

Cambian Whinfell School Limited

Cambian Whinfell Shap Road

Inspection report

60 Shap Road
Kendal
Cumbria
LA9 6DP

Tel: 01539730688

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Whinfell Shap Road is a residential care home that was providing personal care and accommodation to four people with learning disabilities and autism.

People's experience of using this service:

The care service had been developed and designed in line with values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Staff were highly skilled in supporting people to lead meaningful lives of their choosing.

Since the last inspection people's life opportunities and quality of life had greatly improved. This was because of the service's commitment in ensuring each person had an individualised support plan that had a focus on creative ways of communicating with them. People were now fully engaged and empowered in setting their own goals and aspirations.

People told us that staff focused on them having as many opportunities as possible for them to gain new skills and become more independent. Relatives told us that the staff team were "phenomenal" and "Absolutely fantastic" in their understanding of supporting autistic people. One relative said that the input had been life changing for their relative and they were "over the moon" with the progress made. They said, "For the first time ever [name] is now making decisions and is in control of his life."

The service used nationally recognised best practice to devise their own solutions to support autistic people. Some people, with the use of technology and staff trained in understanding the support needs of autistic people, had begun to communicate their wishes for the first time. This meant that people were more in control as they had been given ways to express their views to influence how they wanted staff to support them.

The use of technology and a host of communication aids had become a key feature of the service. The registered manager was highly trained and skilled in this area and had shared these skills and knowledge with the staff team, who had fully embraced these new ideas and solutions.

People were therefore helped to exercise control and choice over their lives being supported to consent to care and to make decisions. The principles of the Mental Capacity Act (MCA) 2005 were very well understood by the staff team which meant people's rights were protected.

People were given creative ways and tools to manage their own behaviours with staff being very clear on the approach to take with people. People told us that they liked the fact they could now manage behaviours that they had previously found difficult. One person told us, "I feel a lot happier now and can let staff know how I'm feeling." Another person said, "I'm much better now with my feelings and can work them out for myself."

People were well supported to have a very active part in the local community and were encouraged to make friendships outside of the home. With enabling support from staff, they were engaged in work placements, college courses, volunteer work, fund raising and regularly took part in sporting and community events.

Keeping people safe had a high profile in the service. A proactive approach gave people as much responsibility as possible for keeping themselves safe from harm, and this included from potential abuse. Numerous strategies, communication methods and aids were used to help people understand about abuse, that included bullying and on reducing risks while out in the community. For example, a story comic strip had been created with people to help prevent bullying.

Supporting people to be in control was carried over to all areas of people's lives including healthcare and healthy lifestyle choices, such as with planning healthy menus. Medicines were safely managed and robust checks were in place to identify and take actions when shortfalls were identified.

Well-developed systems were in place for monitoring quality and safety, and people in the home were supported to play an active role. Where shortfalls or areas for further improvements were identified these were acted upon and used to promote good practice.

Staff were given opportunities for learning, development and reflective practice both individually and as a team, which influenced how the home was developed. Staff were motivated and proud of the success and improvements they had made to people's quality of life.

The registered manager demonstrated a strong and supportive leadership style, seeking feedback to further improve the care and support provided. Staff said they were listened to, were encouraged to try out new ideas and this led to a very rewarding environment to work in.

Relatives, health professionals and social care professionals involved with the home spoke highly of the service, staff and the management team.

More information is in the full report and can be found at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated good (June 2016). The service had improved to Outstanding in Caring and Responsive.

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive .

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Cambian Whinfell Shap Road

Detailed findings

Background to this inspection

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

Inspection team: One adult social care inspector carried out the inspection.

Service and service type: Whinfell Shap Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice that we were coming to inspect. This was to give people living in the home some notice so they could prepare themselves to reduce any possible anxiety. We were asked to send a photograph to help prepare people.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually, called a provider information return (PIR), to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with all four people who used the service and spent time with them. We spoke with four relatives by telephone to ask about their experience of the care provided. We spent most of our time talking to people who lived in the home, observing how they spent their time and how staff interacted with them.

We spoke with eight members of staff including the registered manager and the line manager for Whinfell. We reviewed a range of records. This included all four people's care records, medication records, five staff files and records relating to the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were fully involved in decisions about their safety with creative ways and a variety of methods used to help people understand about taking risk and to explore the various forms of abuse.
- Harassment, discrimination and bullying were challenged and staff supported individuals to understand the need for respect for others in the home and in the community. People had been helped to understand the concept of bullying through a person-centred story. Staff had helped create a pictorial booklet with photographs of places and people that had meaning to them. This booklet was used frequently with staff, relatives and advocates to enhance the persons understanding of abuse and bullying. The story gave them set phrases to use and actions to take to help keep them safe. These imaginative and innovative methods were used for understanding other types of abuse and in helping people to develop strategies to take action, to speak up and to be safe in the home and while out in the community.
- Staff were well-trained and knowledgeable in safeguarding matters and these areas were built into working practice, such as being standing agenda items in staff meetings, individual staff supervisions and safeguarding cards with important contacts were issued to all staff. Following a lesson learnt exercise the provider had updated the whistle blowing policy. This was to make sure that any safeguarding issues raised were dealt with in line with local safeguarding protocols to ensure that any safeguarding issues were always given priority.
- Staff had developed positive and trusting relationships with people that helped to keep them safe; staff had the time, training, skills and communication methods they needed to support people with complex support needs.
- The need for using physical interventions with people had significantly reduced over the past year. Now only low-level interventions were used, such as using therapeutic touch for reassurance. The service attributed this to the adoption of a much more person-centred approach, more effective communication tools, and more in-depth understanding of working with autistic people. A full de-brief was carried out with the person and with staff after any such intervention to reduce the likelihood of this being needed in the future. These measures had led to a much more consistent approach from staff which is recognised good practice to successfully supporting autistic people.

Assessing risk, safety monitoring and management; Preventing and controlling infection:

- People were supported to take positive risks and where they were deemed to lack capacity to make a specific decision, appropriate advocacy was made available to them. Positive risk-taking was extremely well-managed by the service and had resulted in much more positive outcomes for people. Assistive Technology had been used to mitigate risk in monitoring epilepsy and seizures. This had allowed people to spend more time on their own when they chose whilst still being safe.
- People were supported to develop greater emotional regulation through person-centred approaches such as social stories, visuals aids and comic strip conversations. This meant they were given the tools to be safer

and more in control when experiencing strong emotions. We saw bespoke colour coded mood boards placed strategically around the home with colours and symbols appropriate to each person to identify a mood and the possible consequences. For example, of displaying behaviours that may present a challenge to the service. These had been better managed so that people could go out more frequently and better enjoy trips to cafes and shops.

- People were actively engaged to keep themselves and others safe in the home with people supported to carry out audits of health and safety. This included ensuring the safety of the food in the fridge, checking fridge temperatures, 'use by dates' and how to store foods to prevent cross contamination. People also carried out fire safety checks and a system had been designed for people to be able to sign themselves, visitors and staff 'in and out' of the building using photographs and symbols.
- The registered manager stated in the PIR, "It is a priority that the individuals develop greater autonomy and learn to keep themselves safe and we are continuing to develop self-risk review for the individuals before any risk activity." To support this the staff had organised and designed an interactive basic First Aid course for people in the home to take part in, which included scenarios acted out by staff. This entailed a different first aid emergency set up in each room, such a finding a person collapsed or with a cut. With staff support people were trained to take key actions such as: knowing how to call the emergency services; knowing the recovery position; and the need to keep people warm.

Using medicines safely:

- Staff were well trained to manage medicines consistently and safely with their competency being regularly checked. Medicines were stored and disposed of safely and staff kept accurate medicines records.
- The service was creative in helping people to understand the medicines they received, how they benefited them and the consequence of not taking them.
- People were helped to make informed decisions about their medicines. The use of storylines, symbols and pictures was used to facilitate understanding. For one person this meant they could understand the benefits of taking medicines regularly to better manage a health condition and they could see that this allowed them to take part in leisure activities.
- The registered manager had also recently introduced a pain measurement tool for one person with non-verbal communication so that staff could be more effective in giving 'as and when' pain relief. This had included successfully teaching the person to use communication tools to express pain.

Staffing and recruitment:

- Staffing levels were flexible and in numbers that supported people to live independent lives of their choosing.
- Safe staff recruitment practices were in place to make sure staff were suitable to work with vulnerable people.
- People in the home were involved in the selection procedure and could say whether they felt people were suitable for the role of working with autistic people.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager had oversight of these and with the provider monitored them for any trends or patterns.
- There was an open culture in which all safety concerns raised were highly valued as integral to learning and improvement. The service had recently improved working practices as a result of investigating when mistakes had been made in how they dispensed medicines and in how they handled whistle-blower concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Thorough assessments of people's support needs were carried out by the service and these were developed with relevant professionals and regularly reviewed and improved.
- Care and support was planned and delivered in line with current evidence-based guidance, legislation and on the best use of technology. The registered manager was trained to post graduate level in supporting autistic people and those with complex communication needs. She had built on the expertise of staff to use nationally recognised good practice tools and methods to use with people with complex learning difficulties and to support autistic people.
- Effective communication and the use of low and high 'tech' tools were a key feature in the service and was the basis of the more recent successes of developing more effective ways of working with people.
- Healthcare professionals were extremely positive about how people's needs were being assessed and met by the service. One healthcare professional explained how the very detailed and thorough assessment of one person's support needs was used being used in training sessions. They told us, "I now use [registered manager name] evidence as an example of good practice in the Continuing Health Care training I provide to social work practitioners and other providers."

Staff support: induction, training, skills and experience

- People were very well supported by staff who had a range of training that was developed and delivered to take into account each person as a unique individual, respecting their characteristics and focusing on what is important to them in their lives. The service used best autism specific approaches: such as intensive interaction, adapted communication and technologies; simple visuals and symbols and emotional regulation programmes.
- The Whinfell clinical and therapeutic team, part of the providers services offered to their schools' division was frequently used to support people. It is made up of specialists in the field of autism and includes occupational therapists, physiotherapist, behaviour specialist and speech and language therapists.
- We saw how this training and methods used had benefitted people living in the home. People had started to use a range of communication tools and technology. For example, a 'communication aid grid pad' was effectively used for the first time by one person with the consistent support from staff who had been trained in its use. Staff had also been trained in 'mirroring' and modelling techniques. This allowed people to communicate with staff and others much more effectively. For one person this had led to an increase in their verbal language and the use of short phrases for the first time. Staff told us how amazed they had been that this had worked so well and in being 'over the moon' for this person as they presented as being much happier and being more settled.
- There was proactive support and appraisals for staff, which recognised that continuing skills, competence and knowledge were integral to ensuring high-quality care and support. A new system for supervision had

been based on a best practice model to promote staff self-reflection.

- The provider was committed to developing their staff and promoting them to higher positions whenever possible. One staff member told us, "This is the best care job I've ever had. They are so keen to upskill you here. I've had loads of training, induction and shadowing of other staff. I have the opportunity to develop within my role. Since starting I have grown in confidence."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet:

- People were empowered so that they received timely support to healthcare services and professionals when they needed help. The use of 'hospital passports' with key information helped to ensure people's care and support needs were met and the support given by other agencies was consistent. This allowed people to attend appointments with reduced anxiety levels and they were helped to understand the importance of attending and receiving treatment. The use of storylines, comic strips, symbols and pictures were used to facilitate people's understanding.
- Strong emphasis was placed on the importance of eating and drinking well and supporting people to make, wherever possible, informed choices to promote good health and well-being. One person told us, "I just have some foods now like a treat or have a cake when I go out to a café." Creative ways were used to help people make informed decisions about their diet and the importance of exercise. For example, a visual food mat was used with people to plan a balanced diet.
- People were fully involved and helped to be in control of planning, shopping for and preparing their own meals, drinks and snacks. Complex dietary needs linked to autism had been well-managed to support people to maintain a healthy diet and weight. Input from a dietitian had led to offering foods for weight gain for a person with a very limited diet associated with a sensory focus on certain foods. This had resulted in a healthy weight gain for this person.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working in-line with the principles of the MCA. Staff had a good understanding of the MCA and gave appropriate support so that people could make decisions for themselves. Where people's capacity to make decisions was compromised then the home followed the MCA to ensure their rights were prompted and protected. The service constantly reviewed any restrictions to ensure that these were kept to a minimum and the least restrictive option was used to keep people safe.
- Staff ensured they had people's consent before carrying out care tasks, and this was recorded in people's files. Some people had restrictions placed on them to keep them safe such as by: monitoring movement with sensor mats and by constant one to one supervision. The service checked these restrictions and considered them as part of a best interest process, including consulting relevant people, as set out by the MCA; appropriate referrals had been made to the local DoLS assessing body.

Adapting service, design, decoration to meet people's needs:

- People were able to readily access local facilities and the local community. The home was well placed to

easily access shops, leisure facilities, the town centre and for public transport.

- The service was designed around people's needs and wishes and used innovative ways to help people to be as independent as possible. One person's room was designed, with input from the occupational therapist, for colour choices and styles that were calming around their support needs for reduced sensory stimulation.
- New equipment and technologies were used creatively to support the delivery of high-quality care and independence. The organisation's occupational therapist and physiotherapist who had expertise in autism were frequently used to develop innovative ways to adapt the environment. For example, staff had developed the attic room into a 'chill out' room and this could be adapted into a space for both a high level and for low level stimulation depending on each person's needs at the time.
- High and low 'tech' solutions were used to best suit each person needs. For example, the staff had devised whiteboards and laminate posters to use with people who were non-verbal to allow them to quickly express their personal care needs, this was in addition to a communication electronic pad.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence:

- Promoting people's independence and autonomy was at the heart of the service's ethos. Staff were very aware of the importance of building self-esteem and demonstrated this in the way they interacted with people every day. This was their positive language and a desire to see people succeed and achieve goals. Goal setting was carefully considered and paced with each person so that the goals were achievable. When goals were met the service celebrated these and shared them, with people's consent, with families, friends and professionals. The service had developed a social media app (digital application) called 'seesaw' that allowed them to share success stories of people celebrating goals. A newsletter produced with people in the home was also used to in a similar way to share news and achievements.
- People were supported and encouraged by staff to respect themselves and other people. This included working with people to know the importance of respecting each other's private space, such as bedrooms. The service had developed agreed house rules with people living in the home and these were all based around keeping safe and respecting other people. Staff helped people with relationships and to understand the impact of their behaviour on other people. This also allowed them to understand how they should be treated. We heard people in the home reminding each other of these rules and taking ownership of enforcing the agreed rules.
- The relationships between staff and people who received support consistently demonstrated a high regard for people's dignity and respect. One example of promoting a person's independence and greatly increasing their dignity had been to support a person to independently carry out personal care and showering without staff being present in the bathroom. This had taken several months of a consistent approach by staff and intensive use of communication support aids. For another person who did need staff supervision to shower staff had the idea to put up dignity film on the shower screen.
- A specialist healthcare professional told us that they had been very impressed with how people's independence had been promoted. They told us, "People with severe learning difficulties and complex sensory needs have been enabled to prepare their own packed lunch with supervision and verbal prompts only. This is only possible due to how consistent and committed the support staff are in enabling people to complete functional activities of daily living."

Ensuring people are well treated and supported; respecting equality and diversity:

- The home had been recognised by occupational therapists and speech and language therapists as truly person centred and outstanding in the use of approaches to overcome communication barriers. One family had also described the communication support for their relative as life changing for both the relative and the family.
- People received exceptional care and support from staff who were extremely compassionate and caring.

All the staff we met were passionate about doing whatever they could to support people to achieve and get the most out of life. The home's ethos was stated as, "To support people to have rich, quality lives that are meaningful to them as unique individuals."

- The high staffing ratio allowed people to have quality time with their support worker so that they could talk, ask questions and be listened to in a respectful way.
- Staff had a good understanding and training in protecting and respecting people's human rights. We discussed this with staff; they described the importance of promoting everyone's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. One of the stated aims of the home was, "Improving people's life chances by being solution-focused to strive to overcome barriers to ensure opportunity and equality." Easy to read literature was used with people in the home to explain about diversity, individuality and sexuality.
- People were supported with relationships that were important to them. Staff went to considerable lengths to communicate with, and to ensure people had regular contact with family and friends. One relative told us, "The manager has been very instrumental in increasing the amount of contact that I am able to have with him." Staff had taken this person by long distance train travel to maintain family contacts.
- Staff demonstrated an awareness about promoting people's self-esteem. People were keen to tell us about their active and productive roles in the local community and 'giving back'. We saw that this was important to people and gave them a feeling of self-worth. For example: by ongoing fundraising events supporting Children in Need ;by volunteering to do regular voluntary litter picking to help keep the town clean; and by staff taking up running to support one person to do a fun run.
- People were given positive reinforcement to reach goals and help to build self-worth. Staff gave careful consideration and thought to planning such activities and to ensuring that these were a success. For example, a virtual sponsored bike ride was set up in the home's hallway with an exercise bike that everyone could use over a period of a week. To make this more meaningful a large map had been placed behind the bike with the home address of people's relatives pinned on the map. People were then riding the miles between each of their relative's home addresses. People in the home were proud of this achievement and keen to show us how much they had raised for charity; £900 which was featured in the local newspaper. Staff also said this had given a great sense of achievement and teamwork between staff and everyone in the home.

Supporting people to express their views and be involved in making decisions about their care:

- Staff were passionate about giving people a voice and making them central to the running of the service. Effective communication with people had become a key feature of the service with a range of creative ways used to enhance people's ability to be understood and to communicate, both verbally and non-verbally. One communication solution was a low 'tech' example with the creative use of everyday door mats adapted by staff into communication mats using Velcro and photographs.
- An independent advocate who regularly supported people in the home had been trained by the registered manager to use the communication methods designed for each person in the home. This gave people communication methods with independent people outside of the home to promote their voice and gave them the means to speak to people about any concerns they may have.
- The PIR demonstrates the level of importance given to effective communication, "We also use selective language to help two of our individuals who find being given an instruction or having a demand placed on them difficult: staff are trained to use suggestive language and non-directed language. Three individuals have their own style of visual calendar to help them understand the passage of time and know when they will be seeing their family next. We have a photograph of the staff member who is on waking watch at night so we don't alarm the individuals and two individuals use a photograph of staff to show who they are working with."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was overwhelming evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- There was a strong, visible and person-centred culture that was built on positive relationships with people. The service was exceptional at helping people to express their views so that staff and others understood their preferences, wishes and choices, and helped put them into action. Support plans were regularly reviewed and analysed for effectiveness and to set new goals that were achievable
- Staff used innovative and individual ways of involving people and their family, friends and others in their care and support plans, so that they feel consulted, empowered, listened to and valued. The 'seesaw' media 'app' had been used to keep families and professionals working with people informed on progress, goals and achievements. On this site these people (who had agreed permission to access the site) could give positive feedback and congratulations on the post. Staff used this 'app' to share strategies and interventions that had been successfully used with people. This consistency of approach had been key to recent successes with people and had led to greater levels of independence for people as a result.
- Individualised means of communication and bespoke tools had been critical to the positive outcomes seen for people. For example, we saw how staff had designed a large board displaying a thermometer that was used as a visual countdown to the number of days a person had before they would visit their family. The person oversaw this and each day moved the pictures on the board. Staff said this had led to their anxiety levels dropping considerably with them being more relaxed to talk about and do other things. The family of this person told us that their relative was so in control and reassured now that [relative's name] had made the decision to visit less frequently. The family felt this was a huge milestone that they never thought would happen. They told us, "He's left home like any other adult his age and is feeling good about it now. It feels like he has been given the means to have a really positive future."
- The work with people on communication was described to us as 'exemplary' by a specialist occupational therapist working with the home. They said, "This allowed people to have improved life chances and was aspirational for each individual." For some people this was seen through gaining work, college placements, volunteering in the community or by achieving milestones in communicating with people. This had also led to greater social involvement and inclusion in the local community. Some people had completed fun runs and had been out training with staff and others had received awards for their voluntary work from the Mayor.
- People had expressed an interest in camping and staff supported them to plan, get the equipment and choose where to go. People had been supported to develop skills, gain a sense of achievement and had a successful weekend away. People told us how much they had enjoyed the camping trip and more had been planned. Staff told us, "There was an incredible amount of planning and at one time we would never have thought this possible but we are now at the stage of anything's possible. The developments in the home

mean that we can now move people forward and it's 'a can-do culture'."

- People had been fully involved to develop individual strategies and support plans to meet their needs. For example, for some people this could be agreed steps to change or moderate people's mood to one that had more positive outcomes. People were seen using these tools to discuss, reflect upon and to manage their own behaviours and risk. One person was able to see that one course of action would not make it possible for them to safely engage in an activity in the community, while another reaction would allow this to happen. This had also been used to create more positive safe personal relationships and friendships.
- People were enabled to maintain and develop their own personal identity, individuality, ethnicity, religion and sexuality. Relationships were discussed and explored with people in formats they could relate to, such as storylines and visual boards. This covered personal, family and friendship relationships, consenting relationships and being aware of sexual health and well-being.

Improving care quality in response to complaints or concerns:

- People who used the service, their family, friends and other carers felt confident that if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly and responded to in good time because the service dealt with complaints in an open and transparent way, with no repercussions.
- The registered manager told us, "I have worked intensely with the staff team for them to understand the importance of concerns and to know the exact procedure to follow if they received a concern about the home and the people who live here. I regularly do training in this area and I have made resources readily available such as concern sheets, procedure flow charts, posters of what to do and who to contact. I have also put in place (with consent) body maps for my nonverbal service users and a prompt of what to do if you find an unknown mark on their body."
- In key worker sessions people were supported to express any complaints or concerns by the use of visuals and questioning. An advocate visited every six weeks but was available to come sooner if requested. There were clear visuals that sign posted how to complain if people wanted to. Monthly house meetings gave further opportunity to not only raise complaints but to also explore and contribute to any changes that people would like to see in their home. Staff were regularly trained to know what to do in the event of a complaint or concern expressed. The home took complaints and concerns seriously and recognised such instances as an opportunity to put things right, learn from them and become a better service. This was also the case with any incident or error.
- Recently a person visiting the service expressed disappointment in the communication and relationship with the service. The service was following local safeguarding procedures and was unable to communicate certain information at the time. It was explained to the reasons why and again the service directed the person to make a complaint if they wished to. We spoke to this person and they were happy with how the complaint had been handled.

End of life care and support:

- Currently no one in the service was receiving end of life care. However, people in the home had been supported to understand loss and helped with family bereavement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The service had a positive culture that was person-centred, open, inclusive and empowering. Leaders, managers and staff had a well-developed understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care.
- People told us the service had been consistently well-led. Everyone we spoke to told us that the new registered manager's leadership style and expertise in the field of autism had brought about significant changes and improvements. The registered manager had been in post for just over 10 months and in that time had re-shaped its culture and service model by engaging with staff, people who use services, carers and other stakeholders.
- The most significant changes had been in the way that each person's support needs had been analysed in great detail to work out what 'makes them tick' and then responding with clear and focused plans of support. This had led to very successful engagement and outcomes for people particularly in improved communication methods and promoting independence. A social care manager reported about the registered manager, "[Name] came across as a highly competent and caring manager, accessible to residents and staff. She evidenced an excellent understanding of Autism and the needs of the residents, putting into practice many new tools to increase independence and personal development, and enabled staff to deliver high quality, person-centred support."
- We saw that staff had been inspired and motivated by these approaches and were empowered to also try out new ideas. The new ways of working and approach were still being worked through by the staff team and staff had been enrolled on more specialist autism training to support these changes. One staff member told us, "It's was hard work to start to move away from doing things for people to really engaging with them and promoting their independence. But it's paid off in bucketful's. The whole staff team is buzzing with ideas and things to try next."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Managers and leaders genuinely welcomed feedback, even if it was critical, and could demonstrate what action had been taken in response. People were involved in or consulted about reviews of concerns, accidents, incidents and adverse events and in planning to prevent similar incidents in the future. We saw how the registered provider's handling of a whistleblowing investigation had not been carried out in line with safeguarding protocols. The registered provider carried out an investigation and had rectified this by changing policies and procedures and retraining staff.
- One senior healthcare professional told us, "I was very impressed with the home and would not hesitate to

recommend this setting to other service users. The manager was extremely helpful and listened to what was required to demonstrate the skilled support they provide for an assessment I was carrying out."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- It was very clear that each person was seen as unique and their rights to make choices were respected and supported. Promoting effective communication methods was a key feature of the home and this had led to a much higher level of meaningful engagement with people. People told us they had a voice, and they felt like they mattered. They said meetings were a way to talk about areas of common concern, raise new ideas and challenge the service. Suggestions from people were responded to and put into action, such as camping trips and themes for evenings in the home.
- Social inclusion of people played an important role in people's day to day life and the service was keen to engage in the local community. A recent initiative had been for people in the home to run a coffee morning to raise awareness and funds for charity.
- The registered manager had focused on developing open and trusting relationships with families. With people's permission the service had shared the approach to working with people and explained the reasons for any restrictive practices.
- The registered manager was fully aware of the duty to share any mistakes, errors or incidents with relevant people, professionals and to meet CQC requirements.

Continuous learning and improving care; working in partnership with others:

- Staff were building on experience and skills and were developing an understanding of the service's vision, values and strategic goals. These were being imbedded into a credible strategy with well-defined objectives. The service had identified a need to strengthen the staff structure and part of this had been to recruit a new deputy. Other areas for development had been the need to have more structured staff development, supervision and a training programme that was more specific to the needs of the people in the home.
- The service consistently worked in partnership with the wider professional team. Care records included detailed involvement of GP, learning disability services, any day support services and advocates for people they supported. A healthcare professional told us, "The manager uses a holistic approach and calls on members of the multi-disciplinary team when required to adjust the service users provision."
- The service was open to learning from mistakes. For example, a medication error investigation led to a solution focused action plan with the development of a visit aide memoir to use when people were out of the home and on visits. Key information and management of the movement of medication was better monitored and recorded.
- A recent audit of the service by adult social care reported, "Recording within the service is excellent and very organised. Key monitoring is completed as standard and the service has a clear focus on independence, communication, inclusion and progression. There is evidence of learning from any incidents including debriefs with both residents and staff."
- While the registered manager had a wealth of expertise in education and in autism and communication she had identified a need to strengthen her knowledge of managing a social care service. This was planned to include more networking with other providers, attending conferences and developing staff knowledge of CQC regulation.