Options Autism (2) Limited

Options Watermill House

Inspection report

Options Autism (2) Limited.
Watermill House
Inspection report
Common Road
Wressle
Brigg
DN20 0DA

Tel: 01652 652147
Website: www.optionsgroup.co.uk

Date of inspection visit: 5 and 10 November 2015
Date of publication: 27/01/2016

Ratings

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

Overall summary

This inspection took place on 5 and 10 November 2015 and the inspection was unannounced, which meant the registered provider did not know we would be visiting the service. The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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. There was a manager registered with the Care Quality Commission (CQC); they had been registered since December 2010. At the last inspection on 28 October 2013, the registered provider was compliant with all the regulations we assessed.

Summary of findings

Watermill House is a care service providing accommodation and personal care for up to ten younger adults with a learning disability, autistic spectrum disorder and associated complex needs. Many people the service supports had previously challenged traditional services and require bespoke and flexible support packages. There were nine people living at the service on the day of our inspection. Watermill House consists of two separate units, the house and the bungalow.

Within the main house, people who used the service had their own en-suite bedrooms and quiet spaces, which they were encouraged and supported to personalise. They also had shared access to a kitchen, lounges and dining facilities. A fully equipped single occupancy flat was also available within the main house, with bedroom, en-suite bathroom and kitchen diner. The bungalow was divided into four independent high-quality single occupancy flats; each had a bedroom, en-suite bathroom and kitchen. This meant that people who used the service had the opportunity to practice their independence skills and develop these with a view to moving to more independent living at a future date, should they wish to do so.

Every unit has access to a patio or garden area. People who used the service had access to the other facilities on site which included; a sports hall, an activity barn, a woodland area, sensory room, computer room, external gardening, hydrotherapy pool and specialist outdoor activity equipment.

Positive risk taking was driven throughout the organisation, balancing the potential benefits and risks of choosing particular actions over others, in order to support people to live lives in as ordinary a way as possible. In delivering this consistent approach people were supported to try new things and make changes in their lives. The registered provider, the registered manager and staff had an excellent understanding of managing risks and supported people that had previously challenged services to reach their full potential.

An outstanding feature of Watermill House was the time spent developing the service to accommodate the changing needs of the people who used the service, using innovative and flexible ways to support people to move forward. The registered provider was seen to constantly adapt and strive to ensure people who used the service were able to achieve their full potential. Over a period of time we have seen people be supported to progress and their environments adapted and developed to promote more independent living.

We found personalised programmes and flexible staffing enabled people to learn to live fulfilled and meaningful lives. Staff were skilled at ensuring people were safe whilst encouraging them to stretch their potential and achieve as much independence as possible. This was based on the philosophy of the organisation 'fitting a service around you, not fitting you within a service'. The registered manager and team demonstrated passion and commitment to providing the best care possible for people, celebrating individual's personal achievements with them.

There was a strong person-centred culture apparent within the service. Person centred means care is tailored to meet the needs and aspirations of each individual. Care records showed people's individual needs were continually reviewed and both they and their families were consulted and involved in these. Relatives confirmed their family members were also included in decisions and discussions about their care and treatment.

Staff described working together as a team, how they were dedicated to providing person-centred care and helping people to achieve their potential. Staff told us the registered manager had strong leadership qualities, led by example, promoted an 'open door policy' and was visible within the service, making themselves accessible to all. They told us the registered manager had strong values in promoting the delivery of best practice.

We observed staff treated people with respect and dignity and it was clear they knew people's needs well.

We found staff were recruited in a safe way; all checks were in place before they started work and they received an in-depth comprehensive induction. There were sufficient staff on duty to meet people's health and welfare needs.

The registered manager ensured staff had a clear understanding of people's support needs whilst recognising their individual qualities and attributes. Staff had the skills and knowledge to meet people's needs. They received training and support to equip them with

Summary of findings

the skills and knowledge required to support the people who used the service. Training was based on best practice and guidance, so staff were provided with the most current information to support them in their work.

Thorough systems were in place to protect people from the risk of harm or abuse. People lived in a safe environment that had been designed and adapted to meet their specific needs. Staff made sure risk assessments were carried out and took steps to minimise risks without taking away people's right to make decisions.

Staff had received training in dealing with concerns and complaints and knew how to report any concerns. There was a clear complaints procedure in place which was also available in pictorial format.

Medicines were ordered, stored, administered or disposed of safely. Personalised support plans had been developed to ensure people received their medicines in line with their preferences.

We saw people had assessments of their needs and care was planned and delivered in a person-centred way. Throughout our inspection we saw the service had creative ways of ensuring people led fulfilling lives and they were supported to make choices and have control of their lives.

People participated in a range of personal development programmes. Individual programmes were designed to provide both familiar and new experiences for people and the opportunity to develop new skills. People who used the service accessed a range of community facilities and completed activities within the service. A vocational life skills supporter had been appointed to promote further structured activities based on individual need and preferences. People were encouraged to follow and develop social interests and be active and healthy.

People's nutritional needs were well met and they had access to a range of professionals in the community for advice, treatment and support. Staff monitored people's health and wellbeing and responded quickly to any concerns. We observed staff treated people with dignity and respect and it was clear they knew people well and their preferences for how they wished to be supported.

Care plans had been developed to provide guidance for staff to support in the positive management of behaviours that may challenge the service and others. This was based on least restrictive best practice guidance to support people's safety. The guidance supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. Staff were very highly motivated and proud of the service. The service had developed and sustained effective links with organisations that helped them develop best practice in the service.

The registered manager used effective systems to continually monitor the quality of the service and had ongoing plans for improving the service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm because the registered provider had systems in place to manage risks. Medicines were managed safely and recruitment procedures ensured the employment of suitable staff.

There were sufficient numbers of staff, with the right competencies, skills and experience available at all times to meet the needs of the people who used the service.

People were safeguarded from harm or abuse. The registered provider had an effective system to manage accidents and incidents and learn from these so they were less likely to happen again.

Is the service effective?

Outstanding

The service was outstanding in ensuring people received effective care and support.

People received creative and person centred care and support that was based on their needs and wishes from a team of well-skilled staff. We found the service was meeting the requirements of the Deprivation of Liberties Safeguards [DoLS]. Staff we spoke with understood how to protect the rights of people who had limited capacity to make decisions for themselves. People were supported to be involved in decisions about their care and treatment using communication systems that were appropriate to their needs.

Staff were highly skilled in meeting people's needs and received ongoing support from the registered manager through regular supervision and training. Mandatory and specialist training was based on best practice and guidance, so staff were provided with the most current information to support them in their work.

The environment had been developed and re-arranged in line with people's changing needs to provide positive living, learning and social experiences. There were extensive facilities on site to support people's care, therapy and leisure needs and where they were able to practice and develop their independence skills to live independently.

Is the service caring?

Good

The service provided creative and person centred care and support based on people's individual needs and wishes.

Staff were enthusiastic, well-motivated and committed to supporting people to achieve their potential. Professionals told us the service had a 'brilliant' staff team who were knowledgeable and skilled in meeting people's needs.

People who used the service were supported to maintain important relationships and encouraged and enabled to express their views and have their voices heard.

Staff were observed as caring, respectful and considerate when supporting people who used the service. People were supported to remain healthy and active.

Summary of findings

Is the service responsive?

Outstanding

The service was outstanding in responding to people's needs. Care was person-centred and was based around people's individual needs and aspirations. People and their relatives were involved in all aspects of their care and were supported to live their lives in the way they wanted to. They were supported to make choices and have control of their lives and were encouraged to take part in chosen activities.

Staff understood individual's complex communication needs because detailed information was available to them that described and detailed each aspect of each person's communication and its purpose. This ensured people were supported to achieve their goals and increasing independence.

The service was flexible and staff responded quickly to people's changing needs. Care and support needs were kept under review and staff responded quickly when people's needs changed.

Visitors were made welcome at the service and facilities were provided on site for them to stay and spend time with their family member.

Is the service well-led?

Outstanding

The leadership, management and governance of the service, was outstanding and assured the delivery of high-quality, person-centred care which supported learning and innovation.

The culture of the organisation was honest, open and inclusive, which enabled staff to raise concerns. There was a range of methods for staff to be included in the development of the service and to express their views.

Staff were well-motivated, worked together as a team and dedicated to providing person-centred care and supporting people to achieve their potential. National guidance in supporting people with a learning disability and autistic spectrum disorder was promoted.

The service worked in partnership with key organisations including specialist health and social care professionals. They provided training for community based services in order to promote understanding and inclusion. This enabled professionals to work effectively with people who used the service to meet their health care needs.

Options Watermill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

The inspection took place on 5 and 10 November 2015 and was unannounced. The inspection team consisted of two adult social care inspectors on the first day of the inspection and one adult social care inspector on the second day.

We did not request a Provider Information Return (PIR) prior to the inspection.

Prior to the inspection, we spoke with the local authority contracts and performance team about their views of the service and received a report they completed of their last visit to the service; no concerns were raised. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us. We spoke with the relatives of two people who used the service and two professionals, the registered manager, the deputy manager, a house manager, the PRICE [Protecting Rights in a Caring Environment] co-ordinator, the vocational life skills supporter and three support staff.

The care files for three people who used the service were looked at. We reviewed how the service used the Mental Capacity Act 2005. Other documents we looked at included documents relating to the management and running of the service. These were four staff recruitment files, supervision and training records, the staff rota, menus, minutes of meetings with staff and those with people who used the service, quality assurance audits, and maintenance and equipment records. We also reviewed records of complaints, accidents and incidents and medication administration.

Good

Is the service safe?

Our findings

Relatives told us they felt their family member was safe and comments included, “We have no reservations about his safety. We can check all records at any time such as financial transaction sheets. Similarly we can pull care plans or incident records at any time. The evidence is there to show that all safeguarding routes are followed and we are always informed of any incident and what the service is going to do following this.” Another relative said, “Of course they are safe. We get told about absolutely everything; staff are open and honest with us and you can see how happy he is there.” Other comments included, “When we visit it is always spotless.”

Professionals told us, “I have always been very impressed with the service. The people who use the service have very complex needs and the staff are skilled and knowledgeable and fully promote people’s independence.”

The registered provider had detailed policies and procedures in place to direct staff in safeguarding vulnerable people from harm or abuse and whistleblowing procedures. As well as the services and local authority safeguarding tools, an additional ‘cause for concern form’ was also in place. This form was available for use by both people who used the service and for the staff team and was available in both written and other suitable formats. It was used to share any concerns they may have, for example, staff practice. These forms were then submitted to the registered manager or other senior manager who would review the information and take appropriate action where this may be required. We saw that any ‘cause for concern’ raised was taken seriously and promptly investigated. Policies and procedures were on display throughout the service and available in easy read format.

Staff we spoke with told us they had received safeguarding training and received regular updates. They described to us how they safeguarded people from the risk of abuse and the different types of abuse and the action they would take to report concerns. The registered manager had received safeguarding training and we saw they had followed policies and procedures when reporting incidents. We found that when the local authority safeguarding team had asked the registered manager to investigate areas of concern, an independent manager was used for the investigation process and these had been completed appropriately and in a timely way.

The registered provider followed robust recruitment and selection processes to ensure staff were safe and suitable to work with vulnerable people. We looked at the recruitment files for four staff and saw appropriate checks were completed before staff started work. Staff files seen contained evidence that pre-employment checks had been completed and included written references, evidence of the applicant’s identity and Disclosure and Barring Service clearance (DBS).

There was enough staff on duty to meet people’s needs and provide personalised care and support with activities. Staffing levels were determined and provided in line with individuals assessed needs, with some people receiving one to one or two to one levels of staff support at different times of the day. During discussions with staff, they told us they felt there were sufficient numbers of staff on duty to meet people’s assessed needs and with activities. One person told us, “There is always plenty of staff on duty and we all work together to support the people here in the way they want to be. If we need additional support or assistance, we are able to request this and it will be provided.”

We observed staff were always present in communal areas and when people spent time in their private areas, staff were either with them or checked them regularly. We saw staff responded quickly to people’s requests in a kind and caring way.

The registered provider’s risk management policies and procedures promoted the ethos of supporting people to have as much freedom and choice in their lives as possible. Staff we spoke with told us they understood people needed to be exposed to some risks as part of their development, as long as it was planned for and they were not put at unacceptable risk. They gave examples of where, although it may not be appropriate for people to go out independently, with appropriate risk assessments in place and staffing levels they could be supported and enabled to go out to do their own food shopping.

Care files seen contained assessments of risk for all areas where a need had been identified. These included: accessing the community, travel, taking medication and behaviours that may challenge the service or others. Risk assessments were developed with people and their representatives and identified any risks; they showed how people had been supported to reduce these risks. These were reviewed and updated as needed and changes were

Good

Is the service safe?

discussed with the person involved. Relatives confirmed they were also involved in this process. One relative told us, "He has structured boundaries in place and allowances are made for his autism, but he has an active part in society."

The registered manager reported back to the registered provider on all accidents, incidents and interventions. These reports were analysed by senior management in order to identify any emerging trends and patterns and to determine if least restrictive practice had been implemented. This ensured any learning was identified and adjustments made to minimise the risk of the incident or accident occurring again. Where any additional actions were identified as being required to reduce risks, we saw action was taken.

We saw medicines were well-managed and people received their medicines as prescribed. Records showed, and staff told us, they were trained to administer medication in a safe way and their skills were regularly reassessed by the deputy manager on a regular basis. Staff described how medicines were ordered, stored, administered and disposed of in line with national guidance on the safe use of medicines. Support was received by the local pharmacy, which dispensed people's medicines into a monitored dosage system. Records showed that a full audit of medicines, including people's Medication Administration Records [MARs], were audited each week. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacy. People's support plans gave information about what medicines they took, why they took them, what side effects to look out for and how they liked to take them.

The registered manager described the procedures in place for dealing with foreseeable emergencies. Each person who used the service had a 'disaster planning consent form' which identified where they would be accommodated in the short term whilst alternative arrangements were made within the wider organisation. Watermill House is one location which is part of a large organisation. There are other locations situated a short distance away and their facilities could be used on a temporary basis.

A fire safety policy and procedure was in place, which clearly outlined the action that should be taken in the event of a fire. Individual fire safety risk assessments had been carried out and care plans identified how people would be evacuated in the event of a fire. Designated first aiders and first aid boxes were also available throughout the service.

Outstanding ☆

Is the service effective?

Our findings

Relatives told us they had confidence in the staff team and felt they were well-skilled. One relative told us, "I have every confidence in the staff, they are great. I am particularly reassured by the clinical support and multi-disciplinary approach used in my relative's care." Others told us, "I am very happy with the care package provided, I can step back knowing that staff will communicate and discuss things with us if they need to" and "The autism training and support new members of staff get to observe experienced staff and develop their skills, is excellent."

Professionals who visited the service told us, "They are always very well-organised, so if any type of medical intervention needs to be carried out, a best interests meeting will be held and we will discuss how the person can be supported effectively, by both the medical practitioners and staff throughout." Another told us, "The staff are very skilled at recognising any untoward symptoms which may indicate people are unwell and get in touch with us quickly. They work with us to ensure people can be effectively supported during any medical appointments. Staff are extremely knowledgeable about the people they support."

People received an outstanding level of effective care based on current best practice for people with autism. The service was accredited by the National Autistic Society, employed a behavioural specialist in autism to train staff and participated in a wide variety of forums to exchange information and best practice. Every effort was made to assist people to be involved in and understand decisions about their care and support. This greatly enhanced people's self-esteem, quality of life and confidence.

For example one person who found it difficult to allow people into his flat and who became anxious about visits, was enabled to express to staff that he wanted to see his family, but would prefer to meet with them in the log cabin. This was a fully equipped building in the grounds of the service which was used in different ways. Relatives who lived further away could book the log cabin, to spend quality time with their relative, or to use it as a base. It could also be used to facilitate family visits or be used to share a meal together.

Once this had been discussed with their relatives and introduced, they found visits were more relaxed and enjoyable for all parties involved. The person involved then felt confident to get up and return to their flat, finishing their visit when they wanted to, rather than having to wait for his family to leave.

The registered manager explained to us how they would constantly strive to find ways of working effectively with people to promote their personal growth and independence. They gave an example of a vocational life skills supporter [VLSS] having been appointed within the service following an increase in incidents of challenging behaviour from one person demonstrating their reluctance to access off-site activities. Following the appointment of the VLSS, the person had only declined to attend one session over a six-month period. In addition to this, they had also positively engaged in other off-site community based activities, including eating out, doing their personal shopping and engaging in activities with their peers. They were also working towards accredited qualifications within these sessions. This strategy had been very successful in enabling the person to access community activities.

The VLSS appointed had previously worked within the service and knew each person well. Having the knowledge of each individual, he was able to structure and plan activities based on their personal preferences. If people declined to attend activities when this was offered, the VLSS would return later and ask again. We observed during the inspection that this approach had been successful and people were approaching him to ask when their activity session was, with him responding kindly to them and reminding them of the time of their next session. People were offered a choice of activities and those people without verbal communication were offered boxes of different equipment for example; woodworking tools, musical instruments and art materials, so they could make their preferences known.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was aware of their responsibilities in relation to DoLS and authorisations were in place for each of the people who use the service. The registered manager had

notified the CQC of the outcome of the DoLS applications. This enabled us to follow up the DoLS and discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practice was being followed.

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 procedures for this in care homes are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered provider had appropriately submitted applications to the 'Supervisory Body' for authority to deprive people of their liberty and authorisation documentation was in place for each of the nine people who used the service.

An example of this involved an authorisation being put in place for one person to have their medication administered covertly. The prescribed medicine was not available in a syrup or alternative form and the person would only take it with yoghurt. As the individual progressed they began to take their medication, followed by a spoonful of yoghurt, which meant their medicine no longer had to be administered in a 'covert' way and the authorisation could be removed.

Staff had received training in the Mental Capacity Act 2005 [MCA] and they were clear about how they gained consent to care and support prior to carrying out tasks with people who used the service. Staff said, "Everyone has had capacity assessments and information about this is in their care files. If a decision needs to be made and the person is considered not to have capacity, a best interest meeting will be planned to discuss the issue" and "Everyone here is able to express their views about day to day decisions, whether they would prefer a bath or a shower and what activities they would like to do, but we always ask. One person had a specialist bath fitted because they preferred a bath to a shower." Staff told us, "We know people well and are aware of how they communicate. Some people use pictorial formats whilst others use gestures or show us what they want."

Staff told us about the innovative communication support plans that were in place, a creative and person – centred approach making life easier for the people who used the service. This information informed staff of how each individual communicated and detailed their role in promoting effective communication. In addition, staff were able to show us files they had developed with people to further promote and enable choice.

We observed staff working with people in different ways throughout our inspection and saw they were patient and conscientious in their approach. Each individual was seen to use different ways of communicating and it was clear from staff practice they knew what these were for each person.

The registered manager told us how this creative and person centred approach had supported people to understand and cope with their feelings better.. An example was given for one young man who had previously used his behaviour to express his needs which often had created challenges, particularly at staff handovers. He needed to know which staff were on duty, where staff would be working and what time they would be going home. The clinical team had worked alongside staff and the individual to develop a communication support plan which reassured him that new staff were his 'friend'. The introduction and use of other communication tools offered further reassurances to him about when things were going to happen.

During our inspection, we saw this guidance was followed, the visiting inspector was introduced to him as 'our friend'. We observed staff working with the individual and saw they were able to recognise the signs he used and facial expressions to ask lots of questions so he knew exactly what was happening around the unit. In doing so he was able to communicate effectively with staff and seek reassurance without the need to use behaviour to express his anxieties. This effective approach to communication had led to his medicines being reduced to a minimal level for the first time in his life.

We saw there were records of assessments under MCA and best interest meetings had been held when people were assessed as lacking capacity. People were involved as far as possible in all decisions about their care and treatment. Family members were also involved to provide support and advocacy where more complex decisions needed to be made. Other health care professionals and agencies were also involved where appropriate. A relative told us of their involvement where a best interest meeting had been held for a medical intervention their relative needed. They told

Is the service effective?

us, "During the meeting, we discussed the other things that caused him anxiety and following this we were able to plan for him to have his hair and nails cut and teeth examined at the same time as the required medical procedure, which meant he only needed to be sedated on one occasion."

Care files looked at contained clear guidance for staff in how to meet people's assessed health needs. People were supported to attend health appointments, for example, doctors, dentists and opticians. Where there was difficulty with supporting people in accessing community services, professionals liaised with staff to provide private consultations at Watermill House to ensure people's health needs were met. Each person had a personalised health action plan in place, which detailed their specific health needs and provided guidance for staff about how to monitor and improve people's health. Staff worked closely with other professionals in order to effectively support people's health needs, for example with epilepsy liaison nurses.

People's nutritional needs were assessed prior to admission. Care records contained risk assessments, food preferences, likes and dislikes and the level of support each individual required. We saw where one person's needs had changed, appropriate referrals had quickly been made to a speech and language therapist and their advice acted on. This supported the person to continue to go out for a burger, following guidelines being put in place to enable this to be done safely.

A speech and language therapist and psychologist were employed by the organisation and were available for support and advice when this was required. These health care professionals worked with the individual, staff and other professionals to develop and implement support plans, risk assessments and positive behavioural support plans when needed. For example, when accidents and incident reports identified any increased frequency or trends, professionals were available to visit the service and spend time carrying out observations of the individual involved. Their observations were then discussed at the multi-disciplinary meetings and the person's personal care plan and risk assessments reviewed with the individual and the staff supporting them. The professionals would consider whether staff required further training and development or support with work practices in order to maintain a positive behaviour support approach. Where this was identified, mentoring and shaping of best practice was be provided to the staff team in the form of practical workshops based on the specific behavioural support needs of the individual in order to support both the individual and the staff group.

We looked at training records and saw that staff had access to a range of training which included; safeguarding, food hygiene, first aid, infection control and health and safety. Newly appointed members of staff praised the level of induction, training and support invested in them to prepare them for the role expected of them. Alongside the training, they were also able to 'shadow' more experienced staff, observing their practices, whilst having the opportunity to develop relationships with the people who used the service. One person commented, "I have never known training like it; face to face, workbooks to complete based on the skills you are practicing, the opportunity to work with more experienced staff - it is great."

Other training included; autism, epilepsy, DoLS and MCA. Further service specific training was provided in least restrictive practice interventions and behaviour management strategies. These included autism specific training and protecting rights in a caring environment, which were British Institute for Learning Disabilities [BILD] accredited. Training was further supported by in-house trainers and co-ordinators who were available for advice and support.

All new staff were expected to complete the foundation for knowledge level 2 Diploma in Health and Social Care. We saw from training records all staff were also expected to complete refresher training annually and two days PRICE [Protecting Rights in a Caring Environment].

Watermill House's environment had been redeveloped from one main house to a house and bungalow. This recognised the needs of people who used the service had changed and they were beginning to outgrow the previous environment. The re-provision of the accommodation ensured people who used the service either lived in their own self-contained flat, or had their own bedroom with en-suite facilities and a quiet area for them to access, should they wish to spend time on their own. Further communal areas were also available including lounges, a conservatory, kitchen and dining room.

This re-provision encouraged positive learning opportunities for people and, where they were able, to practice and develop skills they would need to live more

Outstanding ☆

Is the service effective?

independently. During the inspection we saw people involved in meal preparation; they were supported by staff at their own level of ability. Other people were seen going out for meals in the local community and being involved in shopping for food. Another person was seen enjoying lunch with their relative following their review.

Each flat was personalised and reflected people's personal taste. Staff told us people had been involved in choosing the colours of their environments and had been involved in shopping for soft furnishings. We saw that individual needs had been considered and adaptations made. For example, some people had blinds that were fixed with the window unit and were controlled by a magnet as they were unable to tolerate curtains. Another person had been provided with a soft play area in their room and a specialist bath fitted, as they preferred a bath to a shower. Rooms were personalised in line with individual's preferences, including photographs, pictures, personal belongings and toys.

The service had strong links with specialist schools supporting people with the transition into adult services. People who used the service were also enabled to use local leisure facilities, again this involved staff assessing the different venues and liaising with leisure facilities staff to ensure the most appropriate opportunities could be offered.

Good

Is the service caring?

Our findings

Relatives we spoke with told us, “At first it was so difficult for him and his anxiety levels were such that they could not leave the premises. But by the sheer dedication of everyone involved, careful planning and taking planned ‘risks’ he was introduced slowly to trips out in the car and short walks. This has led to him now having a full range of interesting activities, trips and holidays, you wouldn’t believe the difference in his quality of life.” Others told us, “His key worker is fantastic, they are receptive to all ideas and they ensure our family traditions are followed for example, a cooked breakfast on his birthday” and “He is happy here. We can visit whenever we want to and no one is fazed if we just turn up unannounced.”

Relatives told us they were consulted in all aspects of people’s care and support needs and their recommendations were implemented. One relative told us, “This is the first time ever I am taking my mum on holiday out of the country – she would never have done this before. That in itself speaks volumes.”

External professionals spoken with said, “The staff know people very well and have very good relationships with them. Although the people have very complex needs, they are all seen as individuals and their individual qualities recognised.”

Personalised programmes and flexible staffing arrangements enabled people to learn to live as independently as possible with the minimum of support. This was based on the philosophy of the organisation ‘fitting a service around you, not fitting you within a service’.

We saw the service had a strong commitment to person-centred planning in line with the government’s ‘Autism Strategy’ and the ‘personalisation agenda’. Each person who used the service was supported to take an active role in developing their individualised programmes of care and personal development to ensure their needs were met and their individual preferences for care were respected.

Staff were trained to use a person-centred approach to support and enable people to develop their individual plans. We observed staff to be well-motivated and they interacted well with the people who used the service, consulting with them about all aspects of their daily life. Staff discussed their planned activities with them and established what they wanted to do and when they wanted to do it.

The plans in place consisted of accessing a range of activities, which were based on accredited life skills achievement awards. These ranged from making toast to literacy skills. On-site facilities included a specially modified gym, hydrotherapy pool, and multi-sensory room, activity room and activity barn. People accessed planned activities both on-site and within the local community, for example, music, computing, gardening, cookery and independence skills. A VLSS and the flexibility of staffing arrangements and availability of company or privately owned vehicles ensured people were able to access the local community. This included swimming, trips out to the coast, meeting up with family and friends for lunch, pursuing hobbies and interests and doing personal shopping.

The registered provider used person-centred plans and good practice tools to support and involve people to make decisions and to help people set their own goals and objectives. These tools helped people to highlight what was important to them and identify any barriers they faced in achieving their aspirations. People were encouraged to identify family, friends and others who were important to them. We saw care records contained detailed information for staff about how people wished to be treated and how they preferred to be supported, so their dignity was respected. Care records showed that people who used the service and their relatives were involved in assessments and plans of care.

Staff showed us files that had been developed with people to involve them in the decision making process. For example, photographs were taken of different activities and from these the staff could discuss and record how people had participated in them and how they had responded when the picture was shown to them. This process continued on a regular basis to identify pictures they preferred and selected over a period of time to identify their preferences. This information was fed back into their care reviews.

An example given by the registered manager of inclusion in decisions involved people who had their own vehicles. Following best interest decisions having being made in respect of financial implications and the type of vehicle

Good

Is the service caring?

which would be best placed to accommodate people's individual needs. Staff brought in brochures for people and charts of the colours available, for people to make their choices. People who used the service very quickly identified their vehicles and when going out would approach their own vehicle. This also reduced behavioural incidents involving the use of vehicles.

Another example included a young man, where staff used to ring up the restaurant they had planned to visit and pre order his meal and dessert as he was unable to tolerate waiting of any kind. Gradually over a period of time, they were then able to pre order only the main course in advance and order his dessert when they arrived at the restaurant. They told us they were now able to take the person out for a meal where he would order his meal on arrival and wait for it to be prepared for him. Care plans records reflected these achievements. This meant the person was now being more involved in enjoying the 'eating out' experience rather than focussing on their routines.

Care records were available in pictorial and easy to read formats. Staff confirmed they read care plans and more experienced staff had a keyworker role with specific people. Keyworkers told us they were involved in reviews and met with people who used the service prior to their reviews, to discuss what they wanted to talk about, who they wanted to attend and what they wanted to change. Where people were unable to express their view verbally, other communication systems were used in order for them to express their preferences. Records showed that these preparations had taken place with the person and their core staff prior to reviews and person-centred care plan reviews being held.

Information about advocates was displayed in the service and we saw they had been involved in supporting people to make decisions about their care and treatment.

All of the staff spoken with had an in depth understanding of each person who used the service, their personalities, their aspirations, their particular interests, how they communicated and expressed themselves, their strengths and qualities and the areas they needed support with. During discussion, staff were able to describe people's qualities and their achievements, celebrating their successes with them. For example, one person who had previously displayed challenging behaviours to themselves, others and their environment had experienced anxieties to such a level they were unable to go out. The same person was now supported to live in their own fully equipped flat, they enjoyed trips out and outings with their family when they visited. As a result of the consistency of support from staff, they now enjoyed a better quality of life and have developed more interests and hobbies. They have developed their own methods of communication which staff understood and responded well to. Incidents of behaviour had decreased dramatically and their psychiatrist has recently reviewed and reduced their medication to a minimal low dose level. Initially the person had found the changes to their medication difficult to understand because of the complexity of their behaviours associated with routines. Staff supported them through this process by reminding them they had their medication at five o'clock and using distraction techniques asking them to help them with 'important jobs' and errands; these approaches worked well and helped them overcome their anxieties.

Staff and relatives told us families were welcome to visit at any time and they regularly telephoned or used social media to keep in touch. Relatives confirmed this.

The registered manager gave an example of how they supported a person who used the service to meet up regularly with their relative for lunch. Relatives who lived further away could book a fully equipped log cabin in the grounds of the service, to spend quality time with their relative, or to use as a base. This could also be used to facilitate family visits or be used to share a meal together.

Outstanding ☆

Is the service responsive?

Our findings

Relatives spoken with told us they and their family member were involved in the development and review of their care plans. One person told us, "We are always invited to all of his meetings and we know things are put in place following these because staff communicate with us regularly and tell us what he is doing" and "We know he is happy here and the relationship he has with staff is like that of an extended family." They also said, "The staff see him as a person and his support plans are linked to positive behaviour support plans and are very person-centred; everything is shared with the family."

Relatives told us they were able to visit or ring at any time and were encouraged to do so. They told us staff were willing to support them to take their relative out or on holiday if they wanted this. Further comments were made about how their family member was always happy to return to the service and the greetings they received from their peers on their return. Other relatives told us of how staff continued to support them during home visits, where they were able to call on staff for advice and support or cut short the visit if this was needed. Relatives confirmed they were also invited to the 'inclusive day' and any fundraising events. One relative, during discussion, shared with us they would be willing to speak to new staff about their experiences as a family. We passed this information on to the registered manager, who in turn shared it at the senior management group meeting. Although relatives were already involved in this process, senior management wanted all parties to be given the opportunity to become involved and had written to relatives asking them to express their interest, so they could be involved.

Staff told us about the 'inclusive initiative' the organisation promoted, which involved staff and people who used the service working together to promote inclusion and activities. Although the people who used the service did not attend meetings at the time of our inspection, they attended events organised by the inclusive group and hosted their own events. The vocational life skills supporter [VLSS] liaised with people who used the service to plan for these and accommodate individual preferences. Recent events had included a Halloween party and a trip to the coast where they had hired beach huts and enjoyed fish and chips and other activities. They had also started work on planning a winter wonderland in the activity barn and a visit to a local theme park to enjoy the Christmas display. When some people first came to live at the service, they were unable to tolerate Christmas decorations and trees. As they had developed further, most people participated and enjoyed decorating and having their own Christmas tree in their private areas or were now able to accept Christmas displays in communal areas. People who used the service were also jointly involved in making a nativity scene in their art and crafts sessions along with personalised birthday and Christmas cards.

All community based activities were risk assessed according to need and planned for to ensure people were given the opportunity to engage in interesting and exciting activities of their choosing. Staff worked together to 'think outside of the box' and develop innovative ways of working to support and enable them to be actively involved in their local communities. One member of staff had been nominated by his peers for 'employee of the quarter' for his enthusiasm in supporting people who used the service with walking activities.

We saw people went on exciting trips and experienced adventurous holidays. These had been planned carefully by staff based on people's preferences. Staff spent time considering people's needs and ensuring they were able to access suitable accommodation. Activities were planned for and risk assessed with alternatives considered and incorporated into plans, should the person they were accompanying decide they didn't want to participate in the first planned activity on the day. Plans for the holiday were developed with the people who used the service.

People who in previous placements had not been given the opportunity to have a holiday, now enjoyed trips they found exciting. For example, one person with a keen interest in trains had enjoyed outings to the railway museum and on a steam train. Another person had enjoying a more adventurous walking holiday in the peak district, tailored to their individual needs and interests. During a recent holiday staff had called the service to inform them they would be late back as the person they were supporting had asked if they could stay longer as he was enjoying the activities so much. The same person previously had been very reluctant to participate in holidays of any kind. One person who had always previously accessed specialist holidays, now enjoyed holidays at Centre Parcs. This approach ensured people accessed holidays they enjoyed and engaged in.

Outstanding ☆

Is the service responsive?

Staff we spoke with described how due consideration had to be given to the holiday experience for each person, based on their individual needs, They gave examples where for one person a holiday away from the service was too traumatic. Staff told us they had worked closely with the person to provide planned day trips over a period of time, which they found the person accepted and was happy to participate in. Records showed how the person had been supported to choose the destination and who to go with.

People were supported in all aspects of their lives in order to promote their independence. This involved any area of need they hoped to develop, for example; from being able to make a cup of tea independently to using public transport.

The registered provider also held a fun day on an annual basis, to raise awareness as well as enjoying a day of fun and games. The 'inclusive day' was supported by the local community and external companies supported them through sponsorship or offering preferential rates. External groups were invited to participate and have stalls at the 'inclusive day'.

This year the inclusive group had been involved in a week of events to mark Autism Awareness in April; they raised £370.00 and donated this to their local National Autism Society [NAS] in Hull. The inclusive group were actively involved within the local community, often using local venues for their fundraising events, for example, coffee mornings and participation in the local Winterton show's float parade.

We reviewed the care records for four people and found them to be very person-centred; they detailed the levels of support each person required. Individual's personalities and personal qualities, as well as their likes and dislikes had been recorded and responded to by supporting people to achieve new targets and live life to their fullest ability.

The staff responded well to people's behavioural needs. We saw care plans contained detailed information of how staff could best support people in all aspects of their identified care, based on the principles of positive behaviour support. A care plan document supported people's identified assessed needs and provided clear information for staff under three headings; prioritised skills, abilities and areas of development. They also detailed how they would work on areas of development including positive risk taking and the expected outcomes and how these would be reported on. Further detailed information was included in people's sensory support profile, which explained people's sensory experiences associated with their condition, what this meant for them and what support they needed to manage this.

Staff spoken with told us that following any incident or accident a de-brief always took place and discussions were held at handovers, staff meetings and team meetings to identify triggers and how they could reduce the risk of any further reoccurrences. They told us they met with the PRICE co-ordinator [protecting rights in a caring environment] to review any incidents and reflect on their practices.

An example of a situation was given by staff, where one of the people who used the service had started to target staff in an aggressive way. There were no apparent obvious triggers and the frequency of the behaviour was increasing. The PRICE co-ordinator had spent time with staff observing staff practice on each shift. From their observations they were able to identify that both staff teams were working slightly differently in their approach towards the individual. Once this had been established, they were able to work with both teams to ensure that a common and consistent approach was promoted by staff. Following this, incidents were seen to have reduced dramatically.

Staff gave examples of how different supermarkets in the local community had all been visited by staff to establish which would be most suitable for each of the people they supported. For example, one person who used the service needed wide aisles, while other people found bright lights or loud noises difficult to tolerate. Each supermarket had been risk assessed, taking into consideration people's needs and preferences, before beginning to introduce them to these. This meant that people were able to participate in both their personal and food shopping in the community.

We saw each care record had a section called, 'All about me'. This provided staff with a summary about the person they were supporting including: communication methods, diagnoses, allergies, family and friend's birthdays and special anniversaries, their family pets, fears, qualities and passions. Each care plan was person-centred and identified clearly what each area was aiming to achieve and the steps staff should take to support the individual with this, in line with their personal preferences.

Assessments and risk assessments were seen to be reviewed on a regular basis. When changes had been

Outstanding ☆

Is the service responsive?

identified, records were updated to reflect this. We saw daily diary records were kept for each person, which were well documented using appropriate language and terminology.

Staff we spoke with were able to describe people's life histories and understood each person well. They told us the care plans gave them detailed information about the person and the systems in place supported the individual to celebrate their achievements.

We saw a handover record was maintained during each shift. The contents of this were shared with the staff team during handover at each shift change. From this, staff could see how each person who used the service had been throughout the day and night. This meant people who used the service received care that was relevant to their needs at that time.

People who used the service had the opportunity to access a variety of different activities; some of these were structured or educational, while others were in place to pursue hobbies and interests or for relaxation. Rather than a structured weekly plan being in place for the service, each person had a personalised activity plan based on their personal preferences and aspirations and identified sessions with the service VLSS.

The registered provider had a complaints policy in place which was displayed in pictorial format within the service in a pictorial format. Each person who used the service had a copy of this in their flat. We reviewed the complaints file and saw there was a review of complaints and how they were managed and responded to. The registered manager told us all complaints were reported immediately through the governance process and they were discussed at Board level.

Relatives knew how to complain and had regular contact with the staff about any updates or concerns in relation to their family member. They told us they had good relationships with staff and would be able to approach them with any concerns, should there ever be a need to do so. One relative gave an example where their family member's designer clothing had been mislaid. When this was raised, an inventory form was introduced and the clothing had been found, there had been no further incidents.

Outstanding ☆

Is the service well-led?

Our findings

People responded warmly to the registered manager who had worked at the service for many years and knew each person well. The people who used the service who had verbal communication skills addressed her by her first name. We observed throughout the day that people approached the registered manager to greet them in their individual way, tell them about events in their day or with a smile.

Relatives told us, "The manager is open to concerns and how these can be addressed by them to improve the service in any way. We have a collaborative relationship. When we first looked at the service, the thing that struck us most was them saying to us, 'don't tell us about their condition, tell us about them as an individual'" and "The senior staff are all on board, everything is risk assessed; our recommendations and input is welcomed and implemented. They are always open to suggestions and if they cannot accommodate them, they will explain why."

Professionals told us they felt the team was well-led. Comments included, "There is good leadership within the service and the staff are skilled, knowledgeable and professional. They support people with very complex needs in a well organised and person-centred way. People are at the heart of the service."

The registered manager demonstrated strong person-centred values and was committed to providing an excellent service for people. They told us, "I am predominately proactive and committed to driving the quality of the service forward. I spend time on the floor, am supportive and I am prepared to do anything I expect the staff to do. First and foremost I care. I empower my senior staff to do the same, be positive role models, led by their example and take ownership of their responsibilities. Myself and my deputy are always here for them and we will support them. We are committed to providing the best care possible and help people lead positive and fulfilling lives."

The registered manager and deputy manager both spent time working alongside staff, providing a consistent presence, promoting core values and care skills. They used direct observation and regular meetings to help staff develop their practice. When we spoke to staff we found they shared this commitment and the philosophy of 'fitting a service around you, not fitting you within a service.'

Imaginative and personalised support was at the forefront of enabling people to live fulfilled lives This proactive approach from the registered manager and staff team ensured people were supported in innovative ways to deliver the best possible outcomes for them.

The home had an open and transparent culture, with clear values and vision for the future. Staff were enthusiastic and shared this vision and were supported through training and clear leadership from the registered manager to provide this for the people who used the service. The service worked in partnership with key organisations, including specialist health and social care professionals. They provided training for community-based services in order to promote understanding and inclusion.

Quality assurance systems were in place. Relatives we spoke with confirmed they had been involved in this process; they completed any surveys sent out and attended regular review meetings. There was a strong emphasis on continually striving to improve the service for people. Following the quarterly audits, the response to these was used to continually develop and improve the care and support offered.

The registered manager carried out a programme of weekly and monthly audits and safety checks. The information collated from these was submitted on a weekly basis to the senior management team for further review and analysis.

They also showed us the detailed assessments that were carried out by the registered provider's own internal assessors. A quarterly audit was carried out of all areas of the service and service provision. This was followed up with a report and action plan with timescales should this be required. In addition an annual review was completed based on the five key questions used by the Care Quality Commission in this report and included any recommendations for improvement.

People were listened to and offered choices through every part of their daily life. Staff told us people's opinions were important and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities. Records seen confirmed this.

Staff spoken with told us meetings for all staff were held monthly, where the care for each person who used the service was discussed. Training requirements, the sharing of information and best practice were also discussed.

Outstanding ☆

Is the service well-led?

Records showed that learning from accidents and incidents took place at these meetings. Copies of minutes were made available to staff unable to attend meetings so that all staff were aware of the discussion that had taken place.

We saw evidence of home meetings, staff meetings, team building exercises and keyworker meetings. The staff were exceptional in their commitment to understanding and helping people communicate their views, and using and adapting people's preferred communication systems to gain their input. Records seen confirmed this.

Director's roadshows were also in place, where senior management staff took the time to visit the service to involve staff in discussions about for example, the company plans for development, progression and re-investment. They also sought staff feedback during these meetings. A quarterly 'Our Voice' newsletter was produced by the organisation with staff survey results and news of events, promotions and what was happening in individual services along with 'employee of the quarter awards'.

During our inspection visit, we were provided with positive comments and compliments about the way the service was managed, which included comments about the registered manager and the senior staff team. People who lived there said, "They are great, they will always listen to us even when they are busy" and "They are fantastic and supportive and always give good advice." Another staff member commented, "The registered manager is very approachable, fair and considerate."

Staff told us they were able to raise any issues or concerns with the registered manager or the deputy manager. They felt their opinions were valued and were always listened and responded to. Staff were happy and worked well together ensuring a consistent, calm and happy atmosphere, which was reflected in people's care. They told us the registered manager had strong values in promoting the delivery of best practice.

The registered manager told us she had an excellent staff team who supported the people who used the service in a way they would want their own family members to be cared for, being proactive and positive in their approach to ensure people received the best possible care. Staff were not afraid to challenge any practices they considered to be inferior of this benchmark. They said, "I do my best to make sure staff feel valued and support and mentor them. I constantly seek their feedback and show staff what we are doing about their ideas." They told us that any investigations or disciplinaries in relation to staff were always investigated by a senior manager from another service, to ensure fairness and impartiality.

The registered manager told us the registered provider promoted an ethos of providing people on the autistic spectrum with all the support they needed to develop social, communication and life skills, to make choices about their own lives and to reach their individual potential for independence.

In discussions with staff and the registered manager, we found that a number of people had had their environments adapted and evolved in order to promote a more independent model of living, after 'outgrowing' the communal living model they had previously shared. This gave people the opportunity to practice and further develop their independence skills.

They also described how each stage of a person's journey to increased independence was planned for well in advance to ensure that transition from one service to another was completely smooth, and took place at the most appropriate time. Examples were given of the work being done with a young person who was in the process of transitioning to the service from school. The self-contained flat he was planning to move into, had been left decorated in neutral colours, so they could be involved in choosing their own décor and soft furnishings at their own pace. The registered manager had also discussed with staff how the service would support him to stay in touch with his friends in his preferred way, whether this would be meeting up to have a meal or to participate in an activity together.

We saw the registered provider was committed to personalising the services they provided and also to following the recommendations outlined in 'Putting People First' and the Autism Act (2009). The registered manager told us that the organisation was accredited with the National Autistic Society (NAS), which drove best practice to deliver outstanding care to people who used the service.

The registered manager was supportive of other services and was involved in networking with them in order to promote and share best practice initiatives. Senior staff regularly attended conferences and other events in order to update their skills and knowledge base. They also used

external specialists to review the service's own practices. For example, advice was sought from the NAS and the British Institute for Learning Disabilities (BILD) in relation to least restrictive practice within the service.

We saw the service worked in partnership with other agencies to provide training and information, to promote inclusion and understanding of the people who used the service. For example, the training section of the organisation regularly provided courses on autism to leisure facility staff, local GP services, the police and others, to promote their understanding of people with learning disabilities and autistic spectrum disorder and what each of them could do in their roles to support people. The training was well-received and continues to be accessed by these groups.

The registered provider also held an annual conference for professionals and invited leading specialists in their area of expertise and people with a learning disability as speakers. This year's conference was based on the theme of positive behaviour support. The registered manager told us they were involved in the planning of the content of these and had a role in presenting at these events. They told us this provided them with additional opportunities for networking with other agencies and share good practice initiatives.

It was particularly important within Watermill House to ensure that health staff working with people who used the service understood their condition. In doing so the health professionals could approach people in such a way, people would be more receptive towards them. Similarly, when people visited health care professionals within the community staff were able to provide quiet areas for people to wait for their appointment and reduce their anxiety.