

Alderwood L.L.A. Limited

Alderwood LLA Ltd - Hayway

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 Hayway provides accommodation, personal care and support for up to two people with a learning disability and autistic spectrum disorder. It is situated in a residential part of Rushden. On the day of our inspection there were two people living in the service.

The inspection took place on 12 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. People were placed firmly at the heart of the service and all aspects of care had been centred on them and their needs. There was lots of laughter and good humour, with kind and trusting relationships evident between staff and people. People were involved in the planning of their care and told us

Summary of findings

they felt included in discussions, being able to have their say at each step of the way. Staff were passionate about their work and driven by a desire to provide high quality care. They were flexible and adaptable, ensuring that people 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 dedicated and impassioned 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 uplifting; staff were proud to work for the service and wanted it to be the best it could. Staff and the registered manager were exceptionally well motivated and committed to their work; they faced up to challenges 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.

People felt secure in the service and we observed they were calm and relaxed in the presence of staff. Staff had a positive approach towards keeping people 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 for people and had a good understanding of how to support them when they became anxious or distressed. Potential risks to people had been identified, and detailed plans implemented to enable them 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 for people, which included specific health and cultural dietary requirements. We found people were 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.

People 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 were dedicated to helping people lead a fulfilled and enriched life. People 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

Summary of findings

and accessed a wide range of activities that were tailored to people's individual needs. People were 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. People 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. They were supported to enjoy a balanced diet. Staff ensured that people's health care needs were met so they could remain healthy and enjoy a good quality of life.

Good



Is the service caring?

The service was 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. People were placed at the heart of the service.

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

People were 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.

People 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.

People were placed at the heart of the service delivery. 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 - Hayway

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 12 October 2015 and was unannounced. The inspection was undertaken by one inspector, so that the inspection would not impact upon people's 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 people who used the service during individual tasks and activities.

We spoke with the two people who used the service, reviewed some written feedback from people's relatives and advocates. We also spoke with four healthcare professionals, the registered manager, and senior team leader, 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 two people'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

People told us they felt safe. One person said, “I feel safe here and they help to keep me safe.” Feedback from relatives confirmed they were happy about the safety of their loved ones. In a recent care review, a relative said that their family member was kept safe and secure because of the care and support they received from staff. Healthcare professionals had no concerns about people’s safety within the service. One told us, “Everything they do is designed to keep people safe, the care they give and how they support people, all helps.” We observed that people were calm, comfortable and relaxed in the presence of staff and looked to them for guidance when they were unsure.

Staff demonstrated their awareness of how to keep people safe and had received training on safeguarding procedures. One staff member told us, “We don’t have many safeguarding’s here but we still remain vigilant. We know people well so could recognise if they were unsettled or not happy about something.” The registered manager told us, “I know that my staff would come to me or the senior on duty if they had any concerns.” Staff told us that the training they received helped to consolidate the knowledge they had and reinforced the actions they should take in respect of any safeguarding issue. One staff member said, “We all know what to do but training helps to reinforce this.” Staff spoke to us about the different signs which may indicate that somebody was being abused, such as a change to usual behavioural patterns. Through our discussions we established that staff understood local safeguarding procedures and the different types of potential abuse.

Staff told us they worked hard to keep people safe and that this was why numbers of safeguarding referrals were comparatively low. 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. People were aware they had risk assessments in place, to help keep them safe whilst in both the service and the local community. Staff felt confident that the risk assessments in

place helped them support people safely, both within the service and in the community. One staff member said, “Yes, the risk assessments are good. They need to be detailed and you can never account for all risks so we can only do the best we can. We try to review them on a regular basis so we keep on top of things.” The registered manager told us that staff worked hard to ensure risk assessments remained robust and detailed. We were told, “People should be independent but we can support them through having good risk assessments in place.” For example, to support people to manage their own finances. It was clear that risk assessments were positive and designed to help promote people’s independence, maximising what they were able to do for themselves.

The registered manager told us that general risk assessments were also completed for the service. These were used to identify environmental risks to people, staff and visitors, and to implement controls to reduce the impact of these risks to people. We saw that these risk assessments were in place, as well as continuity plans to provide staff with guidance on actions to take in the event of an emergency, such as fire, loss of utilities or extreme weather conditions.

Staff told us that robust accident and incident recording procedures were in place. They showed us that the registered manager had been made aware when incidents occurred, and that action had been taken where necessary. The registered manager said, “We always review the forms to make sure we have reported what we need to.” 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.

Staff had been 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, “The process needs to be right, we can’t just have anyone working here.” The registered manager explained that they checked staff references and the content of their Disclosure and Barring Service (DBS) check, before new staff were able to start in their roles. If there were any gaps, or convictions highlighted, the provider would investigate further, before

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allowing somebody to start work. Recruitment checks completed included two reference checks, (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.

Staffing levels were sufficient to meet the needs of people and to maintain their safety. People told us that there were always enough members of staff on shift by nodding to acknowledge our question. One staff member said, "Some people need 2:1 staffing and others need 1:1. Staff numbers are really flexible and if we need more people because someone is having a bad day, then we can get them easily." The registered manager told us, "I think we have the numbers just right." The registered manager explained if there were any staff shortages, staff would rather cover each other as they had a good working knowledge of people and their needs." If people's needs changed or activities required it, additional staffing could be provided. The registered manager explained that some staff worked across this service and other local services managed by the provider, to ensure there was consistent staffing levels. We looked at rotas and saw that staffing levels were set and planned for six weeks after our visit. We also saw that rotas from previous weeks showed that staffing levels were consistent in the service.

People received the support they needed to take their medication safely. Staff told us they took time to administer medication carefully as it was a very important part of their role. One staff member told us, "People might not take a lot but we want to get it right for them. When we can we make sure people have medication reviews so they are not taking anything that they do not really need." 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 confirmed that they supported people to take their medication, in accordance with their prescriptions. They explained that they received training and competency assessments before they were allowed to administer medication for people, to ensure they could do so safely. 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 signed by two staff members when medication was administered. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed. Medication was administered and managed safely and appropriately. There were suitable arrangements in place for the safe administration and management of medicines.

Is the service effective?

Our findings

People felt confident staff had the skills to provide them with the care they needed. One person smiled and nodded when we asked them if staff knew what they were doing. When we asked another person if staff knew how to look after them, they told us, “They know what they are doing, yes.” People’s relatives were also confident in the staff at the service.

Staff received a significant amount of training which benefitted the way in which they delivered care to people. One staff member told us, “We are coming into what can be a very difficult working environment so we need to have the right tools to use.” Another staff member said, “There is lots of training and it is always renewed. They are good at keeping us up to date with the information we need. When you are dealing with people with complex needs you need to have those skills and knowledge to hand.” 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.” Staff training records confirmed that they received regular training, including refresher sessions, to keep their skills up-to-date. Staff completed a mixture of face-to-face and online learning in areas such as first aid, health and safety, communication, autism, as well as a number of other courses, suitable to their roles.

Autism based training prepared staff to help people with complex needs and challenging behaviours. One staff member told us, “The training prepares you; it gives you the skills to get through.” Staff explained how they used their knowledge to de-escalate situations, and support people through a variety of relaxation techniques, which enabled them to work through the anxieties without the need for any further interventions, such as restraint or medication.

Staff received induction training when they started working at the service. One staff member said, “We do have a good induction programme here, really robust.” They told us that during this period they carried out shadowing, where they observed established members of staff carrying out their roles and got to know the people they would be supporting. They also 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 had been 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 explained to us that they received regular supervisions from the management team. They told us that these sessions were a useful way to discuss their performance, as well as raise any concerns or issues they may have. One staff member said, “We all get on well and can discuss anything we need to. We all have regular supervisions but the manager has an open door policy so we can talk about things at any time.” Supervision records confirmed staff had regular supervision and appraisal to identify and address any training and development needs.

People were able to make their own choices at the service. One person said, “I have a choice about doing things.” They told us they were supported and empowered by staff to make decisions about how they lived their life, including where they spent their time, what they did and what they ate. 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 a person whether they would like to go put a coat on to go out and the person indicated they would. Staff assisted the person to put their coat on so they could undertake their chosen activity. Staff confirmed that they made sure they only provided care in line with people’s wishes. They told us that people told them what they wanted to do, and they planned their care to ensure that it represented people’s wishes. Care plans confirmed that people’s opinions were sought and reflected in their care.

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

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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 encouraged to make their own choices about meal options. One person told us, "I really like the food. It is good." Staff worked hard to ensure that people received a healthy dietary intake, in a relaxed environment. Staff told us that they encouraged people to make healthy choices and supported them to have a balanced and nutritious

diet. They said that, ultimately, people were able to choose exactly what they wanted to eat. They also explained that they encouraged people to prepare as much of their own meals as they could, providing support as was necessary. Records confirmed that people had planned what they wanted to eat and that staff provided them with the support they needed to prepare their meals.

People were supported to access healthcare professionals to maintain their general health. Relatives were kept updated about the outcome of people's medical appointments. 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 are here for people, to make sure they see exactly who they need to. We go to appointments with them and make sure we act on what we are told." 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

People told us they were made to feel very happy by staff and that they felt extremely well cared for at the service. One person said, “Yes, the staff look after me and are nice to me.” This person showed by their facial expressions and relaxed body language that they felt well cared for and they smiled at us when we asked them if they were happy. We saw them laughing and gaining comfort from being close to staff, seeking reassurance from touch, and close contact with staff. We observed strong, warm and loving relationships between staff and people, with moments of fondness and consideration. When people were anxious, staff members went to them intuitively, and reassured them by touching or holding their hand. They sat next to people to reassure them and maintained close eye contact to make them feel listened to.

On the day of our inspection, staff made sure people were settled and relaxed, before explaining who we were and asking if they wanted to meet us. Staff then introduced us to people who had consented, letting people take the lead and giving them time to express themselves. This philosophy worked and once staff had given them reassurance, people were happy to shake our hand, and allow us into their space to engage and talk with them. One person was supported to tell us their plans for the day, using their visual resources. They were keen to tell us they were going to work at the tuck shop, an activity that the registered manager said they really enjoyed. This acceptance was only made possible by the close relationships staff had with people; the trust people had in staff enabled them to interact with us.

Relatives were genuinely pleased and happy with how staff cared for their loved ones. They spoke very highly of the care given to people, and considered that staff looked after their loved ones extremely well and were caring and compassionate, attentive to their needs. One said, “Words cannot describe the difference they have made.” Relatives stated that the care provided had given their loved one more confidence, enabled them to gain new life skills and had made them feel worthwhile. This in turn had had a huge impact upon family relationships, changing them for the better, making them more positive and bringing families closer together.

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.” One told us, “Staff are always helpful, friendly and approachable. If I raise anything, it is always addressed immediately. All the staff that I have observed working with [Name of person] appear to have a very good relationship and a very good understanding of their needs.” 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 a variety of 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 and other people, as they felt this enabled them to grow as a person, to flourish and gain new life skills. . One staff member told us, “We are like one big family here, just like you want the best for your family, we want the same here for people.” The registered manager also said, “We treat people like we wanted to be treated, we are all the same and we want what is best for them.” Staff genuinely wanted the best for the people who lived in the service and worked hard to fulfil this for them.

People had an assigned keyworker who had been allocated to them based upon common interests with staff members. As a result of this, staff knew the people they supported really well. The registered manager told us, “We have consistent staff here; they really do know the people we support. They understand them and know what to do for them. We work hard for people; they deserve to have a good life.” 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 intense dedication toward meeting people’s individual needs. They had genuine relationships with people and spoke about them with warmth, showing they wanted the best possible outcome for them. Staff told us there was not anything they would not try to ensure that people achieved their dreams and aspirations. One staff member said, “If we did

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something wrong then we would work hard to make it better. It's not special, it's just good care." The registered manager told us, "We want to make a difference, we support some very special people here and it is up to us to do a good job." Staff considered that people were an extension of their family and it was evident that staff had genuine compassion for the people they supported. The registered manager said they had the right staff team in place to support people. They told us, "We all share a common goal and are driven to make sure people have a fantastic life." Staff were driven by a common desire to give inclusive care to people in a loving and homely environment.

Staff told us it was really important they could communicate meaningfully with people. They had worked together with people and their family members, to compile an individual communication plan, which contained clear guidance for staff based upon the person's gestures, body language and sounds. We were shown numerous examples of how effective this approach had been in promoting people's independence and in ensuring people could communicate appropriately. For example, for one person who struggled to manage their anxiety levels, staff had successfully used a variety of communication aids, building up the person's ability to reduce their feelings of frustration, through the use of pictorial aids. This had culminated in the person now being able to relax more and engage more meaningfully in social situations with other people in the service. One staff member told us, "We worked hard, together with [Name of person] to enable them to feel more relaxed, we wanted them to be able to experience more, to have a good life."

For another person, staff used a variety of communication aids to help them accept a new person moving into the service. The aids were also used to support them to continue to maintain their relationship with the person who previously lived with them. When the processes they had implemented worked, staff told us they felt they had done a good job. Staff considered these success stories, were positive examples of how they had used their communication skills to have a beneficial impact upon a person's life.

Staff supported us to communicate with people intuitively, through the use of visual resources and signs and gestures that people understood. We observed that people acknowledged their understanding of what had been said,

and responded with a large smile and expression which indicated they were happy. When people became agitated, staff comforted them by speaking in a calm tone of voice, giving gentle reassurance through touch, which enabled them to relax and feel content. They were extremely patient and very supportive, involving people in conversation, with lots of meaningful discussions taking place. Even when people were unable to participate verbally in communication, staff interacted with that person in accordance with the guidance in their care plans, for example, using sign language and visual images to enhance understanding.

People were constantly encouraged to make choices about every aspect of their daily routine, their daytime activities or what they would like to eat. 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 is so important that people have choices, they should get to have a normal lifestyle in the same way that we do." Care was very much centred on each person's wishes and needs rather than being task orientated and routine led. For example, one person wanted to go to the library so staff had enabled this to happen. It did not matter that this had not been a scheduled part of their daily routine, staff worked to make sure it happened so that the person was not disappointed.

Staff used a person centred approach and worked hard to ensure people's views were heard. We saw from staff meeting minutes that one person had attended a meeting because they had something they wished to say about the way in which staff supported them. The registered manager told us that action had been taken as a result of this meeting to ensure that staff changed their practice to acknowledge what the person had told them. At the next meeting we saw that the person had reported no further issues. For those who could not communicate, 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.

Staff understood how to treat people with dignity and respect and supported as equals, to maintain their privacy. One staff member said, "Care is given behind closed doors

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and people can have some privacy if they need to. We have to respect that.” Staff told us that they worked hard to ensure people’s privacy and dignity were respected and felt that this was just as important as any other part of people’s care. 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. The service had policies and procedures in place to help provide staff with guidance regarding privacy and dignity.

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. 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.” 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, “That’s why we have good results, because we complete such a good pre assessment.” Staff told us that once a pre-assessment of needs had been completed, 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 staff 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. Staff also understood what people’s real needs were. Relatives valued this approach and felt it helped to provide a structure upon which to base people’s care and develop their skills. Careful consideration was also given to which service within the group 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 care plan identifying their background, preferences, communication and support needs. One person told us, “I have a care plan.” 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, shaving, brushing their hair 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, “We are always working on our care plans. They are reviewed on a regular basis and when needs change, we take that into account.” The registered manager told us, “Care plans are important when people have to attend appointments, so we need them to be right.” 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. One of the people we spoke with had been able to progress through a series of aims, ending in them being able to care for the service’s pets. They had learnt how to clean their cage, feed

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them and then go and buy their food, writing a list of what they needed and making sure this remained in budget. With the input and support of staff, and the use of structured visual resources, this person had been able to achieve their goals.

For another person, staff told us about how they had been worried about using an electric toothbrush. Through taking small steps, getting used to what the toothbrush felt like when it was switched on, what it felt like in the mouth and then to being able to successfully use the toothbrush to clean their teeth, staff said that this had been a big achievement. Not only did this benefit the person's general oral health but it had equipped him with a valuable life skill. Through our discussions with staff, it was evident that people were placed at the very centre of their care, made to feel valued and actively involved in their care. It also gave them something to strive for.

People had been supported to use local public transport or train, as this increased their ability to be involved in the local community and taught them a useful life skill. They were encouraged to ask for their own bus or train tickets in accordance with their level of communication, and pay for them with their own money. 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 an office and links with a local library. Records showed that people enjoyed the ability to engage in these activities and we saw they had built up from having minor involvement in them to being more actively involved and engaged. We saw that one person enjoyed fishing. Staff told us and records confirmed that this had been an important part of this person's life whilst they had grown up. We saw from written information that staff had worked with the person to identify suitable places for them to go to fishing with other people of their choice from the service. The same person also enjoyed classic cars and old vehicles and staff were constantly looking for new places to take them so they could pursue this passion. In the care reviews which took place, we saw evidence to confirm this activity was important to the person and had really made them happy. Each activity undertaken was based upon people's preferences and was

discussed with the person prior to them undertaking the activity. Staff told us that 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, sweeping out stables gave people the opportunity to imagine cleaning out their frustrations. Feeding the horses gave people the opportunity to learn to love and care for something at their own pace. 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 service, which was displayed within the service in an easy read format. One person told us, "I have no complaints." We observed people would tell a member of staff if they had anything to complain about, for example, if they did not like their food or choice of activity. Relatives

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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.



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Our findings

People knew who the registered manager was. Throughout the day we observed that people approached the registered manager to talk with them. They responded with warmth when they saw the registered manager. 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 “I love working here, I really do. There is nowhere like it.” Another member of staff said “We all want the same, the best for people. We all work together and want to give the best that we can. It’s a challenging job but so worthwhile.” 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. One person gave us the ‘thumbs up’ sign when we asked them if the service was good. Relative’s feedback stated, “Across the board, the service is great.” 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 well managed 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 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 open and transparent and focused on maintaining individuality and person centred care for people. Staff were passionate 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



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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. 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, "Develop themselves and the people we support, and to strive to give really high quality care." 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. 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 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



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accessed online resources such as the Social Care Information and Learning Service and the CQC'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." 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, to enable people to have the best quality of life possible and so they could be the best they could be.