Aitch Care Homes (London) Limited

Kingsdown House

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

The inspection was carried out on 2 October 2018, and was unannounced.

Kingsdown House 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.

Kingsdown House is registered to provide accommodation and personal care for up to nine people aged between 18 and 65 years, who have a learning disability. The service is situated in a residential area with shops and local amenities within walking distance. People who lived in the service had autism and different levels of communication difficulties.

Kingsdown House was designed, built and registered before registering the right support. Therefore, the service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance.

Although the service had not been originally set up and designed under the Registering the Right Support guidance, they were continuing to develop their practice to meet this guidance and used other best practice to support people. They have applied the values under Registering the Right Support. 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.

At the last Care Quality Commission (CQC) inspection on 19 April 2016, the service was rated Good. At this inspection, the rating remains Good.

There was a manager at the service. 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 and associated Regulations about how the service is run.

Without exception, relatives and people who lived in the service told us staff were consistently very caring and kind towards them. Staff recognised people as individuals and went the extra mile to include them in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time.

People received an effective care based on current best practice for people living with autism. Staff knew the people they worked with very well and involved them in decisions about their care and support throughout their interactions, greatly enhancing their quality of life.

Medicines practice was safe. Medicines records were accurately signed with no gaps in recording. Staff had detailed knowledge of the system in place. The environment was well maintained and infection control procedures were adhered to. All required safety checks were completed.

Staff received regular training and were provided with appropriate support and supervision as is necessary to enable them to carry out their duties.

People were protected from the risk of abuse at Kingsdown House. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for.

There were enough staff to keep people safe. The registered manager had appropriate arrangements in place to ensure there were always enough staff on shift.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

People received the support they needed to access healthcare services. Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. People were supported to eat and drink enough to meet their needs.

The registered manager ensured the complaints procedure was made available in an accessible format if people wished to make a complaint.

There was a positive leadership in the service. The service was well led by a registered manager who led by example and had embedded an open and honest culture.

Effective governance systems to monitor performance had been fully embedded into the service.

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.

Staff knew how to identify and raise safeguarding concerns. The registered manager was aware of their responsibilities.

Medicines were managed and administered safely.

Robust recruitment practices were in place to safeguard people from unsuitable staff.

Sufficient staff were available at all times to provide the support required.

The service was clean and people were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

Suitable training was provided to develop staffs' skills and enhance their roles.

Staff had one to one supervision and annual appraisals.

People had an initial assessment to determine the care and support they required from staff. Individual care plans that were in place were reviewed regularly to provide up to date information.

People had control over the choices and decisions they wished to make.

Staff provided the support people required to access healthcare they needed.

Is the service caring?

Good

The service was caring.

People were extremely well supported by staff who knew them

very well and responded to their needs.

People were very complimentary about the staff who supported them, finding them kind and caring.

People and their relatives were keenly involved in their assessment and care planning process.

The care people received was person centred and met their most up to date needs. Creative communication tools and technology was used to achieve positive outcomes for people.

People experienced superb care from staff who respected their privacy, dignity and independence.

The registered manager and staff skilfully enabled people to maintain relationships that were important to them, such as family and friends.

Is the service responsive?

Good

The service was responsive.

People were at the heart of the service and received good care that was personalised and tailored to meet their individual needs and wishes.

People told us they were keenly encouraged to pursue their interests and participate in activities that were important to them. People had active and meaningful lives.

The registered manager responded to people's needs quickly and appropriately whenever people's needs changed.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

Positive leadership was demonstrated in the service. The registered manager promoted high standards of care and support for people.

The service had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Effective systems and procedures had been implemented to continually monitor and improve the quality and safety of the service provided.

Both management and staff understood their roles and responsibilities.

The service had strong community links and worked in partnership with various organisations, to benefit the people they cared for.

Kingsdown House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 was a comprehensive inspection, which took place on 02 October 2018 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of understanding of caring for people with learning disabilities.

Before the inspection, we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information we had received and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

People had limited communication abilities. Two people were able to tell us about their experiences of living in the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed staff interactions with people and observed care and support in communal areas. We spoke with four people who used the service and two relatives.

We spoke with two support workers, deputy manager, the registered manager and the operations manager who was a representative of the provider. We also requested feedback from a range of healthcare professionals involved in the service. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP. We received feedback from two healthcare professionals.

We looked at the provider's records. These included three people's care plans, health records, risk

assessments and daily care records. We looked at three staff files, a sample of audits, policies and procedures, satisfaction surveys and staff rotas. We reviewed duty rotas, complaints, compliments, quality assurance systems and processes.

We asked the registered manager to send additional training records information after the inspection visit. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes I feel safe. I am well looked after." A relative said, "Oh God yes, [Name] is safe a hundred percent. Because she is quite vulnerable, she tells me everything." We observed people moving freely in the service and we saw they had their own keys to their rooms which they had on breakaway lanyards around their necks.

A healthcare professional commented, 'Yes, Kingsdown House offers a safe and secure environment, with appropriate restrictions in place, in order to maintain safety whilst encouraging independence skills. Staff make sure to check my identity on arrival, and remind visitors to sign in and out of the building. Staff support individuals with a clear and consistent approach to minimise behavioural challenges and are proactive in managing potential risks.'

Systems continued to be in place to keep people who lived in the service safe from abuse or poor practice. Records showed staff had completed training in safeguarding. Policies and procedures were in place to guide staff. An easy read version of the safeguarding policy was also available for people who used the service and their relatives. Staff had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. All the staff we spoke with demonstrated they understood the importance of keeping people safe and reporting any concerns they might have. Staff told us they were confident senior staff would listen and take action should they raise any concerns about the care people received. Records showed safeguarding was an agenda item at staff meetings.

People's medicines were handled safely. We checked the medicines administration record (MAR) charts and the medicines for people. We found that the MAR charts included a photo and information about any allergies to ensure safe administration. The charts had been completed correctly. Appropriate codes had been used and where a variable dose was prescribed the amount administered was recorded. Protocols were in place for medicines prescribed as 'when required', which described when they should be given and at what dose.

The ethos of the service continued to be to deliver person centred care which included the administration of medicines. We observed that people received their medicines wherever they felt most comfortable. One person was given their medicine in their room. We also observed staff took the time to explain the benefits of the medicines they were administering to people. People's care records included information about the medicines they were prescribed and how they liked these to be administered.

There was a policy which covered all aspects of the management of the medicines and staff had access to patient information leaflets for the medicines and alerts identifying national issues with medicines. We noted that the staff who administered medicines had received training and had an annual competency check. There was a weekly audit by the senior staff and monthly audit of the medicines by the registered manager and an annual audit by the supplying Pharmacist.

People were supported to increase their independence, whilst maintaining their safety and respecting their choices. The service encouraged positive risk taking to achieve this. We found that the registered manager had a positive outlook in terms of taking risks, and any restrictions that were discussed were done so after everything else had been tried. A healthcare professional commented, 'My experience of the "hands on" carers and those members of my team involved is generally positive. I have had reason to thank two carers directly in the last six months for some outstanding support offered to me and a service user.' We saw evidence in care plans of positive risk taking when people were supported with sexuality, community involvement and travelling in the community. One person's care records reflected, the benefits of their independence when travelling and acknowledged the increase in risk. Staff were confident in promoting positive risks and ensured they were monitored and reviewed.

Appropriate systems continued to be in place for the management of risks. People were supported in accordance with their risk management plans. Risk assessments that were specific to each person, had been reviewed regularly which promoted and protected people's safety in a positive way. The culture of the service supported people to remain as independent as possible and live a life the same as anyone else within their peer group. Staff understood people needed support to promote independence within a framework of assessing risk, without being risk averse. Risk assessments were comprehensive, identified hazards and how these would be minimised to enable people to go about their daily lives as safely as possible.

Staff responded well to people's behavioural needs. Care plans held detailed information of how staff could best support people in all aspects of their identified care. The registered manager told us in the submitted PIR that staff are trained in PROACT-SCIPr for physical and early intervention techniques. The registered manager was a PROACT-SCIPr trainer. This enabled them to pass their knowledge to staff. Records confirmed this. A member of staff said, "The training supported me to be able to identify signs when people might be going into crisis and how to support them in a person centred way." We found that people had not been restricted in any way in the service because staff understood triggers of people's behaviours. The registered manager continued to ensure that the environment was safe for people. Environmental risks were monitored to protect people's health and wellbeing.

Staff continued to maintain an up to date record of each person's incidents, so any trends in health and incidents could be recognised and addressed. We saw forms completed recently and asked how these had been resolved. In cases of referrals, action had been taken to reduce the risk of these happening again. All incidents were documented using the ABC (Antecedent, Behaviour and Consequences) form. It was reported to the locality manager who would go through the form and also report it to higher management if need be. The ABC form is a tracking sheet which provides for behaviour monitoring, recording and tracking. This record showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly. This meant that people could be confident of receiving care and support safely from staff who knew their needs.

The provider continued to maintain safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff to support people and meet their needs. Staff rotas showed the registered provider took account of the level of care and support people required, both in the service and when out in the

community, to plan the numbers of staff needed each day to support them safely. There was a stable staff team and any shortfalls in staffing were usually covered by existing staff. Assessed staffing levels were reflected on the day of the inspection. A relative said, "I think there's quite a lot of staff. Always seem enough staff for everyone when I turn up unannounced. They make me to feel so welcome. I can ask a question or query."

There were effective systems in place to reduce the risk and spread of infection. The service had no odours and the environment and equipment was safe and clean. We observed the use of personal protective equipment such as gloves and aprons during our visit. The service had an effective infection control policy. Staff were trained on infection control and food hygiene. People were cared for in a clean, hygienic environment.

Each person had an individual Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

There were on call arrangements in place for out of hours to provide additional support if staff needed it. Staff were able to call either the registered manager or the deputy manager who would either provide advice over the phone or go to the service.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.

Good

Is the service effective?

Our findings

Our observation showed that people were happy with the staff who provided their care and support. We observed positive interaction between people and staff.

People's needs were assessed before they moved into the service. This involved meeting with the person and completing a needs assessment, by gathering information from them, their relatives if appropriate and any relevant health and social care professionals. The service had policies to support the principles of equality and diversity, and these values were reflected in the care assessment and care planning process. This meant consideration was given to protected characteristics including: race, sexual orientation and religion or belief.

Care records we reviewed had a one-page profile on the front of each file. This highlighted to staff the support each person required and how they wanted staff to support them. Care records also included information about people's preferred daily routines, their preferences about the gender of staff who should support them and the numbers of staff required to support them with particular activity.

Staff continued to receive the training and updates they required to successfully carry out their roles. Training records confirmed that staff had received some training to support them in their roles since we last inspected. The staff training records showed that all staff had attended trainings considered mandatory by the provider. We saw training certificates in staff files which confirmed this. The staff confirmed that the trainings were useful.

New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. For example, administering medicines. New staff worked alongside experienced staff and were supported to complete 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Support worker were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector. A member of staff said, "My mandatory trainings are up to date and I have done an NVQ level 2, which I am happy about." Another said, "In the last year, I have done health and safety, manual handling and I have just finished my NVQ 3.

The service provided specialist autism training, which was accredited by the National Autistic Society for staff. Staff also had access to specialist training in mental health, and accredited training in positive and proactive care in a caring environment. A member of staff told us, "I have always found the in-depth training on behaviour and autism really interesting and informative." Another told us, "They [the organisation] invest a lot of time in staff, are keen for us to develop and there are opportunities for career progression."

Staff told us they had regular structured supervisions and appraisals which supported best practice and they also attended staff meetings regularly. Records we reviewed showed staff received regular supervision.

Supervision meeting provide staff with an opportunity to speak in private about their training and support needs. As well as being able to discuss any issues in relation to their work. We noted in supervision that staff freely discuss their development, concerns and work related issues with their manager. Staff who had been in post for more than one year had also received an annual appraisal of their performance.

The service continued working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. People who lack mental capacity to consent to arrangements for necessary care or treatment were only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. No one in the service had been deprived of their liberty. People who lived in the service had been assessed as having capacity to consent. The registered manager told us that people's DoLS were regularly reviewed with the local authority. We saw evidence of these in people's care plans. People who lived in the service had authorised DoLS in place to keep them safe and these were appropriately notified to CQC.

People had access to advocacy services if and when they needed it. Advocacy information was on display on communal notice boards. Healthcare professionals commented, 'The service is good at advocating for people with a variety of disabilities' and 'The service make timely applications to the DOLs offices, when necessary. Necessary referrals are made relating to deprivations of individuals liberty as well as to advocacy services. For my clients in particular, the team have ensured that relevant referrals to mental health services and SALT teams were made.'

People continued to be supported to have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs, their likes and dislikes. Care records contained information about their food likes and dislikes. There was helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. As part of the way food was prepared and provided, the service had consulted with other care professionals such as speech and language therapists to ensure that they were meeting people's dietary needs.

Detailed daily records were kept by staff. Records included personal care given, well-being, activities undertaken, concerns to note and food and fluids taken. Many recordings were made throughout the day and night, ensuring communication between staff was good benefitting the care of each person.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. This showed that the registered manager continued to ensure that people's health needs were effectively met.

The design and layout of the service met people's needs. The corridors were wide for wheelchair access. There was a courtyard for people to relax outside the building, which was secure and made it easily accessible to people.

Good

Is the service caring?

Our findings

One person said, "The staff are caring. You can choose what time you want to go to bed." Another said, "The staff are caring. They know how I like things done." A relative said, "They can get up any time they like. If they do not want to go out, then staff respect this and they do not have to." Another relative said, "That's what so nice, [Name] has so much choice. [Name] is a stickler for brushing their teeth at a quarter to eleven and in bed by eleven." and "Staff called the ambulance when my relative's leg was swollen up. Staff went with them in the ambulance and was there all the time until 3am in A & E. The registered manager also sat with us in the waiting room. This just showed caring, kindness and love."

The service had a visible person-centred culture. From all our discussions with staff, it was obvious they were committed to providing people with quality care in an environment which supported people to be as independent and active as possible. One person who was initially withdrawn, now attends the local college every week. Staff had enabled the person to develop their social skills. The registered manager told us they encouraged and supported staff to 'do the right thing' when caring for people, including when this involved taking risks to enable people to lead meaningful lives.

Without exception, people who lived in the service and relatives told us staff were consistently very caring and kind towards them. One person said, "Yes, staff are very caring", "The staff are lovely". A relative also told us, "Lovely, I think they are really loving and caring. I feel she is protected and loved. They are approachable in regard to all the people. I admire them for being so sweet." Another relative said, "That house seems full of love. [Name] seems overwhelmed with attention and love. Staff seem so nice and always so accommodating. Nothing is too much trouble." We observed that staff had a caring approach. They either knelt or sat with people when they spoke to them.

Throughout the inspection, we observed all staff took care to ensure they had a positive interaction with everyone they encountered whilst carrying out their role. These interactions included commenting positively on the clothes people were wearing, asking people generally how they were feeling and responding in a caring manner to any comments people made. We also observed how staff were not afraid to show people affection, whilst still maintaining a sense of professionalism; such interactions helped to give people a sense of wellbeing and the feeling that they mattered to the staff who supported them.

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Our conversations with staff showed they understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection when they asked people for their views about their day to day support and encouraged people to make their own choices. Staff told us that they understood the need to ensure people were treated as individuals with different needs and preferences. One staff member told us, "We treat people equally regardless of gender, age or need. It's important to treat people well." All staff had been trained on equality and diversity.

Staff had a good understanding of individuals who used the services and how they communicated and

expressed themselves. During our inspection, we saw staff working with and interacting with people in a warm and attentive way. Individuals were seen to use different ways of communicating and the staff understood them. For example, one person kept lifting their arms. Staff were very intuitive to their needs and responded at once to the individual. Staff explained to us this is how they communicated they wanted something, and that they would also lead staff to what they wanted. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way. They used people's preferred method of communication wherever possible, such as facial expressions, BSL (British Sign Language), Makaton or personal sign language. Makaton is a language program using signs and symbols to help people to communicate. Staff supported one person with text-to-speech technology. A text to speech technology is an assistive technology that reads aloud digital text.

Staff understood that although people's cognitive skills were impaired many could still make everyday choices if staff gave them options and explained information in a way they could understand. One person uses an alternative communication tool software on an iPad to communicate their needs, which was superb in meeting their communication needs. iPad is a small touchscreen tablet or computer used for communication or browsing the web. Staff gave people the time they needed to communicate their needs and wishes and then acted on this. People's care plans identified their communication needs.

There was a person-centred culture at the service. Staff on shift knew and understood each person's needs very well. Staff knew people's names and they spoke to them in a caring and affectionate way. They had knowledge of their past work experience and who was important in their lives. They understood the importance of respecting people's individual rights and choices.

People continued to be involved in their care planning and their care was flexible. The registered manager and staff supported people's involvement in decisions that affected them. People's care files provided evidence of their participation in care planning and gave staff guidance on how to promote effective communication. Most people said they knew about their care plan and were involved in writing it. One person said, "My care plan is in my folder." A relative said, "Oh yes, I was involved in everything. I have got a copy of care plan." The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

People's bedrooms were decorated with people's involvement. People's likes and preference for colour was demonstrated. This combined with information in their care plans, provided staff with a wealth of information about the person, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them. Each person had a different style of room decoration based on their choice. One person who was fascinated by trains had part of their room transformed into a railway carriage along with brick effects on the wall. To complete the personalised scene, two pairs of genuine train seats to create a scenario that gives the illusion of travelling by train were installed.

People's cultural needs were met in a proactive way. For example, one person who was Punjab previously had a dedicated member of staff who was Punjab too. When this member of staff left, they became their advocate. This person's room was culturally decorated based on their request for wall paper with an elephant on. The discussions about the importance of elephants in the person's culture was captured and recorded in their care plan. People were supported with cultural diets. For example, the person who was Punjab was supported with cooking Chicken Tikka, which was their traditional diet. Information on people's

sexual orientation was provided for people in an easy read leaflet. This was to encourage people to be able to speak out and not be treated differently.

People's right to privacy and to be treated with dignity was respected. People's care plans reflected human rights and values such as people's right to privacy, dignity, independence and choice. We saw staff did not enter people's rooms without first knocking to seek permission to enter. We observed that staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medicine administration to maintain their privacy and dignity.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. Records were kept securely so that personal information about people was protected.

Reflection and learning from experience was seen as an important aspect of people's care journey and was central to the ethos of the service. The management team were passionate about enabling people to express themselves and had explored innovative ways of enabling people to do so. A project had recently been introduced to enhance communication and reflection. This was a set of simple questions that staff asked people on a daily basis; Are you OK? Have you had a good day? Is there anything I can do to help you? These intentional conversations had enabled people to express short and long term needs. One person requested to have contact with their lost family. The registered manager and staff worked hard to re-establish the relationship. It took staff some detective work to track the family down. In the end, the person was so happy when they re-established family contact. A member of staff said, "We have seen a much happier [Name] since the reunion". This demonstrated that the service was dedicated to promoting relatives' inclusion in people's lives and also recognised the importance of social contact and friendships. People's relatives were able to visit their family member at any reasonable time and they were always made to feel welcome.

One relative summed up the atmosphere we found in the service in their comment, "Very very good. Very welcoming when you go to visit. You can visit at anytime."

Good

Is the service responsive?

Our findings

We observed that people continued to receive consistent personalised care tailored to meeting and responding to people's needs.

A healthcare professional commented, 'The management team are very responsive at ensuring that relevant information is shared with me that may affect my interactions with any member of the group. I would describe the management team as excellent communicators.'

People who used the service were at the heart of care planning. The thorough initial assessment led to the development of the care plan. Individual care plans were extremely detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. Care plans covered all aspects of people's daily living, care and support needs. Care plans were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them. The cultural needs plans identified the support required by each person for example, if they needed support to attend a place of worship. Staff told us the care plans were useful and informative.

Care plans were regularly reviewed. Care plans reviews were thorough, capturing any changes through the previous month or if there had been interventions such as with health care professionals. A member of staff said, "It is their review and they were always involved. It is their care plan and choice of how they would like to be supported". We found care plans evidenced high levels of involvement from people who used the service.

People who used the service were supported by committed staff team to be in control of their own lives. Staff were confident in promoting positive risks and ensured they were monitored and reviewed. People set goals to improve their independence by developing skills and knowledge. Individual goals were varied and some examples included personal hygiene, education, safety, cooking and gardening. One person was supported by enthusiastic members of staff to attend local college to develop their independent living skills. This empowered the person to start cooking for themselves and took responsibility for their own personal care. Progress was measured monthly through a key worker meeting. A relative said, "The service was very responsive and focused on enabling people to achieve their potential. One person said, "I go to dance and college. I love it." This demonstrated that the service had a strong ethos of ensuring people were actively encouraged and enabled to live a full life as possible.

There was information with regards to people's personal histories such as where they were born, any special places that held an important memory, favourite possessions and family and friends. People's daily routines were detailed and included people's personal preferences. For example, if they preferred male or female staff to support them. Staff were knowledgeable about people's preferences and demonstrated these were considered in all aspects of each person's care and support.

People received a level of effective care based on current best practice for people living with autism. Staff

knew the people they worked with very well and involved them in decisions about their care and support throughout their interactions, greatly enhancing their quality of life. The registered manager told us about a person, who prior to their placement at Kingsdown House, had a history of self-harming and used to spend long periods of time in their room. Staff worked proactively and collaboratively with the family, in house positive behaviour support team and the person to set up a more constructive routine. It was also found that engaging and empowering the person further, would be beneficial. Staff thoughtfully ensured the person had access to other meaningful activities which involved going out into the community. This response proved to be very effective. The incidents of self-harming had reduced substantially and the person was now engaging in considerable activities both in the service and out in the community, which included the use of the therapeutic/game room. The person was much happier and content since the introduction of the therapeutic/game room.

Another person had a desire to engage in self sexual stimulation. Members of staff reacted in a very proactive and professional manner, which was impressive. A review of the person's needs was carried out with the person's involvement, family and healthcare professionals. Staff developed an educative tool which increased the person's awareness of sexuality issues. Instructional 'how to' videos and appropriate items were discussed and agreed with the person. A consistent and managed approach by staff meant that the person felt empowered and comfortable in their environment as a result. Staff had an enhanced knowledge and understanding of what mattered to people and they demonstrated person centred approach throughout supporting this person with their sexual desires. This demonstrated that staff were fully dedicated, prepared to go the extra mile over and above what would normally be expected of them to ensure people had an excellent quality of life.

People received a bespoke service of one to one support with a named key worker. Care and support was tailored to meet people's changing needs. For example, exploring different techniques and strategies to support one person to attend healthcare appointments as per their health action plan. Prior to the service being involved, appointments had been missed as the person experienced distress and would refuse to go. Support workers and the registered manager described how several attempts were made before finding an approach that worked. They explained how support workers used a learning log for each attempt to consider what went well, what had not worked and what else could be tried. They jointly worked with healthcare professionals, reviewed information on what had happened in the past to avoid reoccurrence. Staff utilised the knowledge they had developed of the person to adapt their approach to create a new routine that supported the person to successfully attend their appointments. A healthcare professional wrote to the service, 'Staff showed real insight into [Name] needs and how to support them.'

Staff actively encouraged community inclusion and demonstrated a good knowledge of people's social and cultural needs. The registered manager and staff developed imaginative activities after consultation with people who lived in the service. For example, staff renovated the mostly unused structure behind the building into a 'bar' as suggested by people. People named it 'Mocktail bar'. The bar was equipped with pool table, darts board and big screen television. People were fully involved in the redecoration and design of this structure. This was opened in May 2018 'care home open day'. Families, friends and members of the community were invited and this generated a press release. The 'Mocktail bar' party had become a permanent event in the service, which continued to promote community inclusion. Staff told us that this people wanted this event and they were committed to it. Further, one person who was completely fascinated by trains, was enabled to achieve their dream. This was done by contacting a rail company for support. The rail company donated refurbished train seats and arranged a special train ride to St Pancras to celebrate their birthday. The registered manager said, "It was a nice for us to be able to enable [Name] achieve their dream through the involvement of members of the community. Contact with other community resources and support networks was encouraged and sustained. This demonstrated community partnership

and involvement of the people who lived at Kingsdown House.

People told us staff continued to encourage them to pursue their interests and participate in activities that were important to them. There was a weekly activities timetable displayed on the notice board and people confirmed that activities were promoted regularly based on individual's wishes. One person said, "I go to the shopping mall, cinema, bowling, shopping and pub. I also go to disco's and theatre to see a show. I do everything I want to do. I go to the library and borrow CD's and books to read." A relative said, "Every time they come home, [Name] always bring a hand made card. They have music man coming in and they really enjoy it. Loves playing cards and loves teaching people sign language." A healthcare professional commented, 'The support staff assist the people they supported to use a variety of instruments and also aid where needed with assisting communication and interactions between peers. It is clear to see that they have built excellent working relationships with the service users.'

People who used the service were assisted to access a wide variety of courses to develop skills and qualifications. The registered manager told us that two people had been registered for functional skills in English and Maths to enhance their skills and promote their independence further. Staff created education files that tracked and they documented their progress. Staff also accessed free Maths and English programmes on the internet and tailored these to the individual's needs and levels of skill.

People were supported to go on holidays or had holidays planned which enriched their lives. These included breaks to holiday resorts or staying in a cottage. One person was also visiting a centre where it was possible to book the swimming pool out for their sole use. Without the dedication of the staff team these holidays would not be possible. Staff devoted much of their own time to research places which could meet people's needs and enable them and take part in activities. The registered manager told us, "People here enjoy having the opportunity to go on holiday" and "Each activity off site has a risk assessment, but we look at how these are managed, how it went and how effective the activities are." A relative told us, "They are always out and about on activities, both inside and outdoors".

The complaints process was displayed in one of the communal areas in an easy to read format so all people were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service and then they discussed this at resident's meetings. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the registered manager. People told us that they were very comfortable around raising concerns as they found that the registered manager and staff were always open to suggestions, actively listened to them and resolved concerns to their satisfaction. A relative said, "If I have any concerns, I will talk to the manager. Yes, I believe they will take my concerns seriously."

People were supported to have information made available to them in easy read or pictorial formats. Information was provided to people in a way that complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People received a responsive service. People and their family members were asked about any future decisions and choices with regards to their care. Care and support was person led. Information about people's end of life care were based on their wishes and stated in their care plan. No one at the service had been identified as being on end of life care at the time we inspected.

Good

Is the service well-led?

Our findings

Our observation showed that people were relaxed when the registered manager supported them. One person said, "The manager is really good and I can talk to them." A relative said, "I would give 10/10 for the love, attention, care and time given."

A healthcare professional commented, 'The management are always visible and easy to contact. In my view, yes the service is well managed. The team appear happy, the service user's, (the ones that I have worked with), are definitely happy and settled in the service. The manager is quick to respond to questions and listens to new ideas. He has a good knowledge of the MCA and follows relevant guidance when supporting individuals with decision making and best interests. I have always felt welcome at the service and observed many proactive and supportive engagements with service users.'

There was a positive leadership in the service. The management team at Kingsdown House included the deputy manager and the registered manager. Support was provided to the registered manager by the locality manager to support the service and the staff. The locality manager visited to support the registered manager with the inspection.

There was a quality positive culture and atmosphere between the registered manager, staff and people. Both staff and people told us they liked the deputy manager and the registered manager. Staff told us that the management team encouraged a culture of openness and transparency, the manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. One person said, "The manager is really good. I talk to them." A relative said, "The manager is just very approachable." Another said, "The manager seems really nice when they turned up at the hospital. It was very nice but I felt it was unnecessary. It was so sweet and kind." A member of staff said, "The manager has an open door policy and very supportive. I have made suggestions and allowed to implement things like the new food and fluid recording book."

Since our last inspection in April 2016, the registered manager had implemented several positive changes to continue to encourage feedback from the workforce. This included introducing 'hot topics' to the team meetings which allowed the staff to have space and dedicated time to discuss their issues as a collective without management presence. The registered manager explained how this had encouraged unity, consistency and confidence to voice any concerns and to make suggestions to improve the service, where as individuals they may have been less forthcoming. Staff confirmed that these arrangements were in place and were working well.

The registered manager was proactive in keeping staff informed on equality and diversity issues. The registered manager discussed wellbeing, equality and diversity issues with the staff team regularly. Communication within the service was facilitated through meetings. There were staff handovers after every shift, regular staff meetings and regular management meetings. There were also meetings with the management team and with the provider. At these meetings, any concerns, actions or issues were discussed and addressed.

Effective governance systems to monitor performance had been fully embedded into the service. The registered manager continued to ensure checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included checks of people's care plans, risk assessment and consent records, medicines and training among others. Action plans were implemented to address issues in a timely manner. The registered manager ensured learning was completed through competency checks, supervision and appraisals. This process promoted continuous improvement in the service.

In addition, information relating to the running of the service was shared with the locality manager through regular reporting by the registered manager. This covered everything from new care packages, safeguarding, accidents and incidents, care reviews, staff training and findings from ABC charts. An ABC chart is an observational tool that support workers complete, recording information about a person's particular behaviour with the aim of understanding what the behaviour is communicating. This information provided effective governance, accountability and oversight of what was happening within the service and contributed towards plans for the continual improvement of the service. Where outcomes and actions were identified, this fed into a development plan for the service providing the senior management team with the governance and oversight to take appropriate action. This included ongoing training and recruitment, implementing a new medication protocol, workforce development and implementing enhanced health action plans for people; completed by key workers who had the in-depth knowledge of people.

The management team had successfully encouraged a culture of openness and transparency. Part of their values included 'Compassionate Care; we listen and respond with respect and show dignity to everyone that we support; this enables us to shape services that are person centred and which promote independence, empowerment and citizenship. This also includes the use of 'positive behaviour support' [PBS] for people whose behaviour can challenge. The provider had taken proactive steps to ensure that they had the resources to deliver the vision. According to the submitted PIR, the provider had put 'positive behaviour support' [PBS] team as additional resources in place. This team supported the service whenever required in meeting the needs of people whose behaviour might challenge the service and staff. The registered manager told us that people had used this support and had found it beneficial. This ensured that there was an effective supportive environment for people.

There was effective partnerships with various organisations, including the local authority, community health teams, advocacy services and GP surgeries to ensure they were following correct practice and providing a high-quality service had been established. The provider, registered manager and staff also worked well with other agencies and services to make sure people received their care in a joined-up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation advocates for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The registered manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people's quality of life through raising standards of care and support in the service. A healthcare professional commented, 'The staff team appear to get on well and work together to achieve more for the individuals they support. When I visit, I am rarely meeting brand new staff and I am able to easily gather the information that I need. They have a very "transparent" approach and will let me know if a goal has not been achieved and the reasons why, as well as what they are planning to do to achieve it.'

There were a range of policies and procedures governing how the service needed to be run. All the service policies and procedures were reviewed. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. All staff had been given an up to date handbook which gave staff instant access

to information they may need including policies and procedures.

The registered manager had systems in place to receive people's annual feedback about the service. The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living in the service, staff, health and social care professionals and relatives. Sent surveys were received back in May/June 2018. The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. For example, staff had requested for Makaton training to bolster communication with people in the service. The registered manager had booked staff unto this training. We saw evidence that staff had been attending this training.

The registered manager understood their responsibilities around meeting their legal obligations for example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service and on their website.