

3 Dimensions Care Limited

Ashcroft

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?	Good ●

Summary of findings

Overall summary

About the service

Ashcroft is a residential care home providing personal care to up to three people with learning difficulties, autism and communication difficulties. The service specialises in providing a service to young adults who have moderate to severe autism and communication difficulties. At the time of the inspection there were three people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

People's experience of using this service and what we found

People were not able to tell us about their experiences of life at the service, so we therefore used our observations of care and our discussions with staff and relatives to help form our judgements. However, feedback about the service from those close to them was remarkably consistent and positive.

The service continued to ensure people's individual social needs were met so people could live as full a life as possible. The service was not risk adverse and was proactive in enabling people to have control over their lives and to receive care and support which was personal to them

The service has a track record of being an very positive role model for other services. There was a knowledgeable management team who led by example and who were committed to continually monitoring and developing the service. The provider, management team and staff were passionate about the service. The service had supported people to successfully transfer from children services and develop their independent living skills. People were at the heart of the service which was forward thinking and worked creatively with outside organisations to promote the well-being of people with learning disabilities, autism and communication issues.

The service was dedicated to ensuring continuous quality improvement to make a real difference for people. Person-centred care enriched people's lives. It helped them to achieve their potential and overcome barriers related to their disabilities, which led to positive outcomes.

People were supported to achieve positive outcomes through the strength of their relationships with staff. There was a distinctive focus on creating a service that welcomed and embraced people's diversity and promoted equality. The management and culture of the service demonstrated a caring approach and staff

were also valued and cared about. People were treated with the utmost respect and their dignity was continually upheld. This was confirmed by people and their relatives who provided very good feedback.

People were safe and risks to people were identified, assessed and managed safely with an enabling and empowering focus so no one was restricted. Staff supported people to take positive risks and were flexible in their approach. There were enough staff to meet people's needs safely and recruitment processes were robust. People used a variety of assistive communication aids to express themselves which enabled staff to support people effectively to meet their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service outstanding (published 2 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashcroft on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ashcroft

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ashcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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 of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service. This includes the statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff as well as the registered manager deputy manager.

We reviewed a range of records. This included two people's care records and one medication record. We reviewed one staff file. We also reviewed records relating to the management of the service including policies and procedures.

After the inspection –

We continued to seek clarification from the registered manager to validate evidence found. We spoke with three relatives by telephone and requested information from two health professional by email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm because staff had a good understanding of the types of abuse and how to respond to any concerns. All staff had received safeguarding training; this began at their induction and was regularly updated. Staff were able to discuss what action they would take if they had any concerns.
- The provider had measures in place to minimise the risk of abuse to people and fully investigated any concerns identified. Where concerns had been raised, they had worked with relevant authorities to make sure people were protected.
- Positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Staff were able to demonstrate they followed the plans.
- Where people needed the support off two staff to keep them safe in the community this support was provided. One person told us they felt safe inside the service and in the community. Relatives confirmed they felt their loved ones were safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place which gave clear instructions for staff to follow to reduce the risk of harm. Assessments covered areas such as epilepsy, accessing the community, mobility and other individual health conditions.
- People were supported to take risks to increase their independence. The registered manager informed us, "We look at individual risk and work with the person to reduce the risk, but also maintain their independence." They gave an example of one person being supported to manage some of their medicines; they said, "It has been so positive".
- Restrictive practices to support people with their anxieties had been individually risk assessed and clear recording and analysis took place following all incidents. The registered manager told us, "There have been no restrictions or incidents over the last twelve months. People are settled, they know each other and staff so well". As incidents had reduced, new behaviour support plans had been implemented to reflect the changes.

Staffing and recruitment

- There remained a stable staff team. Relatives told us they were happy with the staffing levels. Comments included, "There is very little turnover of staff which I think makes it work so well. If there are going to be new staff, we are told "and "The atmosphere between staff is really good and professional".

- An on-call system was in place to ensure staff always had the support of managers. The deputy manager informed us staffing levels remained the same at weekends as during the week and no agency staff were used at the service. A member of staff told us, "Staffing is good. You would never say someone had missed anything because of staffing". The registered manager informed us that since the last inspection a deputy manager had been appointed which had a positive impact on the running of the service.
- Recruitment checks were in place and demonstrated that people employed were safe to work with people in care settings, had satisfactory skills and the knowledge needed to care for people.

Using medicines safely

- Medicines continued to be managed safely. There were effective systems for ordering, administering and monitoring medicines.
- Staff administering medicines were trained and had their competency assessed regularly.
- People were encouraged to manage elements of their own medicines, where safe to do so. This promoted people's independence.

Preventing and controlling infection

- Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons. We observed staff using good infection control measures, such as wearing gloves when supporting people with personal care, which demonstrated they understood their responsibilities in this area.

Learning lessons when things go wrong

- The registered manager responded appropriately when accidents or incidents or safeguarding issues occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good.

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

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

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Ashcroft was skilled in how it obtained people's consent for care and treatment. For example, they worked with people to educate, increase their skills and communication techniques. The outcome of this support for one person meant they had learnt skills to manage small amounts of their own finances, purchase items and paying for them independently. The registered manager told us this had been so successful they were now supporting the person to control larger amounts.
- Care records focused on what was important to people to live a fulfilling life. They contained detailed information on the support people required from staff to help them meet their goals and aspirations. This meant that people were supported to take positive risks. Although one person was unable to leave the home without the support of staff. To ensure the person did not feel restricted, they had visual instructions in their room, explaining the key code to open the main door. A staff member said, "They have never used it, but they know it's there". Another staff member said, "We support them to make the choices that are practical for their best interest. If there were risks, we would talk to them to reduce the risk or help/support them to make more suitable choices."
- The service understood the needs of different people and as groups and met these needs which promoted equality. Mental capacity assessments and best interest paperwork were in place for areas such as personal care, positive behaviour support plans and finance. The registered manager shared an example of how one best interest decision had enabled one person to feel more confident to express their choices,

following the removal of their visual communication board.

- Staff were confident in regards offering choice, and used innovative ways to make sure that people were involved in decisions about their care, so their human and legal rights are respected. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions both verbal and non-verbally and gave people time to process information.

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

- People's support needs continued to be assessed and monitored. People living at the service had made successful transitions from children services. The registered manager told us the majority of staff had transitioned with them. This meant people had continued to receive effective support and guidance from staff they knew well.

- There was a holistic approach to providing care to meet people's physical, mental and social needs. Personalised care and support plans were tailored and delivered in line with legislation, standards and evidence-based guidance. Staff consistently reviewed people care. For example, staff found one person was losing some of their hair, they completed data analyst and found this was linked to the person not rinsing their hair effectively. The registered manager told us, staff now support the person with rinsing their hair and there have been no further incidents of hair loss.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained and highly motivated staff team who felt supported by the provider and the management team. Staff training was developed and delivered around individual needs. Alongside their mandatory training staff had received specific autism and epilepsy training. The registered manager told us future development plans included all staff to be trained at a higher level in autism. Relatives described staff's high competence in supporting their loved ones. One relative said, "I can't think of anywhere better than Ashcroft, all staff are trained and competent".

- People and staff were trained in areas such as diversity, relationships and sexuality where we noted particularly positive outcomes for people. One person was encouraged to put a sign on their door when they wished to have private time. This approach had led to the person being confident to take timeout alone in the privacy of their bedroom.

- The provider made sure staff put their learning into practice to deliver outstanding care that meet people's individual needs. Staff knew people extremely well which meant they were able to meet their needs and help them develop as people. They used the training they had received to support people and provide excellent outcomes and an exceptional quality of life. One staff member told us, they felt their training had enabled them to ensure, positive outcomes for people. They told us. "We have the skills and training to support individual needs, this reduces risk. [Name] has come on leaps and bounds, we don't get the behaviour that put them at risk anymore."

- Staff told us that they felt supported and received regular supervision and staff meetings. They said that they could go to the registered manager or deputy manager at any time, as they made themselves available.

Team meetings and supervisions evidenced that staff felt confident to raise questions and concerns. Person centred strategies to support people were set up through the feedback received through meetings and supervisions.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a strong emphasis on the importance of eating and drinking well. A comprehensive monitoring system was in place to teach life skills. This included supporting people to prepare their lunches. Positive staff relationships were used to encourage those who are reluctant or had difficulties in eating and drinking. One person had never been able to use utensils and had only ever eaten finger food. Through personalised support, guidance and encouragement over a period of time, the person now ate a variety of different foods

using the appropriate utensils. We observed the person preparing and enjoying their lunch. Once a week each person took a turn of shopping cooking and preparing a meal for their housemates. One person told us, "Food was good".

- People were actively supported to create their own menu's. Likes and dislikes were used to develop these where people did not communicate verbally. There were numerous visual prompts for people to guide them as to what food and drink was available.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight or needs changed, they sought the advice of specialist professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the service were committed to working together to deliver joined up care and support to people. One health professional told us, staff were very effective in communicating with them and the person's family. They told us the person was "Clearly happy to be in their company and there is good rapport".
- People had 'hospital passports' that were used in the event of a hospital admission. The information contained in the 'passports' informed medical staff of the person's medical history, prescribed medicines, health conditions, mobility and communication needs.

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

- People's diverse needs were promoted through the way the premises were used. People had a variety of spaces around the home in which they could spend their time and were seen to use these either as a group or individually.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- Ashcroft had a secure garden where people could relax, use a trampoline or use the garden room for art and crafts. Staff told us one person liked to use the garden room in the evening. They told us, "We have the heating set so it is always warm in here."

Supporting people to live healthier lives, access healthcare services and support

- Staff continued to ensure people had the access to healthcare support they needed in a timely manner. The registered manager informed us, social stories were used to support people to attend health visits. They told us this approach helped to ease anxieties and made health appointments a positive experience.
- Care plans showed that people had received annual health checks by their GP, and other health professionals to meet their specific health needs. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service continued to support people to maintain relationships with friends and family.
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and culture, including time spent in private. Relatives told us they were always made welcome at the service.
- Staff members were skilled and highly motivated in supporting people in a caring and respectful way. This demonstrated a close working relationship, which had a foundation of trust and empowerment. For example, when people asked if they could go out, they were given clear time scales to plan their trip. We observed staff stuck to the agreed time with the person.

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

- People continued to be supported to express their views and were involved in decision about their care. For example, if people were demonstrating signs that they were unhappy, the provider looked at trends in behaviours to analyse any concerns the person may not be able to communicate. The registered manager gave examples where behaviours had led to people having changes in carers or routines. They told us, "One person's behaviour increased. It was discovered this was due to staffing levels decreasing, and the use of agency staff. Once the staffing balanced out and we stopped agency staff at the home, the behaviours decreased".
- Relatives told us their family members were extremely well supported by the staff. Comments included. "Their approach to autism is to the highest standard. All staff are highly trained to provide high quality care to people living with autism and communication problems". "The care is very good, we see the same care staff, who know [name] well, and he knows them well. There is no agency staff which makes it consistent".

Respecting and promoting people's privacy, dignity and independence

- All those we spoke with talked about a strong, visible person-centred culture. Staff understood the importance of treating people as individuals and referred to people in a respectful way. When needed, people were given appropriate reassurance and support. The registered manager told us systems were in place to review and develop life skills to promote independence. They gave us examples where this had, had a positive impact on people such as preparing their own lunch, using self-service tills, budgeting and emailing family members.
- People living at Ashcroft were encouraged to be as independent as possible, particularly within their own

personal care, to reduce interventions by staff and prevent cross contamination. These skills are assessed through a comprehensive life skills auditing system and reviewed during monthly house meetings.

- Staff were consistently polite, courteous and engaged and were genuinely pleased to be at work. One staff member said, "I love coming to work, morale is good, all easy to get on with. People are treated respectfully and are involved in every decision possible".
- There was a lovely, calm atmosphere at Ashcroft. The three people living there clearly liked each other and respected each other. All were busy with their day to day routines. The home was inclusive to all of them and staff interacted equally with kindness and respect throughout the inspection.
- People seemed confident and comfortable with staff and directed them and listened to them. The office was open and led from the hall and the kitchen. Staff and people came in and out as they wished, and always received a warm welcome. Managers also went out to help without being asked and offered staff and people drinks when they were making them. Staff joined people for lunch and helped them appropriately, and discreetly when required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service enriched people's lives, as well as making a significant difference to their family members, by helping people to live full and active lives. Every relative we spoke with told us staff empowered, listened and valued people and their families. One relative told us, "The standard of care is excellent, I have worked all my life with people and in my experience, you will never find a better service than Ashcroft and 3 Dimensions. It is a unique service they do everything to the highest standard. They are outstanding". All other relatives shared the same view.
- People were valued and involved in their care. For example, one person struggled to communicate how they were feeling, staff worked with the person to gain the confidence to approach them if they were worried or upset. This approach led to the person gaining confidence to communicate to staff, including taking a photo from the staff board and saying no to an agency member of staff supporting them. The registered manager told us following this interaction agency staff were no longer used at the service.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. They worked with people to remove the barriers. For example, at our previous inspection one person's chosen activity had required them to have two to one staffing due to risk of harm to others. Staff used social stories to support the person to develop coping skills, to be able to enjoy the activity without risk to themselves or others. This positive approach had resulted in the staffing levels reducing to one to one, and the person enjoying their activity on a more regular basis.
- One person had been assessed as at risk due to smashing glass. Staff had worked with the person to review the risk and understand the risk this posed to them. The registered manager told us, "We worked with (name) to reduce the risk, but also maintain their independence. They are now in charge of the recycling. They collect all the glass and take it to the recycling centre once a week. They get a lot of pleasure by throwing the glass into the recycling bins. We also are happy as they are safe from harm".
- Staff received training in how to effectively support people who were living with an autistic spectrum disorder. The skill of staff to support people with autism, had led to significant reductions in incidents. The person-centred care being received by people at the service had reduced behaviours and episodes of self harm for people. Technology was used to enable the people to express their emotions to staff. For example, personal computers and smart phones. This positive engagement had a significant impact on the people's well being, which had reduced any episodes the people hurting themselves. The registered manager told us, "There have been no incidents of harm for the last 12 months".
- Care plans were personalised and updated in response to people's changing needs. Staff were proactive

at reducing restrictions and enabling people to take risks in a proactive, supportive manner. One person had a history of trying to leave the service without staff which put them at significant risk. Staff were skilled at anticipating and recognising signs of distress and responding in a positive way. They worked with the person to develop skills to communicate their anxieties, verbally and through social stories. This positive approach meant the person had stopped trying to leave the service without staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- Care plans identified people's communication needs and the registered manager ensured people had access to the information they needed in a format they could understand, such as pictures, large print, or writing a simple phrase with the use of a smart phone or computer. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS).

- People felt listened to and valued.

Staff had a good understanding of people and their individual communication needs and had all received training in Makaton. Makaton uses speech with signs (gestures) and symbols (pictures) to help people communicate. Team meetings and supervisions evidenced that staff felt confident to raise questions and concerns. Person centred strategies to support the people were set up through feedback and monitored by the management team.

- Social stories were successfully used to support people in making and understanding decisions. Social stories support people in regards social interaction, by describing situations with relevant social clues. Understanding these needs had ensured that people received positive outcomes that had helped to reduce behaviours and developed independent.

- Care plans contained a high level of detail about how people communicated. Care plans outlined words or phrases people used, and staff were knowledgeable about these. For example, one person spoke in a certain way which may have restricted them communicating their wishes or holding conversations with people who did not know them well. The person had been encouraged to use their mobile phone by texting key words to support their communication with people. This had meant the person was able to converse with people when they wished. The registered manager informed us this had led to a decrease in behaviours and anxieties. The person was able to share with the inspection team what they enjoyed about living at the service by using this method of communication. A relative told us, "The staff are excellent at meeting communication needs. They understand [name] and get him to slow down to try to improve his communication

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The arrangements for social activities and work, met people's individual needs. Since our last inspection, the ongoing support and development had led to one person gaining skills to enable them to gain employment. The registered manager told us, " This has been so successful. They help putting pizza into boxes, this had not only improved (name) confidence it had also improved their fine motor skills. They have made such a positive impact where they work, the staff working there are approaching us to come to work at the service".

- Care plans consistently contained a high level of detail, including people's backgrounds, interests, routines and what was important to them. Frequent reviews were used to set and measure goals which were regularly achieved in a way that improved people's lives. One relative told us, "There are many activities and

they are varied from rock climbing, discos, holidays, shops, bowling, it's a full choice, full life".

- The service took a key role in the local community, by working alongside other services including children services. They had helped people to develop links with other community resources.

Improving care quality in response to complaints or concerns

- People and their relatives confirmed they would be happy to make a complaint if needed and felt confident the complaint would be addressed. One relative told us, "We would not hesitate to speak with the staff. If we were not happy, we are 100% confident they would solve the issue. The service does what it states it will do and delivers high quality care and support".
- The provider had a complaints procedure. The registered manager was able to evidence how they followed this policy.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong emphasis on continually striving to improve. Managers recognised individualised barriers and promoted systems in order to provide a high-quality service.
- The vision and values were person-centred and made sure people are at the heart of the service. The culture of the service was positive and enabled people to live how they wanted to. From our observations it was clear that people were at the heart of the service and staff were focused on providing personalised support.
- The registered manager and deputy manager showed us good evidence of a robust quality monitoring process for all aspects of the service. This included monitoring the staff team and supporting them to provide person centred quality care, tailored to the needs of those using the service. They also monitored training and development of the staff to ensure that they had training appropriate to the needs of those living at the service.
- The registered manager and deputy manager worked alongside the staff team. They told us having a culture as a hands-on management team allowed for observation of people's needs, staff development needs and the progress of people using the service
- The registered manager informed us the deputy manager has a strong knowledge of adult services and autism needs. They believed this had made a positive impact within the service through the introduction of new documents and systems which supported the needs of people living at Ashcroft.
- The systems and values within the service demonstrated their commitment to high quality care for all people living at Ashcroft. They used creative ways of supporting people to be empowered. For example, the service was not risk adverse and was proactive in enabling people to have as much control over their lives and to receive care and support which was personal to them. One example was the person-centred approach to developing life skills and managing anxieties. Another example was the systems in place to help people to communicate, which enabled staff to have a greater understanding of what a person may be thinking or feeling. This approach had led to the staff being more aware of risks and achieving positive outcomes for people.
- The registered manager, deputy manager and care staff had effective oversight of what was happening in the service, and when asked questions were able to respond immediately, demonstrating an in-depth knowledge in all areas. The quality assurance manager met with the management team every three months to monitor the service. An action plan was developed and reviewed to ensure any shortfalls were addressed.

- Staff we spoke with were immensely proud of the service. They demonstrated a clear understanding of the impact of their role in people's wellbeing, and a commitment to making a difference to people's lives. Staff were positive about the management team. Comments included, "Good managers, they work on the floor, they know what they are doing. They are more than just managers they are hands on and very approachable. Training is good. I would tell my managers if I disagreed and why; they would listen". "It a friendly place to work we get along well. The managers are great, it is very person-centred place to work".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The previous inspection rating was prominently displayed at the service and was clearly in view for people to see.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
- Staff were aware of their roles and responsibilities. There were, regular team meetings and supervisions. The registered manager told us, "We have good relationships with staff. We are here every day they are able to question, and we are more than happy to be challenged".

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

- People and their relatives were provided with regular opportunities to share their views. Relatives told us the service was 'extremely' well led and responsive to their loved one's needs. One relative said, "We know they have to follow regulations, but they do it with professionalism and ease". "We are so pleased to have found Ashcroft. They are outstanding".
- Management and staff created a service where everyone worked together to achieve common goals and continuously improve the quality of care delivery. Many examples were shared how outcomes had been achieved and goals adapted to support changing needs.
- The service continued to encourage people to take positive risks and was proactive in enabling people to have as much control and independence as possible. This person-centred approach had supported people to develop skills that had led to employment, communication development, and the self-management of anxieties.
- There were systems in place to enable staff to have a greater understanding of how a person living with autism may be thinking or feeling.

Continuous learning and improving care

- There were an effective system in place to check on quality and safety in the service. The management team and staff continued to work hard to improve the lives of people being supported by the service.
- The registered manager had clear plans for the further development of the service. Their plans looked at how they would support people to enjoy and achieve their goals including making positive contributions to the wider community and moving on to more independent living.
- The registered manager told us, the appointment of a deputy manager had enabled them to continue with their own professional development. This had led to wider knowledge in supporting females with Autism. Through their own training and development, they had been able to support staff knowledge through additional training which had resulted in staff having a greater understanding in autism females.

Working in partnership with others

- The service worked collaboratively with other professionals to ensure the care people received

consistently met people's needs and their desired outcomes.

- The service was accredited with the National Autistic Society. They had developed people's skills in the use of technology to support their communication skills. They had monitored the level of information shared with people which had supported anxieties and reduced behaviours that put people and others at risk. This meant they delivered high quality care and support based on best practice. For example, staff used specialist assessment tools and techniques to enable people to achieve their maximum potential in both educational and life skills development.
- The service had good links with the local community and key organisations reflecting the needs and preferences of people in its care. The registered manager said, "We have an open-door policy we listen to staff. They are with the housemates all the time their opinions are taken into consideration we engage with the team and keyworkers. One health professional told us, "I find the staff who accompany my patient very knowledgeable and supportive to him. They communicate well both in the clinic setting and in between visits, with email contact being the most frequent. Records are good, and changes are put in place appropriately and monitored with good feedback.