

Peninsula Autism Services & Support Limited

Fair View Lodge

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 ☆

Summary of findings

Overall summary

Fair View Lodge is operated by Peninsula Autism Services & Support Limited, and is registered as a care home without nursing to provide accommodation to three people living with autistic spectrum disorders or learning disabilities. Each person has their own flat within the building and people can choose to spend time together or apart as they wish, using some shared facilities.

This inspection took place on 10 January 2018 and was announced. The service was given short notice of the inspection (24 Hours). This was to ensure someone was available to support us with the inspection, and to ensure people living at the service were aware in advance people were visiting.

We had previously inspected the service on 25 November 2015, when the service was rated as good in all areas. We found this good practice had been sustained. The service had demonstrated continuous improvement since this inspection in 2015 and we have rated them as Good overall with a rating of Outstanding for the key question of well led.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Fair View Lodge had a well understood, positive and open culture, with a clear set of values and ethos. We saw evidence of strong leadership both within the service and the wider organisation. The service had a strong person centred focus in all areas, and a positive and supportive atmosphere. Staff understood their roles and worked well as a team to support people to achieve and have new experiences as well as manage risks. Success was celebrated and learning took place to help improve the service and people's lives. The registered manager and management team were enthusiastic and creative in supporting people, recognising people's potential and ensuring resources and facilities were available to support this.

Feedback we received about the service was overwhelmingly positive. Relatives for example told us "This is the best placement ever" and "When I get there, I do see the caring. It is there, it is genuine, I am thrilled with them. It's the best place they have ever lived." Visiting professionals told us the service provided a high standard of person centred care.

The service operated along the principles of positive behavioural support or PBS. This is a way of helping people with learning disabilities who are at risk of anxious or distressed behaviours to have the best quality of life they can. The registered manager had achieved a BTEC qualification in positive behavioural support, and the service was supported by a PBS practitioner, who was involved in writing support plans, delivering training and working with the staff teams to support people with specific issues. We saw and heard how people had been supported consistently to have new experiences, establish communication in more positive ways and build more positive relationships. A relative shared with us their experience of how their

relation had progressed since being at the service, including how their world was "opening up". Another person had recently been able to re-establish contacts with family members and have a greater involvement in the community.

Staff told us "I love it here – I'm really passionate about it" and "I love it, it's great. . . I ask a lot of questions, and there is very good support from the management and the team". Staff spoke positively about the people they were supporting. A staff member told us "I can't wait to get in here every morning and see what we can do today, how we can keep working to give people new opportunities."

Each person had a comprehensive care plan, based on a regularly updated assessment and positive behavioural support principles. Plans were very person centred and gave clear, detailed step by step guidance on the detail of how each person liked and wished to be supported, their communication and any risks associated with their care. Plans were regularly updated and included an activity planner, which the person reviewed with their key worker each month. Plans ensured staff worked consistently with people and followed their wishes.

There were clear lines of management within the organisation with procedures for escalating any issues or concerns, and robust systems were in place to assess and manage the quality of the service. The registered manager and overall service received clear feedback from the provider organisation on their performance, and the service also operated their own series of audits. The service learned from incidents and accidents following a thorough review, and took advantage of learning opportunities to develop.

Risks to people from their care were identified and plans were put in place to minimise these risks. The service took great pains to ensure their response to risks was personalised and based on supporting the individual person. For example one person had received an injury which needed an operation to help the wound heal. Staff supported the person at the hospital, along with the person's family, and support from the hospital nursing and medical staff. The person was supported to make decisions, for example choosing the staff they wanted to be with them when they awoke from the anaesthetic. The person was subsequently able to tolerate the procedure and aftercare without undue distress.

People had access to good healthcare services. Medicines were stored and administered safely, and staff had received training in safe administration. Staff told us they did not administer medicines until they were confident to do so.

People were able to make their own meal choices and were involved in making decisions over shopping and meal preparation. No-one was at risk of poor nutrition and assessments had been carried out to review anyone at risk of choking. People could be involved in cooking if they wished, and we saw one person being involved in preparing their lunch. Another person had taken control of buying and 'rationing' their own snacks each week.

People were protected from the risk of abuse. Staff understood signs of potential abuse and how to report any issues, both within or external to the organisation. Systems were in place for the management of complaints, incidents and any concerns. Information was available to people in ways they could understand. We saw people were supported to raise concerns. For example one person had been supported in writing a statement about a concern in an easy read format.

Staff understood people's communication needs, and were aware of how each person would communicate if they were unhappy or distressed about something. Information was available for people in assisted or easy read formats to help them understand the principles of safeguarding and 'keeping safe'. People were

involved in developing information systems to manage their own need for information, for example on a visual aid with pictures of staff and activities to act as a daily planner for one person.

Staff had a clear focus on the people they were supporting, their rights and the opportunities available to them. This included the operation of the Mental Capacity Act 2005 (MCA). Appropriate applications had been made for authorisations of Deprivation of Liberty Safeguards (DoLS). Statements were available in easy read formats about human rights and anti-discriminatory legislation. The service had a meeting planned to work with one person looking at how they could use online services and keep safe.

There were enough staff available to ensure people's needs regarding activities could be met. People living at Fair View Lodge had a one to one staffing allocation for most of the day period. Staff had been recruited safely, following a full process, including disclosure and barring service (police) checks.

Fair View Lodge comprised an adapted chalet bungalow, situated in a residential area of Newton Abbot. All areas of the service we saw were clean, well maintained and had been adapted to meet people's individual needs in a homely way, as far as people would tolerate this. The service was near local shops, transport links and services, such as the GP practice. We saw evidence of people being involved in keeping their own environment clean and flats were personalised and individual. One person liked a more minimalistic environment, another liked lots of soft toys and things of value to them around. The building was well maintained and under constant review. This was done as far as possible in conjunction with the people living there. For example, one person was going on holiday for a few days as their bathroom needed replacing and the service understood the person would not tolerate people working in their flat.

Records were well maintained and kept securely. The service had notified the CQC of incidents at the home as required by law. Records were written in ways that demonstrated respect for the person. For example the service had a policy on confidentiality of information in an easy read format. It explained people's rights to privacy of information and when people might need to share this, for example with a doctor. This helped ensure people understood their rights.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Outstanding ☆

The service is outstanding.

There was a strong positive person centred culture, where both people living at the service and staff were encouraged to develop new skills, increase their confidence and experience new opportunities.

There was a strong emphasis on continually striving to improve the service and people's lives.

The registered manager and other members of the management team both within and outside the service operated clear systems for assessing the quality of the service, reviewing and learning from incidents and reflecting on good practice.

Staff worked well as a team; they had clear guidance on their role and expectations and a shared vision of care through the service's operational values.

Fair View Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 10 January 2017 and was announced. The service was given short notice of the inspection (24 Hours). This was to ensure someone was available to support us with the inspection, and to ensure people living at the service were aware in advance people were visiting.

The inspection was carried out by one adult social care inspector. People at the service were living with complex needs and autism, and some people needed support and reassurance from staff before they would feel comfortable speaking with us. For this reason we were not always directly able to speak with everyone about their experiences in private, but spent time with people living at the service as far as they would tolerate. We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the service.

Prior to the inspection the provider completed a PIR or provider information return. This form asked the registered provider and registered manager to give some key information about the service, what the service did well and improvements they planned to make.

During the inspection we looked at the support plans for all three people living at the service. We spoke with or spent time with two of the three people living at the service, two members of care support staff, the operations manager for the South West region, the service administrator, the organisation's local positive behaviour support (PBS) practitioner, the registered manager and deputy manager. We looked at records in relation to the operation of the service, such as risk assessments, medicine records, policies and procedures and two staffing files, and looked around the building.

Following the inspection we also spoke with two family members of people living at the home to gather their views about people's experience of the service and how well their family members were being supported.

We also contacted three visiting professionals who had an overview of the service.

Is the service safe?

Our findings

On our last inspection of the service in November 2015 we had rated this key area as good. On this inspection we found this had been sustained and the service was still good.

People were kept safe because the provider had ensured systems were in place to help protect people from abuse. The provider organisation had policies and procedures in place to ensure any concerns were identified and responded to quickly. Staff had received training in how to identify concerns about people's welfare or abuse, and told us if they had any concerns they would not hesitate to raise any them appropriately. Information was on display to support this in the service's hallway, and on the internal computer system for staff to access. Policies covered whistleblowing and protection for staff on raising concerns 'in all good faith'.

Easy read information was available to support people living in the home to raise any concerns and the registered manager told us everyone would be able to do so. For example we saw one person had been unhappy about a comment from a member of staff they thought they had heard. The person had been supported through an easy read document and process to raise the concern with the local safeguarding service and understand what would happen next. A statement was made with them in an easy read format so they could make sure this had reflected what they wanted to say, and they were supported throughout the process by staff. The reporting to the local safeguarding authority ensured there was an external review of the actions taken to make sure they were thorough. Staff were very aware of the impact of people's behaviour as a way of communicating distress or increased anxiety and any changes were highlighted quickly for attention and review.

Risks to people were reduced because staff understood people's health and welfare needs and what actions they needed to take to keep people safe. Risk assessment policies were aimed at reducing risks to people and minimising any restrictions and people were encouraged to take greater control of their own responses. For example one person had previously had difficulties managing frustration and anxiety which had led to risks to themselves and others. Positive behavioural support plans and risk assessments were in place to ensure staff and the person felt safe and were clear about the positive management of risks and anxiety. The person had been encouraged to view it as part of life that "people get upset at times" and not as a result of "bad behaviour". We saw the person was now able to request ten minutes on their own when they felt an increase in anxiety or call a meeting with staff to discuss any changes they wanted. Staff told us this happened up to three times a week, rather than as previously up to five times a day. As a result of ensuring the person had greater control and more effective ways of managing their anxiety there had been a considerable decrease in episodes of behaviours that placed the person or others at risk. This had led to other positive changes in the person's life, such as increased involvement in the local community.

Risks to people from within the environment were assessed. These included for the building and grounds, gas, hot water control, hot surfaces and management of infections. On the inspection we identified a hot water tap to the staff toilet was delivering water at a very hot temperature, but this was immediately rectified and presented no risks to people living at the service. There was an environmental action plan for

the service completed by the provider organisation and covering such areas as the driveway and minor areas of maintenance which were being completed. Minor recent fire precautionary works suggested by Devon Fire and Rescue in 2017 had been completed.

Each person living at Fair View Lodge had their own flatlet, comprising a bedroom, lounge, adapted bathroom and in one a kitchen. Each of these areas was subject to an individual risk assessment based on the person's needs. Other assessments included safe travelling in the service's vehicle and use of communal facilities. Equipment was regularly assessed, such as for electrical safety, and although no-one needed a hoist to change their position the service was ensuring all staff training covered this in case it were ever needed. Each person had an individual evacuation plan in case of fire, along with regular practices to ensure people understood what to do in the case of an emergency. Senior staff were always available on call.

Any incidents or accidents were assessed and analysed to ensure any learning happened to prevent a re-occurrence, and any needed actions were taken as a result. Records and analysis of incidents were compiled on charts, graphs and in regular reports to analyse what was working well with people and what might be improved. Significant or serious incidents or issues were escalated throughout the organisation for senior management review, including to board level in the case of critical incidents. The service was reflective and thoughtful about the support they provided people and used all information available to consider how anything could be done better. Issues were raised in staff meetings for discussion and there were clear processes for debrief following incidents. Incidents needed to be 'signed off' by the registered manager to ensure there had been effective oversight. Staff external to the service, such as the PBS practitioner, were available to help work with the staff team to review, and offer assistance or advice as was the operations manager.

There were enough staff on duty with the appropriate skills to support people. The registered manager told us they ensured the rota reflected a balance of more experienced staff and those who were newer. People living at Fair View Lodge had an individual staffing needs assessment, which included the need for one to one staffing during the day to help them be more involved in their local community or to feel safe. This was displayed on the service's rota. Some people needed additional staff support when they left the service and were in a more unpredictable environment. At night there was a waking member of night staff supporting one person and a sleeping member of staff for the other two. If people needed additional support in the evening, for example if they wanted to go out, additional staff were provided, and staff could change starting or finishing times of shifts to support people with particular activities or outings they wanted to do. The registered manager confirmed if there was a need for additional staffing for a particular reason, for example during a period of distress or anxiety it would be provided.

Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable. The registered manager told us they had recently had a couple of staff vacancies, and had already recruited to the posts and were waiting for the return of all required documentation before they started. The service administrator told us "You don't get started unless you have got the right paperwork. If you haven't got it you don't start, simple as that."

We looked at two staff files which showed us a full recruitment process had been followed, including disclosure and barring service (police) checks having been undertaken. Where any concerns were identified this was subject to a risk assessment. Minor reasonable adjustments had been made for staff under The Equality Act 2010. The service worked to ensure recruitment recognised personal qualities potential staff had as well as looking at qualifications and experience. Where any agency staff were used a personal profile was provided beforehand to ensure they had the skills needed. Staff unfamiliar with the home had to read people's file documentation and risk profiles before working with them, which helped to protect both

parties.

People received their medicines safely and as prescribed to ensure they were effective. Medicines were stored safely and the service had clear policies for the administration of medicines in place. No-one at the service was able to manage their own medicines safely, but people's involvement was encouraged wherever possible in ensuring medicines were taken in the way people wished. For example one person had a very clear and described routine for taking their medicines which needed to be followed exactly to reduce their anxiety, and help ensure they took their medicines. This had been devised with the person, and was clearly detailed in their care plan and on the medicine files. Staff did not support people with medicines until they had been trained and had been assessed by the registered manager as being competent. No-one was given their medicine covertly (without their knowledge). Staff had received training to administer medicines safely and competencies were reviewed regularly. The service did not have any homely remedies in stock, and there were clear protocols for the administration of 'as required' medicines. For example one person was prescribed a medicine to help them manage any pain. The protocol stated clearly when the medicine was to be used, the maximum dosage over 24 hours and minimum interval between doses.

All areas of the service we saw were clean and maintained in accordance with people's wishes. Policies and procedures were in place to manage any risks from potential infections. Where there had been a potential infection control risk the service had taken advice and acted responsibly, notifying others appropriately of any risks. People had access to using washing machines and the kitchen following risk assessments, which helped them develop new life skills. Staff had completed food hygiene training and the service had been given a five out of five rating for food hygiene at the last food safety inspection in 2017. People were encouraged to keep their own flats clean and tidy, for example by vacuuming with staff support. This encouraged people to have a sense of ownership of their personal environment.

We saw the service was thoughtful about the use of technology to keep people safe. Areas of the home between people's flats or the outside of the service were not immediately accessible without an electronic key fob (this did not include within people's own flats).

People received safe care because records were managed well, regularly updated and stored safely. Some records were maintained on a computer and the service had recently obtained a laptop computer to increase access. Hard copy records were maintained securely in the service's office and could be destroyed when no longer needed.

Notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.

Is the service effective?

Our findings

On our last inspection of the service in November 2015 we had rated this key area as good. On this inspection we found this had been sustained and the service was still good.

People were supported by skilled and knowledgeable staff who knew them well and could meet their needs. People living at Fair View Lodge had complex needs, including learning difficulties, mental health needs or autism.

Staff told us and we saw they had the skills needed to support people. The registered manager and PBS practitioner had a clear understanding of the positive benefits of physically modelling positive care with people to assist with staff development and understanding. For example the registered manager told us they regularly supported one person with very complex needs directly for a shift. This helped ensure the person was being supported consistently by staff and the plans in place were being effective. It meant the service's management had a clear understanding of the issues supporting the person's complex needs, as well as ensuring staff and the person benefitted directly from the registered manager's experience. An analysis of incidents for the person demonstrated triggers for high anxiety and distressed behaviour included an environmental change. The service was working to support the person to manage changes with the use of more visual information in advance and guidance was given to staff on the way to support the person verbally to manage their anxiety. The registered manager had achieved a BTEC award in supporting people with positive behavioural support.

One person had recently received a tablet computer. The service were keen to support the person to use this to develop new skills and have contact with people of significance to them, but was also mindful of risks. A meeting was to be held to discuss this further.

In addition to core training such as first aid and fire, there was more specific and bespoke training and support available to staff to help them meet the needs of people living at the service. The registered manager and positive behavioural support practitioner ensured staff received training in how to support each person effectively, achieved either through group meetings, training sessions or individual workshops and practice sessions. Supervision sessions identified staff's learning styles and adjustments were made to optimise learning.

We observed staff working well and consistently with people throughout the inspection visit. This included the use of positive language suitable to meet the needs of people with autism. One person had previously required a physical intervention to keep themselves or others safe. The incidents and level of this had been significantly reduced due to staff's positive approach towards this person's support needs. Staff had been supported to learn how to carry out this physical support in an approved way that minimised the physical contact or possibility of abuse. Staff confirmed they had received this training and felt confident they knew how to support the person in a time of high anxiety. This consistent and less restrictive approach had had positive outcomes for the person, for example by increasing opportunities for them to be involved in the community. The service took opportunities to celebrate this with people and the staff team. The minutes of

a recent PBS workshop started with the celebration of personal achievements made by people at the service since the previous review. This included a person celebrating increased contact with family members, and another person having positive mealtime experiences shared with staff. Staff received training in equality and diversity on an annual basis and people living at the service were welcome to take part in this if they wished. Easy read documentation was available for people on keeping safe and having their rights respected.

Staff were supported with regular supervision and could ask for additional support at any time. Staff told us they had received the support they needed when they had started working at the service through an induction programme and had access to online and some face to face training as needed. This was recorded in staff member's files, along with evidence from those staff completing the Care Certificate. The registered manager told us staff could express an interest and go on additional course of interest to them if they wished.

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.

We saw staff consulting with people about choices they wished to make and supporting decision making within the person's capacity. Where people lacked capacity to make a specific decision the service had followed the requirements of the Mental Capacity Act 2005. This involved assessing the person's capacity, ensuring every effort was made to support the person to make the decision and then making a decision in the person's best interests along with other people involved with their care. For example, one person had received an injury as the result of an accident and needed an operation to clean the wound they received. A best interest's decision was taken in conjunction with the service manager, the person's relative and doctor. The service ensured they took every opportunity to minimise the person's distress, including being there with the person while they were being sedated prior to the operation and immediately they woke up.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that appropriate applications had been made to local authorities to deprive people of their liberty and although only one had been granted, others were awaiting re-authorisation. Applications included authorisations for the use of a sound monitor, electronic key fob system and the automatic lighting system which came on when one person got out of bed. This was in place to reduce them falling as they were at risk of stumbling as they would not put lights on independently if they wanted to get up in the night.

People received good healthcare support, and the service worked well with other agencies. Each person's file contained a health action plan which was available in an easy read format for each person to understand and was completed annually with each person. Healthcare passports and communication tools were available to ensure if people needed emergency hospital treatment, information about their communication needs or mental health support would be immediately available. One person's plan included information about any risks associated with their care, preferred ways of communication and verbal triggers to avoid. For example the person had significant anxiety over death and bereavement. The registered manager told us they had been working to support the person with this for the preceding two

years and had made significant advances.

People ate a good varied diet of their choosing. Meals were decided at a group meeting when menus were planned, but people could also do their own shopping and prepare their own meals if they wished. For example we saw one person had been out the day before and had bought 'treats' which they rationed themselves for the coming week. Another person had been involved in preparing their own meal while we were at the service. Assessments had been made to identify anyone at risk of choking or poor nutrition. People could choose to eat out as they wished, and we saw regular outings were made for coffee and cake at local places. One person told us how they had been out to Teignmouth that day for a fish and chips lunch, and how much they had enjoyed it, including people they had met and things they had seen.

Fair View Lodge was situated in a residential area but close to the centre of Newton Abbot, with local shops, transport links and services. Each person living at the service had their own flatlet, with personalised bathing, sleeping and lounge areas. Some spaces were aimed at providing a low arousal environment where the person wished that. Two people shared the main kitchen and there was a shared lounge space where people could spend time together if they wished. We saw photographs of recent Christmas and New Year celebrations that people had enjoyed in this area. Each person's private space was decorated and personalised to meet people's needs and wishes. Some people's rooms were very personalised and individual, decorated to suit their preferences. One person felt more comfortable with a more minimalistic look to their environment, and chose to remove any items they did not like. Since the last inspection this person had become more tolerant of furnishings and was now comfortable having some pictures on their walls. Staff were working with this person "at their own pace" to accept changes that made their environment more homely. Plans were also in hand for each person to have a small area of outdoor space to grow plants or vegetables of their choice.

Is the service caring?

Our findings

On our last inspection of the service in November 2015 we had rated this key area as good. On this inspection we found this had been sustained and the service was good.

Fair View Lodge had a positive, caring and welcoming atmosphere. People were busy and engaged throughout the day. We saw one person returning from activities in the community who was keen to share their experiences with staff on duty and visitors. People were aware of the names of people working with them and liked to know who was on duty. We observed people being relaxed in the presence of staff, smiling and their body language suggested they felt safe in the staff members' company. Staff responded immediately to people's requests for support or information and were clearly focussed on the person and their needs.

Staff and management were enthusiastic about people's support and the progress they had made. Staff took every opportunity to praise people for the changes they had made, which had in turn led to improvements in their life, with more opportunities for freedom and self-expression. Relatives and visiting professionals shared this enthusiasm, and spoke very highly of the service. A relative told us "I know I don't need to worry about (person's name) now" and another said "When I get there, I do see the caring. It is there, it is genuine, I am thrilled with them. It's the best place they have ever lived." A relative shared with us their experience of how their relation had progressed since being at the service, including how their world was "opening up". They said "This is the best placement ever."

Staff told us they were always trying to find something new for people to take part in that might interest them. The registered manager told us about opportunities that people had been offered, some of which had worked out well and others had been refused on a second occasion. However staff were not disappointed or deterred and took great pleasure when the person changed their approach and wanted to take part. For example one person enjoyed swimming on holiday but not locally. Staff had spent time trying to work out why this was so that the person might be encouraged to enjoy this closer to the service. A staff member told us "I can't wait to get in here every morning and see what we can do today, how we can keep working to give people new opportunities."

Staff respected people's property and privacy, and all personal support was delivered in private in people's flats. Staff acknowledged this was people's own home and told us it was "a real privilege" to be supporting people and acknowledging their potential. Care was taken to make any changes or improvements at a pace the person could understand and accept. Support was personalised, staff knew about people's lives, their families and what they enjoyed doing. They understood how people liked to engage with others. For example, one person liked what was referred to by their relative as "boys time" where they spent time with a male care worker, on the floor playing with their toy cars on a road map carpet. People were treated with respect and were spoken to and about in a respectful manner.

Records were written in ways that demonstrated respect for the person. For example the service had a policy on confidentiality of information in an easy read format. It explained people's rights to privacy of

information and when people might need to share this, for example with a doctor. This helped ensure people understood their rights.

Fair View Lodge ensured where people had allocated one to one staffing time they received this. This meant people had the support and resources they needed to feel safe and be active in the local community, and their horizons and experiences had expanded. People were encouraged to have a say in the way their care was provided and also in how the service was run. Regular "Your Voice" meetings were held for people to discuss any changes, plans or activities they wanted for the coming days. Each person had a key worker review each month, which was an opportunity to discuss their goals, and review any changes they wanted to make to their activity plans. Pictures were used to support communication at this meeting where needed, and one person living at the service wrote their own minutes. The service had also developed a newsletter to support communication and memory, with one person requesting as a part of this a "Picture of the month". This had been put in place. The service had consulted good practice guides such as "Guidance on involving people with profound and multiple learning disabilities in decision making and consultation" from the British Institute of Learning Disabilities when working with people to achieve this.

Care reviews covered areas such as people's emotional support needs and well-being, as well as more physical and risk based areas. The service worked with people who wished to express themselves in certain ways. For example, one person used a notebook to record their feelings and express themselves. They then chose to leave this around specifically for staff to read and discuss with them, rather than raising any issues directly.

Staff treated people with kindness and thoughtfulness. People were encouraged to maintain contacts with friends and family, as well as people of significance to them. One person visited a close relation every week and staff ensured treats were available to give to the person from their relation as this was of importance to both parties. Staff ensured family birthdays were remembered and the visitors were welcome at any time. One relation told us the staff "make you feel at home" and "Staff are wonderful – you can talk to them".

People were encouraged to make gains in independence at their own pace. For example one person was now taking more control of their personal hygiene. Another person took comfort in strict regimes to carry out tasks such as medicine administration. The person's care plan had broken this down into very small and clearly defined steps to ensure the regime could be followed exactly as this reduced the person's anxiety. A staff member told us how one person liked to take a big part in making decisions, in particular about their activity plan. They could demonstrate the progress the person had made since the last inspection in making positive changes towards greater independence.

Is the service responsive?

Our findings

On our last inspection of the service in November 2015 we had rated this key area as good. On this inspection we found this had been sustained and the service was good.

The provider's website stated "By encouraging people to take control and have belief in their potential, we can make positive outcomes a reality for everyone, regardless of age or presumed ability." We found people had made significant individual progress since the last inspection, based on person centred principles and processes, and a commitment to the shared values of positive behavioural support throughout the staff team.

People living at Fair View Lodge had all received an individual assessment of their needs prior to moving to the service. These assessments were comprehensive and very individual, focussing on all aspects of the persons' life, needs well-being and aspirations. These had been used to prepare a care and support plan for each person, based on PBS principles. Plans covered all aspects of the person and their life, and started with sections focussing on people's positive attributes and strengths, for example "What people like and admire about me", "What is important to me" and then "How best to support me". Plans included important pieces of information about people's life history, including previous places they had lived, as the service had an awareness of the impact of poor care in people's past. Plans were being reviewed regularly by each person's key worker and people were supported to take as active part in this process as they wished, with documentation presented in formats to support their involvement. We saw these plans being lived and operated in practice. For example we saw one person being redirected when they started to express anxiety through their behaviour into a more positive response.

The service ensured that people's original assessment was kept up-to-date to review changes and improvements. The registered manager told us although they used this as a starting point they always kept an eye on where people could progress to, with a view to maximising people's potential. Plans covered areas such as communication, relationships, health and healthy lifestyles, emotional life and any behavioural support people needed.

Support guidelines in people's plans were clear both with regard to risks and opportunities for personal development people could experience through positive risk-taking. Staff had been creative in reflecting on people's needs and wishes and how they could be achieved. For example one person's plan had clear information about how they liked to be supported to go to bed. The person did not want curtains in their room, but had consented to external wooden shutters to reduce light into the room. The person could control these from inside their bedroom if they wished as they were on magnets. This gave the person access to a restful and low light environment they could control, but in a low stimulus curtain free bedroom which the person enjoyed.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible

Information Standard at inspections of all services from 01 November 2017.

At Fair View Lodge we found the service had taken steps to ensure information provided met people's needs and wishes. Easy read and pictorial policies and care plans were in place which had been adapted to meet people's individual needs. For example, one person living at the home was able to understand the written word and communicate effectively. Others needed some easy read support and staff explanation before they would clearly understand. Pictorial or visual representations of activity plans were being used where needed. One family member told us their relation when at their home used a "Now and Next" system, but had not wanted to use this in the service. The registered manager discussed this with us and told us they were currently trying a new system for visual communication which the person was accepting in their flat. The aim was to support the person in using this further to make choices about their life and understand their support planning better.

Support plans contained detailed information about how people's communication could be facilitated, including giving people time to process and respond and the use of a personalised communication dictionary where each person's communication was summarised. For example one person's file said they could speak and discuss issues verbally but at times reverted to their own gestures and symbols to express themselves. Their file contained images and detailed descriptions of what these were and meant for the person. Files had clear instructions for staff to follow to maximise the person's understanding. For example, if one person was becoming distressed their file suggested to staff to speak to the person by name and say "(Name of person), take a minute to think about what's upsetting you and then tell me so I can help you." One person benefitted from being asked closed questions, having simplified choices offered and noted they sometimes found it comforting to converse in the third person.

Staff had developed strategies about the timing of communication to reduce people's anxiety. A staff member told us one person benefitted from being told about events a short time beforehand as this reduced their time to become anxious before the event. The person was going to go on holiday at the weekend. Staff said they would not tell the person until a couple of hours before they went as they knew the person would be made very anxious by having the information and time to worry about 'what could go wrong'. In another example they told us they would not confirm to the person they were having their hair cut until the morning of the event as the person would worry too much about who would go with them and would not be able to cope with any last minute changes.

Systems were available within the service to support people raise any concerns or complaints that they had. We saw where concerns had been raised they had been robustly investigated. The registered manager told us all of the people living at the service would be able to raise a concern, and a relative told us their relation would also be able to tell them if they were unhappy about anything.

Nobody at the service was receiving end-of-life care.

Is the service well-led?

Our findings

At our last inspection of the service in November 2015 we had rated this key area as good. On this inspection we have identified sustained positive improvement had continued and we have rated this key question as outstanding.

Fair View Lodge had a clearly understood, positive ethos and culture, and each aspect of the service was tailored to meet individual needs. This focus on individual needs and personalised care was evident throughout and underpinned each element of the service. It ensured each person had opportunities to live a fulfilled life, communicate their wishes and develop their potential.

The provider's website stated "By encouraging people to take control and have belief in their potential, we can make positive outcomes a reality for everyone, regardless of age or presumed ability." We found people had made significant individual progress with making positive choices and decisions, and increasing their involvement in the local community since the last inspection. This had been supported by the service's person centred principles and processes, a commitment to the shared values of positive behavioural support throughout the staff team, and meant people had opportunities to lead fulfilled and meaningful lives.

The care service was developed and operated in line with the values that underpin "Registering the right support" and other best practice guidance. These values include choice, promotion of independence and inclusion. Care and support was person centred, well planned and regularly evaluated. The service was small, flexible and therefore better able to offer a truly person centred service. For example, the design of the service meant each person had their own flat within the building and people could independently choose to spend time together or apart as they wished. People had a personal staffing allocation each day, which meant they were able to change their mind about what they wanted to do at any time, and not be restricted by staffing levels. The service was located in a domestic building, in a residential area, close to local shops, medical services, transport and leisure facilities. This meant people had opportunities to have an increasing role in accessing their local community and maintaining links with family or friends.

The registered manager of the service was newly registered, but had worked at the service previously in other roles. They and other members of the management team demonstrated a passionate, enthusiastic and strongly enabling ethos, aimed at developing both staff and people living at the service to be 'the best they can be'. They led by example, and had a clear and visible presence at the service, including management staff from outside of the service. One member of staff in the management team told us they and the registered manager had 'worked their way up' through the service and had a good understanding of the service at all levels. They told us this helped them understand pressures and act as a role model for other staff. This included the registered manager working alongside staff, modelling positive practices. The registered manager told us they received regular constructive feedback on their performance from their own line manager. Levels of staff accountability and good governance systems were well understood. Clear guidance was in place about staff roles and the expectations of them as workers. This was re-enforced through positive care and support planning, supervision, an environment where people received and gave

constructive challenge and the creative and thoughtful management of risk.

The registered manager demonstrated strong leadership and was passionate about supporting positive care and maximising people's potential. There was a strong emphasis on continuous improvement. In their PIR the registered manager told us "We are transparent, fair and honest at all times, even when things may have gone wrong" and we saw they used any concerns to focus on making positive changes. There was a clear commitment to staff development and equality of access to development opportunities. The registered manager took advantage of opportunities to update their skills and practice, including learning from working alongside specialists and undertaking qualifications in relation to management and positive behavioural support. They attended monthly management meetings and received two types of supervision focussing on both quality and operational/performance issues. They told us the service was well resourced and opportunities were in place for staff who wished to learn and develop.

The registered manager ensured the service was kept up to date with best practice in supporting people with learning disabilities and Autism. The registered manager had recently achieved a BTEC award in supporting people with positive behavioural support, and was completing their level 5 (management level) qualifications in care management. The registered manager was involved in networking with other local learning disability services and sharing good practice initiatives through regular meetings. They could demonstrate how they had worked alongside other specialist services, for example the specialist learning disability teams at the local hospital, to support a person needing hospital care. They had developed links with the local job centre and other local learning disability support organisations providing activities to help meet people's needs for social inclusion. The registered manager and deputy manager used the internet and CQC website for information and updates on best practice; Guidance was available in the service on best practice, for example guidance from Mencap and BILD on "Involving people with profound and multiple disabilities in decision making and consultation". Staff were supported to attend external training, such as for safeguarding, to ensure they received the most recent information and had opportunities to reflect on their practice with external agencies.

The organisation had a clear set of values, based on five primary behaviours of putting people first, being like a family, acting with integrity, striving for excellence and being positive. We saw staff working with these principles in practice. These were raised in team meetings and included in training sessions to ensure they were embedded into daily life at the service. For example we saw a staff meeting had focussed on things that were important to staff, and what the experience of not having those important things recognised by others in a care setting would feel like. They related these to people's experiences. Other sessions and supervisions had stressed the importance of working openly and honestly with people being supported. Staff practices and support systems recognised staff individual needs and skills, for example through the recognition of different learning styles to ensure training was effective.

The service's management team were reflective and thoughtful about the support they gave, and were comfortable in challenging the service to support people's progression and development. We saw and were told about many developments and positive changes to people's lives that had occurred since the last inspection, as a result of the way people had been supported. These had led to people engaging more in the local community and showing far fewer signs of distressed or anxious behaviours. People had been more communicative and involved in making choices and expressing their wishes. A relative told us "This feels like a secure home for (Person's name). They feel at home here and are very settled and happy. We would know if they weren't". The visiting professionals views of the service were overwhelmingly positive, commenting the service was "excellent".

The registered manager told us the sharing of the service's positive culture began at the interview stage for

new staff, setting out how the service's focus was on "supporting instead of disabling people by doing things for them". We saw this in practice with the support given to one person to help them understand their hospital admission and empowering them to take some control of the process.

Staff told us they were proud of working at Fair View Lodge and felt positive both about working there and the people they were supporting. A staff member told us "I love it here – I'm really passionate about it" and another told us "I love it, it's great...I ask a lot of questions, and there is very good support from the management and the team". The management team recognised the intensity of working closely with people who had complex and specific support needs. Staff had opportunities to 'debrief' with senior staff following any incidents and also had access to a 24 hour counselling service if they wanted additional support from outside of the service. All staff were provided with equal opportunities to expand their roles and experiences, including taking on specific tasks. For example each day the role of fire marshal changed to a new staff member. This helped ensure skills and knowledge were shared across the whole staff team.

The registered manager told us good practice was acknowledged and celebrated through their employee of the month award where colleagues and people living at the service had the opportunity to nominate staff they felt had 'gone the extra mile'. On a regional level there were organisational award initiatives, for "Making a difference" and "Pride" awards to recognise good practice or personal achievements. We heard about nominations being made for people who had successfully completed a new activity and for a staff member for having been a good listener.

Fair View Lodge had well-structured management systems and clear processes for assuring the quality of the services provided and to reduce risks to people's health, safety and well-being. Systems to monitor quality and safety were up to date and thorough. The service had regular audits and spot checks carried out by the registered manager and from other senior managers within the organisation, including the service's quality improvement teams (QIL). These had included a full inspection based on standards used by the Care Quality Commission to assess the service. Minor areas had been identified during this process, and these had been addressed in an action plan immediately. The service had an audit calendar to be carried out throughout the year, which included weekly and monthly assessments and the registered manager had systems to ensure these were carried out. Management information such as the percentage of completion of training schedules could be supplied by the provider organisation. Where improvements were identified clear and timely action plans were put in place to address these. Audits completed included a clear focus on the people being supported, for example the medicines management audit was broken down into an individual analysis for each person. This helped ensure each person's preferences for taking their medicines were understood and being followed.

Regular questionnaires were sent out to people living in the service, staff, relatives and other supporters or visiting professionals to assess the quality of services provided to people. In 2016 people had been supported through individual personal interviews with a person experienced in communication, to express their views about the service. People were also asked their views at reviews and in 'in house' meetings. Any changes or suggestions would be discussed and immediately addressed or included on an action plan, for example changes to meal preferences or having particular staff support people with particular activities. Where a relative had expressed a concern over the supply by local continence services of differing continence products for one person the service had worked with a relative to challenge the changes, to help ensure the person's need were met.

The registered manager was aware of changes made to the key lines of enquiry the Care Quality Commission (CQC) used to assess services in November 2017, and was prepared for the inspection. They told us they welcomed this review as an opportunity to identify anything they could improve.

