then sought. The registered manager told us that people were supported to sit in on interviews, so they could feel reassured that potential new staff were suitable for the service and so new staff could understand what people wanted from them. The person who lived in the service also told us how they helped to provide staff training, speaking with new staff about how they felt, giving them an insight into what it was like to have autism and how best to give them care and support. They considered this enabled staff to receive a very personal insight into their life. Staff said this was a valuable introduction into how people felt and made the training they received all the more beneficial.

People were also supported to become involved in the local community. The service had links with resource centres for people with a learning disability, local leisure facilities and employers who offered work placements. The aim of this was to provide people with a solid foundation for gaining new life skills and to encourage their ongoing learning and development. It was hoped this would enable people to become more independent and possibly move on to live in supported living in the future.

There was a strong vision and set of values for the future of the service, which was clearly outlined within the provider statement of purpose and user guides. The values of the service were reinforced on a frequent basis through staff meetings, supervisions and day to day practice. Staff had the confidence to question their practice, to improve upon it, gain in confidence with on-going support and as a result, feel positive about the work they did. The feeling running amongst staff was that this was not just a job, but a calling, they had a genuine desire to care and support people in the best way they could do.

The registered manager told us they were consistently looking to drive improvement with the support of the provider. Staff were hugely proud of the awards that had been won by the service in the past, which included

Investor in People, Marion Cornick Award for Innovative Practice and Northants Chamber Business Excellence Awards Training and Development Award. In the Provider information Return (PIR) they had detailed their commitment to providing a quality service and having a culture amongst staff which reflected the provider vision. This included them being open to challenge, friendly and caring, with a good attitude. The registered manager told us they wanted staff to, "Go that extra mile." It was evident the registered manager and other senior managers were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure this took place, we saw they worked closely with staff, working in cooperation to achieve good quality care. On-going learning and development by the provider, registered manager and staff meant that people who lived at the service benefitted from new and innovative practice.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager had submitted appropriate notifications to the Care Quality Commission (CQC) in accordance with regulations.

Quality assurance systems were in place and used, along with feedback, to drive future improvement and make changes for the better. We saw there was a programme of regular audits which had been carried out on areas, including health and safety, infection control, catering and medication. There were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits, writing reports and identifying any possible areas for improvement. The provider reviewed all aspects of service delivery, in order to improve the quality of service being provided.

The provider was committed to promoting a person centred ethos for the people it supported. They wanted to ensure that people could develop social, communication and life skills and to make their own life choices. They were supportive of other services and involved in networking to promote best practice and share initiatives. We found they



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were accredited with the British Institute for Learning Disabilities which enabled them to access current information so they could they deliver effective care and support based on best practice. For example, staff used a variety of assessment tools and techniques, they had adapted specially for use with autism, to enable people to achieve their maximum potential in both educational and life skills development. The provider also employed a behaviour coordinator to support people with autism and to train staff in service specific communication. We found that the provider participated in a number of other forums for exchanging information and ideas and providing people with best practice. They attended training seminars and events organised by external training providers and accessed online resources such as the Social Care Information and Learning Service and the Care Quality Commission's website. Alongside this, staff were often asked to support healthcare professionals and undertake external training to share their knowledge and understanding of autism care.

The provider ran a "Staff of the Month" award system, with photographs of each staff member who had previously won, displayed in the boardroom. Each month five staff members were chosen because of their individual qualities, for example, being helpful to colleagues or a good team player. This incentive gained staff an additional £100 in their wages if they were nominated. Staff could also receive a financial benefit for recommending the service as an employer to any of their friends and relatives. Staff also had the ability to work their way through a progression scheme of spine points. This equated to an incremental wage

increase, if they undertook a range of training courses and worked shifts across different units within the provider organisation. The registered manager told us staff often asked to undertake different aspects of work to help them to progress and develop more quickly. This system enabled staff to feel motivated and positive about their work and to gain a wider range of skills and experience within the service.

To further cement a good working relationship within each of its services, the provider presented an award to the service which submitted the best idea for a project to benefit the people who lived there. The winning service was given a sum of money to work towards making this idea come true. Staff and people felt this gave them the ability to work towards making service improvements for people and to creating something really special, which really mattered to them.

The service was forward thinking and responded well to any anticipated future needs for people. There was an ethos of continual development and senior managers were open to suggestions from people, relatives, staff and health professionals who were involved in the service. We were told, "We want to get better, to continue to look after these brilliant people and give them the very best that we can." All resources were used effectively to ensure care could be delivered in a high quality manner. Staff focus remained on how they could continue to improve, so they could be the best they could and to enable people to have the best quality of life possible.