Avocet Trust

Green Lane Farm

Inspection report

22 Highside
North frodingham
East Yorkshire
YO25 8LQ

Tel: 01482329226
Website: www.avocettrust.co.uk

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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

This announced inspection took place on the 17 October 2017. This was our first inspection at this service.

Green Lane Farm is a detached residence used as two properties. The service supports up to five younger adults with learning disabilities or autistic spectrum disorder, mental health and sensory impairment to live as independently as they can. Most people accessing the services have complex needs associated with their diagnosis.

One area of the property is used for respite care and has four bedrooms. The other side of the property is used as a permanent residence. The property has nearly three acres of land, a stable block, kennels and hay store. In the local area there is access to a range of facilities including a pub, social centre, vegetable farm shop and an arts therapy centre.

At the time of our inspection one person was living permanently in the home and other people were regularly accessing the respite facilities.

A registered manager had been in post since the service registered with us on 9 December 2016. 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.'

Staff told us about potential signs of abuse and the many different types. They knew how to report any concerns they may have and were knowledgeable about how to report within the structure of their organisation or externally to other regulators or local authorities.

Potential risks were identified and regularly reviewed, with detailed information and guidance to support staff to carry out their role. Staff told us they felt supported and that they could approach the registered manager with any queries or concerns at any time.

The service had a robust recruitment process in place. Staff were supported through a period of induction where they were introduced to people living at the service, and familiarised with company policies and procedures. Mandatory training was completed during induction and further training identified through regular supervisions and appraisals. In addition, staff were supported by health professionals who provided specialist training and support to meet people's changing needs.

People were supported to be involved in making daily decisions and staff used an array of different communication methods, such as picture cards and people's own adaptations of Makaton sign language. Where people lacked capacity to make some decisions, appropriate health professionals and relatives or representatives were invited to best interest meetings.

Relatives felt that staff truly cared for their loved ones. They worked hard to provide person centred care by involving people and their relatives when planning all aspects of their care and support. Records were detailed in care plans and included peoples like and dislikes, preferences and guidance from health professionals. Any changes to people's needs were communicated immediately to staff and documentation signed to acknowledge their awareness and understanding.

Staff spoke warmly about people living at the service and felt they had become more like part of a family. All the staff without exception told us they worked well as a team together working towards the same goal. This was to create a homely atmosphere where people could feel safe and relaxed to enjoy a fulfilling and meaningful life whilst living at the service.

Relatives and staff knew how to make a complaint if they needed to and staff told us they felt their confidentiality would be maintained should they need to use the whistle blowing procedure.

The management and leadership within the home had a clear structure and the manager was knowledgeable about people's care and support needs. Staff told us they were proactive in their approach, in that they encouraged staff to continually develop their skills and resources for information. Feedback from relatives and staff had been facilitated regularly during meetings and one to one discussions.

The service had recently achieved the 'Autism Accreditation', something both the registered manager and their team of staff were proud to be a part of. This showed the dedication within the service and the knowledge and skills built amongst the staff. The service had such a unique approach, coming up with new ideas for different methods of interaction and communication. These shaped people's individualism and continually promoted their independence.

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

Staff were knowledgeable about different signs and types of abuse. They knew how to report within their organisations structure, and to local authorities or other external agencies.

Risks were managed and reviewed regularly to keep people safe from harm or injury. Accidents and incidents were well documented and supported effective liaisons with health professionals to meet people's diverse and changing needs.

Recruitment policies were in place and appropriate checks were carried out prior to employment commencing.

Is the service effective?

Good

All aspects of people's needs were met by a team of trained and well informed staff. In addition to mandatory training staff accessed specialist training and were also guided by health professionals.

Staff understood how to support people who lacked the capacity to make their own decisions. Best interest meetings were well documented and supported people in the least restrictive way.

Staff received regular supervisions and appraisals to support personal development. Staff could access support from the manager at any time if needed.

Is the service caring?

Good

Relatives told us staff cared for their loved ones and communicated information about their health and well-being on a daily basis. They felt involved in the planning of their care and support.

Staff spoke warmly when speaking of people living at the service and told us they felt part of a family unit. They were proud of being creative and coming up with ideas to support people's individual needs and requirements.

Staff could explain how they protected people's privacy, dignity and confidentiality. They had a good awareness of the

importance of these areas within people's care and support structures.

Is the service responsive?

Good

Care plans and assessments were personalised to meet individual needs. Step by step guidance was provided so that staff had adequate knowledge to manage people's needs accordingly.

Staff offered different choices for people or alternative options depending on people's responsiveness.

A complaints policy was in place and information readily available to staff and relatives. People knew how to complain if they needed to.

Is the service well-led?

Good

The management and leadership within the home were supportive of people's needs and ensured staff received the necessary skills and knowledge for continuous development.

Feedback was encouraged by regular surveys, meetings and other methods of communication with health professionals, relatives, staff and people living at the service.

Comprehensive audits were completed regularly at the service and performance reviews were conducted by the area manager. These were in place to support the organisation to comply with specialist best practice guidance and continue their compliance with the Health and Social Care Act 2008.

Green Lane Farm

Detailed findings

Background to this inspection

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

This inspection took place on 17 October 2017 and was announced.

The provider was given '48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information enabled us to ensure that we were aware of, and could address any potential areas of concern.

We reviewed information such as, care planning records, risk assessments, medicines management, staff recruitment, training documents and the provider's internal audits and quality management systems. We also contacted the local council including their safeguarding team and health professionals which included a general practitioner, psychiatrist and a, clinical psychologist for their feedback. All the feedback received from health professionals about the service was positive.

We visited one supported living area and the respite accommodation (4 rooms, some with en-suite facilities) within the second part of the split building. We spoke with one person living at the service, a relative, five members of staff, including a senior carer and the registered manager. This helped us evaluate the quality of interactions that took place between people using the service and the staff who supported them.

Good

Is the service safe?

Our findings

Relatives spoke positively about the care and support their loved ones received and told us they felt the service and environment were, "definitely safe." People living at the service told us they felt safe. We observed staff interactions and could see that people looked relaxed and well presented.

We spoke to five members of staff who were able to tell us about the signs and types of abuse. Staff were confident about how they would report any allegations or actual abuse. One staff member told us, "I would report to my line manager, ensure the person being abused is safe, document what I have seen and make a safeguarding referral. If I felt it was needed I would also inform the Chief Executive of our organisation and the Care Quality Commission." This information related to the guidance in the providers policy and showed us that staff had a good awareness of them. The policy also included, Care Act 2014 legal framework information, indicators for each type of abuse and a step by step guide for staff to follow in the event of them witnessing or suspecting abuse, contact details of external agencies and a template to use for safeguarding referrals.

When safeguarding incidents had occurred staff discussed with the appropriate local authorities and used the safeguarding threshold tool to document how decisions had been reached. The threshold tool is a document that the local authorities give to providers to guide them when deciding whether or not to make a safeguarding referral. It helps to calculate the potential impact and probability of the abuse reoccurring to measure potential risk levels. This informs the level of intervention required so that people can be kept safe.

All staff had received safeguarding training and the majority were in the process of completing an NVQ Level 2 or 3 in Health and Social Care. New staff were to complete the Care Certificate training and assessment. The Care Certificate is a set of national minimum standards that care providers are required to adhere to when providing health and social care.

Accidents and incidents were clearly documented with actions taken and referrals to the appropriate health professionals for guidance and support. On one occasion an incident had occurred that was thought to be linked to a reduction in medications, the staff monitored this closely and kept a log of any changes in presentation. This enabled the staff to identify any changes in behaviour to see if they were related to certain activities or times of the day. Health professionals could then make informed decisions as to whether the levels of medication were sufficient to meet a person's needs.

People were supported consistently by staff that had the right skills and knowledge to meet their individual needs. Staff were committed to provide the best levels of support for the people living at the service. The manager told us that the team of staff were flexible when covering rotas and creative in the support they provided working alongside other health professionals. Staffing levels were consistent and there were plenty of staff available to meet people's care and support needs.

We looked at the recruitment files of five members of staff, which included application forms with a full history of employment, identification documents and Disclosure and Barring Service (DBS) checks. The

Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.

There was a whistle blowing procedure in place and staff told us they would feel confident that the registered manager would maintain their confidentiality should they need to use it.

Risk assessments were in place and reviewed monthly or earlier if there were any changes to people's needs. These included the issue or hazard, residual and projected risk, existing control measures and listed corrective actions, signed by the assessor/manager, dated and the next review date noted. Any changes to the persons support was communicated to all staff immediately using various methods such as a communication book and a handover document that highlighted any changes so that staff were aware to read and sign to acknowledge they had been informed.

Staff had excellent overall knowledge of people's risk assessments and told us that, "People also have their own communications book where we record any triggers for behaviour, this allows us to manage peoples safety and move them on to a different activity when needed to avoid over stimulation." Staff had received additional training from the Clinical Psychologist to recognise specific traits of autism and how best to manage them, as well as identifying any deterioration in their mental health.

We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately; this included the management of controlled drugs (CDs) CDs are medicines that require specific storage and recording arrangements. Protocols were in place for staff to follow and additional guidance on specific medications which included known side effects. The medicines fridge temperatures were recorded daily to ensure they were stored at the correct temperature. Medicines that were taken as 'as and when required' (PRN) had protocols in place that stated dosages, maximum amounts that could be taken and details of when they may be required. There was a returns book in place for any excess medications, such as unused or out of date medicines which were returned to the pharmacy on a monthly basis.

People's human rights were considered in all aspects of their life and staff had a good awareness of when these were being restricted. For example, staff understood the right to family life and the importance of this in supporting individuals progress. Staff encouraged visits and input from people's families. Staff gave good examples of how they had provided support to meet the diverse needs of people using the service including those related to mental and physical disabilities. These needs were recorded in detailed care plans and all staff we spoke with had a good knowledge of these. Relatives of people using the service also commented on how well people's individual needs were met. We could see that people's preferences and choices were catered for and that all the staff had excellent knowledge of these.

Fire policies and procedures were regularly reviewed and weekly fire safety checks carried out by staff. All staff had received fire awareness training and were considered fire wardens. Monthly fire drills were attended by staff and the emergency evacuation procedures included a plan of the building and contact information for key holders should there be a need to evacuate the premises and move to an agreed area for safety. We saw people had a personal emergency evacuation plan (PEEP) in place, which contained information about the support people needed to safely evacuate the premises. The registered manager informed us that there was a no smoking policy in place; this was discussed with staff during interview and induction.

We saw people's rooms and communal areas were clean and well maintained with no unpleasant odours. Systems were in place to ensure the environment was regularly monitored for safety and hygiene. The

garden area was secured by fencing and a locked gate. The communal areas such as the lounge had additional safety features. For example, the televisions had protective screens to minimise the risk of breakages and keypad locks were present to limit access between the split residences.

Good

Is the service effective?

Our findings

Staff told us they were given the required skills and knowledge to support people living at the service. One member of staff said, "I have worked a lot of years in care and supporting people with autism" and another told us, "The Induction is thorough and we have regular refresher training courses. Training is discussed during supervisions and courses are identified for us to attend," and, "It's important for people to experience a good quality of life."

The service had a comprehensive two week induction programme in place which included; initial training, introductions to people, reading care plans and risk assessments, a period of shadowing and competency checks. The training matrix showed staff had completed the appropriate refresher training and attended courses that provided them with additional skills to meet people's specific care and support needs. Training included; epilepsy, autism, health and safety, fire safety and infection control. Some staff had completed training for changes in behaviour, advanced autism, sensory profiling and mental health awareness. One member of staff told us, "The training here is very good," and, "It provides us with insight to do a better job."

The registered manager told us that additional training had been delivered by health professionals involved with individuals care and support. Training was tailored to meet individual needs, such as the use of a 'concrete rewards' system. This system supported staff to encourage participation from people by offering food rewards. Best interest decisions supported the need for the least restrictive options to be used to enable care and activities to be provided. Records showed us that staff understood when to use them.

We could see that people were encouraged to maintain a healthy balanced diet and could choose what they would like to eat and drink. Some staff had received nutrition mission training and told us, "We have a menu in place to encourage people to eat fruit and vegetables." Staff also told us they respected people's choices if they wanted to eat something different to the menu selections. The nutrition mission is a tool used to prevent malnutrition and dehydration.

Staff could explain their responsibilities under the Mental Capacity Act 2005 (MCA) and understood when and why Deprivation of Liberty Safeguards (DoLS) had been put in place.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us, "We always arrange best interest meetings for people that lack capacity to make their own

decisions. We invite the person's relatives and other health professionals involved in their care. We discuss options and we are able to reach decisions to support people in the best way to promote their health and well-being" and another staff member said, "DoLs are there to safeguard individuals to keep them safe and well. It means we can support people to lead a full and happy life."

We saw evidence that mental capacity assessments had been completed correctly. Best interest decisions had been made with input from appropriate health professionals and included people's relatives or representatives. Care plans were immediately updated with any changes following these assessments or meetings.

Staff made use of picture cards to communicate with people and received Makaton training. Different methods of communication promoted people's understanding and encouraged participation. For example, short sentence prompts and nouns were used to describe activities such as the word 'trampoline'. This gave people an alternative non-verbal method of communication that supported them to express their immediate needs. One member of staff said, "We make use of visual aids, it's about what works best for each person."

Another person accessed regular respite at the service and used their interpretation of Makaton which staff understood. Staff had worked with this individual and supported them to adapt the sign language specifically for their own use. The registered manager told us that they had photographs to guide other visitors and staff with the persons preferred method of communication. For example, for the same word one picture would show the normal Makaton sign to use and another would show the sign as adapted by the person living at the service.

One relative told us, "I'm always involved and I speak to staff every day. I'm invited to best interest meetings, we have discussions around care planning and we work well together. The communication is excellent." We could see that staff kept a daily log of all communications with family members and any discussions were well documented.

We saw regular interactions with health professionals to address concerns, records kept were detailed. Reviews of people's care and support needs were updated monthly or earlier if any significant changes occurred. Care plans encompassed all aspects of a person's daily care and support needs. People were monitored when concerns were identified and records or advice from health professionals updated into care plans and immediately communicated to staff.

Handover documents were in place for staff to communicate any concerns or changes in between shifts. Staff were proactive in their approach. For example, one member of staff had noted some bruising that had appeared on a person's arm. Staff sought immediate medical advice. This early medical intervention meant that a serious issue was dealt with immediately and the person affected suffered no harm. Regular medication reviews had been arranged and check-ups. Appointments were documented in peoples own diaries, calendars, care files and in the communications book so that everyone had an awareness. Staff told us, "This helps us to plan ahead and make sure the right staff are there to assist."

Relatives were regularly invited for discussions and people at the service were supported to complete annual surveys so that there feedback could be taken on board. Relatives told us they completed surveys each year to voice their opinions and views.

Staff had good knowledge of how to gain people's consent and told us, "We always talk to people and ask them if it's ok to carry out personal cares or is it ok to get ready for a bath, shall I run the water? Consent is

important and as a staff team we communicate well and have a consistent approach."

Staff had supervisions monthly which included feedback on performance and identified any training and development needs. One staff member had discussed an area of concern and the registered manager had supported by suggesting some additional support techniques. Annual development plans were in place for all staff and included target dates for refresher training, dates training had been completed, evaluation of learning and how this had been implemented in practice.

Staff advised us that they felt comfortable approaching the manager outside of supervision time to discuss any immediate concerns. They advised us, "The registered manager is brilliant, the best manager I have had. If you don't understand anything [Name] sits down and explains step by step. I enjoy receiving the feedback in supervisions; constructive criticism helps us to improve our practice."

The accommodation had been adapted to suit individual needs and staff had a good awareness of where items were stored. Risk assessments included advice from health professionals and guidance to avoid triggers to behaviours. For example, some residents had one item at a time for activities and when not in use would be locked away for the benefit of the individuals.

The team of staff had taken time to get to know people and their likes in order to adapt the outdoor space. Some of the staff had built a couple of stacks of tyres and painted them with people's favourite characters. The rear garden included a swing and trampoline for people to have immediate access when required. The area to the front of the property had been made sensory friendly and included items that could be touched, these had been individualised to reflect characters people liked. This supported their needs and meant that behaviours were easier for staff to manage.

Good

Is the service caring?

Our findings

One member of staff told us, "I'm happy here and I get on with staff. We work as a team which makes it better for [Name]."

The team of staff had spent time building strong relationships with one another as well as the people living at the service. This was evident during discussions, each member of staff had excellent knowledge about people's likes and dislikes, preferences and how to manage any complex behaviours or medical problems. Staff told us, "We talk [Name] through processes and it makes them feel easier, they can understand if we communicate well with them."

Staff recognised the importance of input from people's relatives and took on board creative suggestions when trying more unconventional approaches to deal with peoples unique behaviours. This encouraged input from those that knew the person well and supported good relations between people and their families.

One person's relative advised, "[Name] team of support staff come across as very caring, we see them regularly during visits on weekends. I ring every day and staff tell me how [Name] has been."

Time had been invested building good foundations for relationships with people. Staff had good banter with people which encouraged a relaxed and informal atmosphere for people in their homes. Staff knew how to maintain boundaries in order to maintain a professional relationship.

During our conversations with staff they spoke fondly about the people living at the service. They also spoke about different levels of progress and how people had gradually built up their skills with patience and consistent support from the staff team. It was clear that staff were proud of people's achievements and the way they had made a difference to people's lives. For example, creating an environment where people felt safe and secure to express themselves.

Staff understood the best communication methods for people living at the service and encouraged people to carry out any tasks they could do for themselves in order to promote their independence. Staff were aware of the need to ensure people's information was kept confidential and not disclosed to anyone without the appropriate consent and authorisation. Confidentiality statements were read and signed by staff during the induction process. We were told that people's personal documentation was locked in the registered manager's office when it was not in use.

Staff knew how to provide care in a dignified way and told us they closed doors and curtains to maintain people's privacy. They also discussed any personal information quietly so that others could not overhear them. One staff member said, "People have a right to privacy and a right to be treated with dignity."

The service provided rounded training on equality, diversity and inclusion. Information and training was provided to staff which included subjects such as, prejudice, stereotyping, labelling and discrimination, the

Equality Act 2010 including the protected characteristics of individuals in order to protect people from differing types of discrimination. The training ensured staff could understand situations when discrimination may occur, identify different types, learn behaviours to promote equality and diversity in practice and to challenge poor practice within the workplace.

Staff told us, "We do care. Everyone is understanding of people and if they refuse anything we try to find out why and check overall health. Changes in medications can affect people in different ways."

We spoke with the registered manager in relation to dignity in care and provided them with some information in case staff would like to sign up as 'Dignity champions'. The registered manager spoke with staff during our inspection and had several people interested. Dignity champions promote dignity in care that everyone should be able to expect when receiving a service.

Information on advocacy services was available if people needed to use them. The registered manager told us this would always be discussed at assessment stage to ensure that people were represented appropriately.

Good

Is the service responsive?

Our findings

Staff regularly spoke to people about how they would like to be supported, what they would like to eat and activities or events they would like to attend throughout the year. People living at the service and their relatives were supported to contribute to their care planning where they were able to do so.

Care plans and assessments were detailed and personalised. They contained step by step guidance for staff to follow. For example, the behavioural part of the care plan provided information on triggers to look for and how to stabilise moods or behaviours within all aspects of daily living. We could see that the level of detail had a positive impact on the staff's ability to care for people and provide them with individualised support.

Daily records of people's care and support captured how people were feeling, and staff ensured they noted any tasks or cares that had been completed alongside any concerns or difficulties and the actions taken. Staff were very much of a mind to try anything to see what works best for people. The level of documentation provided all staff and the registered manager with an overview as to what was and was not working for people. This meant that practices could be regularly reviewed and adapted as necessary.

Person centred meetings were arranged with people living at the service so that they could raise any concerns or make requests for additional activities or assistance. Staff understood about people's medical conditions and were creative in tailoring tasks. This had helped some people to develop leisure activities out of the home which were not socially stressful for them.

Staff regularly reviewed care plans each month or earlier if there were any changes in people's needs. We could see that advice and guidance from health professionals was updated regularly and reviewed as soon as any concerns were identified.

The service followed NICE Guidelines and where people required additional monitoring used best practice tools such as; behaviour plans, MUST tool, Bristol stool and incontinence charts. The service also used additional tools, such as sleep charts which were colour coded to show how many hours a person had slept, been laid awake or had been walking around. We could also see that staff had implemented a colour coded medication chart for administration of one medicine that a person did not like. The colour coding meant that staff knew when this medication had been taken or declined. This level of data recording assisted staff to inform health professionals of any concerns and share relevant information to support those concerns.

Health professionals told us that the service was effective in promoting good quality of life and responsive to people's changing needs.

Staff told us that they always gave people choices. They told us that, "[Name] requested a football and goal, which either the family or the service bought for them." We could see that different items had been bought to suit individual's interests. During personal cares staff advised they were aware to give choices and if people refused a bath, they offered a shower so that people could decide which they preferred.

A white board was kept within each residence which detailed daily activities and events with pictures or photographs to assist those with communication difficulties. Staff told us these were effective and worked well as they could point to the pictures to communicate which activities were planned for that day. Two activities a day were listed, staff monitored when these had been completed, refused or any alternatives offered. This recording system supported staff to ensure future activities were relevant and enjoyable for people.

The registered manager asked visiting professionals to read specific information relating to the person they were visiting. This included specific information about people's behaviours, likes and preferences. The registered manager also checked whether the visiting professionals felt comfortable and provided guidance to appropriate responses. This supported a consistent approach for those people living at the service.

The environment had been modified to suit some people and lower anxiety levels by keeping the environment clear and neutral. Staff had an awareness to offer choices, but not too many as some people could become over stimulated which could trigger more difficult behaviours. Staff observed and acted accordingly in line with the guidance in care plans and risk assessments and had excellent awareness of people's capabilities and limitations.

A complaints policy was in place and staff told us that information was accessible on the noticeboards for both staff and visitors or relatives. In addition, the complaints procedure was also in the utility room and the main office if staff felt they needed to complete a form or refer people to it in relation to any concerns. Relatives told us they knew how to complain should they wish to do so. We spoke to the registered manager about complaints and they told us they had one earlier in the year, but the complainant had been introduced to people at the service and relations built so no further issues had been raised.

We saw that relatives and health professionals had complimented the service. One relative advised, "[Name's] bedroom meets their needs perfectly, it is always fresh and clean."

Contemporaneous records were kept that were up to date and current. People had their own 'patient passport' which included vital information and contacts about each individual. This meant that people were able to smoothly transition into respite or back to their normal residence following a period of respite at the service. We could see that 'admission forms' were completed when people came into the home, these detailed people's needs and any specific requirements. Where local authorities had placed people the service had requested an up to date support plan and assessment.

The service had secure systems and policies in place to support people with their pocket monies. The staff approach was to educate people as much as possible in their daily lives. For example, providing information on the weather so that they could make informed choices around clothes they wanted to wear. Staff had also developed different ways to engage people around the purchasing of shopping items, they had written a shopping list to provide people with information to choose what they needed from the stores selection. Staff were working in close contact with other professionals and people's relatives to develop processes that worked well for individuals and met their needs within best practice guidelines.

Good

Is the service well-led?

Our findings

The registered Manager had been in post since the service registered with us on 9 December 2016. They had a clear leadership structure in place that was both supportive and encouraged others input. This ensured that people received the best quality of care and support to suit their needs whilst living or taking respite within the service.

Relatives told us that they felt the culture of the home was open and transparent. They told us, "It has a homely, relaxed and calm atmosphere. [Name] is safe and the location is perfect, we would be quite happy to live there. It's very much a home."

Staff felt the home was very friendly and person centred to meet the needs of every person. One staff member told us, "It's very caring, focused and dedicated." We could see that people felt at home within the service and were relaxed within their environment.

Feedback we received about the management and leadership of the home was positive. Staff told us the registered manager had an open approach and was easy to talk to. We were told communications were regular by email, telephone or face to face. One staff member told us, "[Name] takes time out to come and see you on a morning to check you're alright. [Name] even comes in on weekends to work or drop things in for the service. [Name] will do an activity or collect clients, she mucks in which is really good." Staff also told us, "[Name] gives 100%, there's nothing she wouldn't do for staff or clients. She does her fair share of duties and is always available to support us." We were also told that staff felt able to discuss any personal issues with the registered manager and that a counselling service was available if needed.

Staff had a good awareness of the visions and values of the organisation. Staff told us that the company's visions and values were on the reverse of their ID badges and discussed during their induction into the service.

The registered manager told us that the staff team worked well together. Feedback from both relatives and staff was encouraged by use of surveys and regular communications. These encouraged ideas which improved the quality of the services provided to people. This demonstrated a respect for others input into the service.

One member of staff said, "We try to support people to the best of our abilities. It's about people being treated as individuals, having choices and bringing enjoyment into their lives. We try to care for people as we would want to be cared for ourselves."

The home had policies and procedures in place that were regularly reviewed and updated. These also referred staff to best practice as outlined in the NICE Guidance. Staff felt they could seek advice from the registered manager at any time in relation to changes and felt they were supported. One staff member said, "There is never a silly question, no matter what you ask [Name] responds positively which made me feel more confident."

The registered manager told us they were constantly looking for ways to improve the service and provide any specialist support to staff, people and their relatives. The service was open and transparent in their communication with families. It was recognised by staff that families often had the best answers to solutions as they knew people so well. Staff told us that learning was continuous as each individual was so different.

The registered manager strove to develop the staff team through training, group meetings, reflective practices and supportive supervisions. The registered manager had told us that they had recently been assessed for the, 'Autism Accreditation' approved by The National Autistic Society. As part of this process, families had been contacted to complete questionnaires and comments included, "They are not just care staff but look at my [Name] holistically. We view [Name] care workers as family friends, as they are so welcoming and are happy to chat about [Name's] progress."

The registered manager held monthly team meetings which discussed current concerns and relevant information. They included topics such as, training with health professionals, oral health, keys and security, staff committee meeting attendance, cleaning, training and feedback in relation to fundraising events and staff that contributed were thanked.

In order to achieve the above accreditation staff take additional training in autism which is the National Autistic Societies SPELL training package. Staff interactions were observed to see how they enabled autistic people to experience a sense of achievement and satisfaction. In addition, other areas were assessed and noted to be specific areas of strength or areas to work towards to improve practice. Following our inspection the registered manager was pleased to confirm that the service had been awarded the Autism Accreditation.

Achieving the autism accreditation confirmed both the registered manager and their staff's dedication as a team to the individuals living at the service. They were taking responsibility to ensure those people that lived at the service were given choices and maintained involvement in daily decisions. The registered manager led the team of staff to be creative and regularly reflect on their practice. Staff were enthusiastic about the service and the way in which it was run by the registered manager. Staff felt they were continually being inspired by the people living at the service and always learning new ways of doing things to develop their skills and expertise.

Audits were regularly completed by the registered manager on a monthly basis and six monthly annual quality audits were undertaken by the area manager. The audits checked staffing levels, activities, staff supervision and training, policies and procedures, appropriate invitations to best interests meetings, regular and documented contact with health professionals and families. These identified areas for improvements and clearly showed actions to be taken, dates they were to be completed and follow ups were initiated by the service to ensure improvements had been actioned. Annual performance reviews were also completed which considered the management of staffing and their hours, recruitment, accidents and incidents, supervisions, best interest meetings, DoLS applications, house meetings and Q&A Compliance.