

The Kent Autistic Trust

The Kent Autistic Trust - 52a River Drive

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 26 October 2017. The inspection was announced.

The Kent Autistic Trust - 52A River Drive is a care home for people needing residential care. The home is run by The Kent Autistic Trust, and can provide care and support for up to four people with autism. Bedrooms are on one floor of the building and there is a communal lounge and dining room. All of the bedrooms have en suite wash facilities. Since the last inspection the building had been altered and converted into a smaller residential home with a separate flat above it. At the time of our inspection there were three people living at the service.

People living in the home had varying levels of communication. People had complex needs. They required high levels of support to enable them to be safe, engage with others and live as independently as possible. One person was able to verbally communicate whilst two people did not. Staff used different methods to communicate with each person which was individual to each of their needs.

At the last inspection on 28 September 2015, the service was rated Good.

At this inspection, we found the service had remained Good.

The management of the service was overseen by a board of trustees for The Kent Autistic Trust. Trustees and the chief executive officer for the trust visited the service regularly.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also registered manager for one of the provider's other local services. They split their time equally between the two services. The registered manager was supported by the area operational manager and the head of care for the organisation.

Staff and people received additional support and guidance from the provider's positive behaviour support team as well as the provider's speech and language therapist and occupational therapist. Strategies were in place to manage any incidents of heightened anxiety and behaviours that others may find challenging.

People and their relatives had opportunities to give feedback about the service in a variety of ways. Relatives and professionals were positive about the service received.

The service provided excellent care and support to people enabling them to live as fulfilled and meaningful lives as possible.

The provider had sustained good practice, development and improvement at the service. The provider had achieved accreditation and continued to work in partnership with organisations to develop best practice within the service. Staff were highly motivated and were actively involved in and contributed to continuous development and improvement.

The provider had a strong set of values that were embedded into each staff member's practice and the way the service was managed. Staff were committed and proud of the service. The provider and registered manager used effective systems to continually monitor and improve the quality of the service.

Staff knew how to protect people from the risk of abuse or harm. Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare.

The feedback we received from relatives and health and social care professionals was excellent. They spoke very highly of the registered manager and the staff team. Everyone within the organisation was highly motivated and committed to ensuring people that used the service had good quality care.

The provider operated safe and robust recruitment and selection procedures to make sure staff were suitable and safe to work with people. There were suitable numbers of staff to safely meet people's needs. Staff received regular training and supervision to help them to meet people's needs effectively.

People received their medicines when they should and medicines were handled safely.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 support this practice.

People were supported to eat and drink enough to meet their needs. People received the support they needed to stay healthy and to access healthcare services.

Staff respected people's privacy and dignity. Interactions between staff and people were caring and kind. Staff were patient, compassionate and they demonstrated affection and warmth in their discussions with people.

Care plans detailed people's preferred routines, their wishes and preferences. They detailed what people were able to do for themselves and what support was required from staff to aid their independence wherever possible. People were involved in review meetings about their support and aspirations.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was outstanding.

The service had responded to people's needs in a person centred manner, enabling people to live a more settled and independent life. Detailed care plans reflected people's support routines and their wishes and preferences.

Staff across the organisation worked in a joined up manner to ensure that support was consistent.

People were actively encouraged to live fulfilled lives and get out and about into the community and undertook activities they enjoyed.

People and their relatives had opportunities to provide feedback about the service they received, which was used to improve the service.

Is the service well-led?

Good ●

The service was well-led.

There were thorough systems to audit and identify any possible improvements to continually improve the service. The registered manager and senior managers promoted a very open and inclusive culture and knew each person and staff member well.

The service worked effectively in partnership with other organisations to keep abreast of current good practice. There was strong emphasis on development and improvement, which

benefited people and staff.

The registered manager, senior managers and the provider promoted strong values and a person centred culture. Staff were committed to delivering person centred care and the management team ensured this was consistently maintained.

The Kent Autistic Trust - 52a River Drive

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 26 October 2017. It was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. We looked at previous inspection reports 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.

Some people were unable to tell us about their experiences, so we observed care and support in communal areas. We telephoned two relatives to ask for feedback about the service which is provided for their loved ones. We spoke with eight staff, which included senior support workers, team leaders, the registered manager, the visiting service quality compliance manager, the area operational manager and a member of the positive behaviour support team. We also requested information by email from local authority care managers who were health and social care professionals involved in the service.

We looked at the provider's records. These included two people's care records, which included care plans,

health records, risk assessments and daily care records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including audits and reports. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

We observed that people felt safe with staff. Staff asked questions about people's day and helped them to see and understand what was happening next. People enjoyed the company of staff and gained physical contact with them when they wanted it. For example, one person liked to hold staff member's hands to clap. The person gained eye contact with staff and smiled when they did this.

We observed that people continued to be protected from abuse or harm. Since our last inspection, all staff had received refresher training in safeguarding adults. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated April 2016. 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. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns about people's care.

Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and had a good understanding of people's different behaviours.

Staff continued to maintain an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. All staff we spoke with told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the service in detail, such as signs and indicators that a person may show if they are happy or sad. People's support plans confirmed this. This meant that people could be confident of receiving care and support from staff who knew their needs. Staff and people continued to get support from the positive behaviour support team. This enabled staff to work with people in a more effective way and ensured that support was consistent. The provider had employed an occupational therapist (OT) who had been working with a person living in the service. The OT had recommended a particular wheelchair and armchair which would suit the person's needs. These had been purchased and the person was seen using their armchair.

The risk assessments continued to promote and protect people's safety in a positive way. Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as accessing the community, interaction with others, travelling in vehicles, communication, fire, money, spending time alone, eating and drinking and risks associated with medical conditions, such as epilepsy. Eating and drinking risk assessments evidenced that guidance received from speech and language therapists (SaLT) had been embedded. We observed staff following risk assessments to help keep people safe. For example, sitting with one person while they ate in case the person had a seizure and choked on their food. The risk assessments were detailed and clear. They included preventative actions that needed to be taken to minimise risks as well as clear instructions for staff to detail how to support people safely. The assessments outlined of what

people could do on their own and when they required assistance. Risk assessments were reviewed and were updated regularly or when there was a change in a person's health.

The provider and registered manager continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. We observed when people were in the service, staff were visibly present and providing appropriate support and assistance when this was needed. We observed that the service was calm. Staff were not rushed and took things at people's individual pace.

Medicines continued to be suitably managed. Staff were trained to follow the arrangements in place to ensure people received their prescribed medicines. Medicines were stored safely and securely. Staff continued to receive training, including refresher training in medicines administration. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and ensure appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. There was a good system in place to ensure people had access to emergency medicines when they needed it. Staff working with people who were diagnosed with epilepsy carried emergency medicines when working with people in the community.

Each person had a personal emergency evacuation plan (PEEP) in place which detailed how staff should help them evacuate in the event of a fire. Fire alarms had been regularly tested and fire drills had taken place. Staff had a good understanding of the fire procedures and how to evacuate people safely. The service had an out of hour's policy and arrangements were in place for staff to gain management support. This was for emergencies outside of normal hours, or at weekends or bank holidays. Risks associated with the premises continued to be well managed. The building had undergone necessary checks. Gas and electrical installations were documented and up to date as were portable electrical appliances, water hygiene checks and water temperature checks.

The home was clean and tidy, it smelt fresh. Staff supported people to carry out cleaning tasks in their rooms and staff undertook communal cleaning tasks. Staff had access to appropriate personal protective equipment such as gloves and aprons to minimise the risk of cross infection.

Is the service effective?

Our findings

We observed that people were supported to have as much choice and control over their lives as they wished. People's decisions and choices were respected by staff.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were in place.

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 had been involved to make sure decisions were made in their best interests. Staff had received training in MCA 2005 and DoLS and they understood their responsibilities under the Act. Staff supported people to make choices through a variety of methods, one person was able to say what they wanted, staff knew that others used other methods such as pointing to what they wanted or pushing items away that they didn't want. For example, one person pushed a plate of toast away during the morning, they then opened the cupboard containing cereals. Staff offered the person each cereal until they found the one they wanted. The registered manager had effective systems in place to monitor and track applications and authorisations.

One person needed to have closed circuit television (CCTV) in their bedroom. As they were unable to consent to this. Agreement had been obtained through the person's relatives (who had lasting power of attorney) and through discussions with health and social care professionals. Agreement had been reached as CCTV had been assessed as the least intrusive method of meeting the person's high level of health and support needs. However, staff regularly reviewed the support to determine whether it was still needed. Over a period of six months, data collected demonstrated a reduction in the person's anxiety and an increase in their level of interaction and non-verbal communication with staff. One of the person's support needs was in relation to continence. With staff encouragement the person had started to come out of their room to actively seek staff out when they needed support with this. This reduced the need for remote monitoring from staff. Staff therefore liaised with the person's relatives and health and social care professionals to introduce a trial period where the CCTV monitor would be switched off and less restrictive measures introduced. Staff continued to encourage the person's increasing independence and self-help skills. There is the option of switching the CCTV monitor back on should the person's needs change. Such as, during periods of ill health. This would enable staff to monitor the person's safety and wellbeing if they were unwell without physically invading the person's space.

Staff continued to undertake mandatory training and refresher trainings in topics and subjects relevant to

their roles. New staff had undertaken an induction which included training, completion of the care certificate and shadowing experienced staff. All staff received regular supervision (one to one meeting) and an annual appraisal of their work performance. Staff told us they felt well supported by the registered manager. One staff member said, "She [Registered manager] is really good at supporting. I can talk about anything with her". Another member of staff told that the reason why they were working for the service was because of the responsiveness of the registered manager. They also told us the registered manager was "Available on the end of the phone for support which is nice".

The provider had a proactive approach to staff members' learning and worked in partnership with the Institute for Applied Behaviour Analysis (IABA). A member of the positive behaviour support team had undertaken a year long course with the IABA and had worked with a person living at one of the provider's other services in order to do this. This work included carrying out observations, assessments and analysis to support the person to manage in their home and other settings. The person who had undertaken this course utilised skills and experience gained from the course to work with people across the provider's services when they needed input. Staff were supported and encouraged to complete work based qualifications.

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes, dislikes and intolerances. 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. During the inspection, the service held a Halloween party, party food had been purchased and people were supported to try different foods and tastes. Staff followed people's speech and language therapy (SaLT) advice when supporting people with food. For example, one person required their food to be in small bite sized pieces and they used a plate guard to help them eat independently. Plate guards help to keep food on a plate. We observed staff sitting next to the person to discreetly support the person as detailed in the SaLT guidance.

The kitchen was clean and there were sufficient quantities of food available. Food was stored safely and was still within the expiry date.

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. Records showed that people had been supported with appointments to dentists, hospitals, opticians, consultants and advice had been sought from 111 when people had been unwell. Records also showed the outcomes and any actions that were needed to support people with these effectively. People's individual health action plans set out for staff how their specific healthcare needs should be met. The staff provided 24 hour care to the person during this period. Relatives told us that their family member's health needs were well met. One relative told us that staff had provided 24 hour care for their family member when they were admitted into hospital. The staff stayed with them to ensure they had someone they knew with them. The registered manager detailed how staff had supported the person during a hospital stay which helped to reduce the person's anxieties and kept them safe in an unfamiliar setting. Staff came together as a team and worked on their days off to ensure the person had consistent care and support.

Is the service caring?

Our findings

Some people were unable to verbally tell us about their experiences of living in the home. We observed that people were relaxed with staff. Staff communicated with people in a way they understood. Staff knew people very well.

A relative told us that staff were kind and caring towards their family members. One relative said, "As long as he is happy we are happy" and "We are very happy with the way he is".

A health and social care professional told us, 'When I have visited the home the staff appear to be very passionate about the people that they support'.

The registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's care and support needs. This helped staff understand what people wanted or needed in terms of their care and support. Behaviour support plans were also kept up to date and relevant to enable staff to work with people in a consistent manner. Each person had an easy to understand board in place which detailed what day it was, who was working and what they had planned for the day, this helped people go about their day. There was a main board in the hallways which also showed easy to understand information about what day and date it was, which staff were working and what the food choices were.

We observed positive interactions between people and staff. People were at ease and comfortable in each staff member's presence. Staff who regularly visited the home such as the visiting service quality compliance manager and the area operational manager were also well known by people. We observed them interacting well with people. Staff were kind, considerate and respectful. Staff made time to chat with people about their day and helped them enjoy their Halloween party.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. Staff were mindful not to enter people's bedrooms whilst they were not there. Staff knocked on doors and checked with people to make sure they could go in. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care. Staff were mindful of people's privacy and confidentiality. Conversations of a sensitive nature were held in private. Records were stored securely

When talking about their roles and duties, staff spoke about people respectfully. Staff told us, "Staff and colleagues and the people we support are the reason I work here at River Drive, it's a lovely place to work. It is nice to see the guys improve and knowing you are part of that is rewarding" and "They [people] are happy and enjoying life. It makes you appreciate and celebrate their achievements".

There was a relaxed and homely atmosphere. People had free movement around the service and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people chose to spend their time sitting in the dining room. People's bedrooms were furnished and decorated to meet

their own likes and wishes. One person had a football themed bedroom which celebrated their love for their team. People had pets which they were supported to look after. One person had a bird and there was a cat which people enjoyed.

People were supported and encouraged to be as independent as possible. Staff helped people maintain their routines and understand what was going to happen next. The registered manager prompted one person to put on their shoes. The person collected their shoes and took them to the registered manager; they put their foot forward indicating they wanted the registered manager to help them put the shoes on. During the morning day service staff arrived at the service to support people to leave to attend day activities.

Advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. One person had an advocate; records showed that they had been involved in funding reviews.

People continued to be supported to engage with people that mattered to them such as friends and family members. People were supported to visit relatives.

Is the service responsive?

Our findings

People were supported by staff in a person centred manner which meant that each person received support that was individual to them. Two people had complex health needs. They received one to one support during the day to help them with their routines, rituals and to respond to people's medical needs. Staff were responsive to people's requests and were aware of people's health needs. One person asked staff if they could go to bed, staff supported the person to go to their room. Staff were proactive in monitoring the person and picked up that the person may have an epileptic seizure. The person did have a seizure, the staff responded quickly and efficiently to maintain the person's safety. Another person's requests for physical contact were responded to by staff. The person liked to clap when they were happy and they sought staff out to get them involved with this activity. Staff stood and sat with the person clapping and maintaining eye contact, which made the person happy. One person said, "[Person] is happy, he is laughing and clapping". The registered manager told us that when one person became unwell the staff provided reassurance and helped the person contact relatives to help the person relax and feel better. This added to the reassurances that staff had provided.

A health and social care professional told us that the service was responsive to people's needs. They said, 'Staff are very passionate about what they do and in supporting the people that live there. It feels like a home environment rather than a full care setting' and 'The staff will highlight risk and make sure there are appropriate care plans are in place and will refer to appropriate services if needing specialist input'.

People had very detailed care plans in place, which reflected their current needs. Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. The care plans listed people's hopes and dreams and detailed how staff could help them achieve these. One person wished to attend football matches with their favourite team. This is something they did when they lived at their family home. Staff supported the person to achieve this, which also supported the person to maintain a good relationship with their relative and enabled them both to participate in something they both enjoyed and were passionate about. The person's relative told us that the service was very responsive to their needs. They told us how staff supported them and their family member to attend regular football games. They explained that they visited their family member regularly at the service but also took them out for family outings for meals or trips to the beach. The relative said, "They [staff] also take him out too. They keep a good diary so we don't turn up if he's out". The person had photographs and match day programmes to show they attended regularly. They talked about their favourite team during the inspection and engaged staff in conversations about players and their shirt numbers. Staff knew talking about the football team made the person happy and helped to relax them.

People's preferred personal care routines were detailed incorporating their preferences and skills as to what they could do for themselves, such as being able to choose the clothes they want to wear by being given the choice of two items. The plans contained information about how people communicated and things that would make them anxious. We observed staff communicating with people in their preferred manner and supporting people to communicate with their peers. People had positive support and behavioural strategies in place. We observed staff following guidance within the care plans when supporting or communicating

with people. Staff were aware of how they should support people in a positive way.

Staff across the organisation communicated effectively to ensure that they provided consistent care and support which met each person's needs. Daily records were shared by staff working in the home and day service staff on a day to day basis, so there was one working document. Day service staff were able to read about how people's evening, night and morning had been and were able to adapt people's day in response. The same worked for the staff working at 52a River Drive they were able to see what people had achieved during the day and how people had been, which enabled them to work in a consistent and person centred manner. One person's records had been developed further to enable staff and healthcare professionals to effectively monitor their seizure activity and to provide evidence of additional care needs relating to the person's daily health needs. The service quality compliance manager explained that they were developing an electronic system to enable staff to make electronic records of people's care and support.

Staff provided consistent support to ensure that each day was a good day for each person. Staff told us how they ensured people were set up for the day in a positive way. One person liked to listen to the radio. Staff supported this person by turning the radio on to different radio stations until the person began to clap and smile. This enabled the person to start their day in an enjoyable and positive day and set them up for a good day. Another person liked staff to touch their foot when staff passed them if they were in their chair. Staff had identified that the person previously tried to kick when staff were passing. They tried different forms of sensory stimulation when passing and found that the person liked to have their foot touched. This helped this person to have a good day when staff touched their foot.

People had regular review meetings with staff, their relatives and care manager. Reviews were centred around the person. The reviews were outcome focused and looked at what was working and what was not and why this might be; how the person would like to change this and any choices and changes the person may have. Staff supported people to put together photographs and videos to show in their reviews to detail what they had been involved with and what activities they had taken part in. Reviews were held in the service. Sometimes people chose not to participate with some elements of the meeting. However, people always took pride in showing their relatives and guests their photographs of what they had achieved in the past year. The registered manager told us that one person was really proud of their pet bird which they had in their bedroom. They enjoyed showing their relatives and guests the bird and telling everyone the bird's name. One relative said, "We have a review soon". They explained they received an update on what their family member had been doing over the last year.

People had opportunities to provide feedback about the service provided. The registered manager shared how feedback was gained through informal systems too. They told us that whilst people were sat around the dinner table eating a meal together, people were asked questions and given options, such as different activities they might like to try. During these meals people would show an interest in doing something or show they disliked something. The registered manager shared that one person gave feedback verbally saying "I don't want to" and others gave their feedback through their body language and actions.

The foundations of positive behaviour support is in understanding why the individual exhibits challenging behaviour ('triggers'), and addresses the issues to prevent further episodes of challenging behaviour. This assessment is also known as a functional behavioural assessment, and is used to create an individualised support plan. Positive behaviour support aims, through positive methods, to teach the individual new behaviours and enable them to achieve what they want to achieve. We found this approach was embedded into staff practice and had resulted in less incidents of challenging behaviour and people had a better quality of life as a result.

The provider's positive behaviour support team trained staff, but also worked with them at the service to develop strategy guidance to support people. The positive behaviour support team had worked with staff to get data from the records of one person's episodes of challenging behaviour; as they were considered to be a precursor to the person's seizures. Their positive behaviour support strategies were amended, and this resulted in reducing the impact of pre-seizure behaviour on the person's levels of anxiety and episodes of challenging behaviour. This included working with the day service staff and relatives to ensure people had a consistent approach and the strategies put in place were properly embedded to ensure the best outcomes for the person. The positive behaviour support (PBS) team supported staff and attended review meetings with people living at the service. The wider PBS team, which consisted of a speech and language therapist and an occupational therapist were actively working with people to explore equipment and aids to meet their changing needs. People were getting older and their mobility needs had changed. The speech and language therapist was starting to work with people to review each person's sensory assessment and separate the assessment from the behaviour support strategy. The aim of this was to review and update the assessment taking into account people's changing needs.

The provider and service had responded in an exceptional manner to a situation earlier in 2017. A person had found it increasingly difficult to share with other people and was not tolerant of any noise. People living in the home were frequently affected by the person's behaviour towards them. The provider and registered manager worked with the person and their relatives to tailor a service specific to this person. The home underwent building works which transformed the home into a ground floor care home. This had reduced the number of bedrooms in the home. The upstairs of the building was transformed into a self-contained flat with its own entrance. The person moved to the new flat and was supported through the provider by their own staff team. This has enabled this person to settle. Staff and the registered manager reported that when the person had settled they began to notice that the other people living in the service became more settled. People began to spend more time together in communal areas and sitting watching the TV, films and having meals together. One relative shared with us that since the changes to the service, their family member took more control and "He is much more forward". The provider had been proactive in finding a solution to meet the person's needs and the needs of other people.

The service had achieved a recognised accreditation by the National Autistic Society in April 2016. The provider kept up to date with new research, guidance and developments and linked with organisations that promoted best practice. The National Autistic Society commented in their report, 'They are committed to integrating the principles of Positive Behavioural Support (PBS) into every aspect of the service provided to the people they support'. We found through checking through care plans, support plans and strategies, staff meeting records and from talking with staff that this was truly embedded into everyday working to ensure consistency for people. A member of the positive behaviour support team showed us what work they had done with people and explained the wider team (such as the speech and language therapist and the occupational therapist) were actively working with people.

People with autism often find changes to routines and trying new things challenging. People were supported to try new activities in a structured way. People had been supported to try out new hobbies such as swimming. One person was supported to go swimming at their local swimming pool. This enabled them to do something they enjoyed and engaged with the general public. A staff member told us how much the person enjoyed it. People were supported to be active member of their local community, so used the local shops, takeaway restaurants, church groups and were involved with community walks in the local area. This enabled people to have a community presence and to engage with their neighbours. The registered manager shared how this had encouraged and nurtured relationships with the community. Often neighbours approached people and the staff when they were out to stop and chat. Records showed that people were supported to do things in their spare time which interested them, such as trips to London,

travelling on a cable car, the theatre, football, visiting relatives, pubs, shopping, pumpkin picking, cinema and bowling. Staff told us that one person had been enjoying trips to the cinema to autism friendly showings. The registered manager told us how this had given people confidence and had then led on to people attending mainstream cinema screenings, which enabled them to engage with the general public. Staff assisted people to celebrate different events. Whilst people were at their day service on the day of inspection, the staff decorated the home with Halloween decorations and carved pumpkins to make the home special for the planned Halloween party. People enjoyed the party and enjoyed watching Halloween music videos as well as listening to the music. The staff were supporting people to attend a pantomime in December 2017. People were supported to go on holiday if they wanted to. One staff member had shared how they supported a person to go to a theme park for a short two day break.

The provider had celebrated success of people, staff and the organisation at a celebration event which had taken place in December 2016. Every person receiving a service attended, each with an individual support plan to enable them to cope with the large event, music and people. The provider had planned to hold this event again on 07 December 2017. Staff spoke excitedly about supporting people to attend and were looking forward to the supporting people to purchase evening wear and to see people dancing and enjoying themselves.

People had opportunities to mix with others and learn new skills, so they were not socially isolated. People chose to attend the provider's day centre facilities within the local town. From the day service people were supported to make use of ordinary community resources such as the library, shops, leisure services, horse riding, bowling and walking groups. This was a facility available to people who lived within this service and other services owned by the provider and people from the local community which was open Monday to Friday. Some people enjoyed going to an evening social club on a weekly basis. The night before the inspection people had attended a nightclub in Dartford, they did this on a monthly basis. Staff shared how people had been dancing and enjoying themselves at the nightclub and were tired because they had been out.

The provider sent out surveys annually to relatives to gain feedback and results were positive. A relative had commented in their survey, 'After seven years with the trust despite health issues he [loved one] seems very happy with his environment'. Relatives received communications from the provider informing them how they intended to make further improvements to the service and they were invited to the provider's annual general conference to hear about and be part of the plans for the coming year. People, relatives and staff were encouraged to provide feedback about good news, ideas, concerns or bad experiences. One relative gave an example of how the registered manager had listened to their feedback about supporting a family community activity, which meant that adequate staff were deployed to enable the person to attend football matches to meet up with their relative. This was something the person and their relative were passionate about.

Relatives and people had the information they needed to make a complaint should they need to. Complaints information was readily available in the service in an accessible format. There had been no formal complaints since the last inspection.

Is the service well-led?

Our findings

We observed that people knew the registered manager and the management team. A relative told us the service was well led. They said, "We've got her [registered manager's] mobile number, if we need to talk to her". A health and social care professional told us, 'I believe that the service is well led and that they work with the best interest of the service users'.

The provider's vision and values for the service detailed that they 'ensure that each person gets the right balance of support that they need to be as successful as possible in all areas of their life provide opportunities that encourage people to grow, take risks and learn the skills they need'. The provider's vision and values were deeply embedded and it was clear that the provider, management team and staff were passionate about providing good quality care and support to people and their families. Daily records evidenced that staff were supporting people in all areas of their life as required. We observed that staff supported people to live as independently as possible. This enabled people to take part of their community, take risks and develop new skills. People were very happy, relaxed and well supported.

There was an established registered manager in post who was supported by team leaders. 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. The registered manager provided clear day to day leadership and together with the team leaders coached and led the staff team by example. The registered manager fully embraced the provider's vision and this filtered through to all of the staff. The registered manager detailed how they had 'grown their own' by developing and encouraging staff from within the service to move forward in the organisation, they shared how this had worked to develop a senior support worker into a team leader. The registered manager had mentored and coached the staff members to learn new skills and develop their roles which had given the staff confidence. A staff member told us how this worked for them. They said, "I have enjoyed progressing in the organisation. [Registered manager] has been teaching me about doing audits and checks and has acted as a mentor". When positions became available the registered manager had encouraged staff to apply and provided feedback to them about the tasks they had been completing to demonstrate that they had already been carrying out parts of the role. Upskilling staff in this way was an effective way to provide consistent support to people and promote a culture which reflected the provider's values. People and relatives knew the registered manager and both felt they were approachable. There was a very open and positive culture within the service, which focussed on people.

The registered manager continued to meet with other registered managers in regular management meetings and spent time in other services owned by the provider to share good practice and learning. The registered manager told us they felt well supported by the organisation and detailed that the senior managers continued to have an open door policy. They were able to call, email and visit the management team at the provider's offices when they needed to. The management team visited the service frequently to carry out audits, visits and provide the registered manager with supervision meetings. There had been a management team structure change since we last inspected the service. A head of care role had been

developed to provide coordinated support for all of the registered services and a business development manager role had been developed to be responsible for compliance and development of new services.

The registered manager and the provider engaged with other providers and registered managers at forums held by the local authority and external organisations. This enabled them to network with others and to share and receive information and news about good practice and innovation.

The registered manager and staff received consistent support from the positive behaviour support team, senior managers and the provider. There was a strong emphasis on continually striving to improve. Senior managers including the chief executive officer visited services and knew people and were involved in helping them to live fulfilled lives. The provider engaged staff in different ways of learning and developed conferences focused on improving lives. One had taken place in September 2017 entitled 'Women and Autism'. Staff told us that the conference was fascinating and helpful; it enabled staff to broaden their knowledge and learn how autism affected people and their families. The registered manager told us, "We are continually researching ways to improve people's lives". Whilst the service did not provide support for any women with autism, the registered manager detailed they would use the information gained if and when a woman moved in. The registered manager shared how the service had changed practice following the 2016 conference. The conference explored choices and how some people cannot make a choice if they were offered two choices for example tea or coffee. The staff and registered manager identified that the people they supported often found this to be difficult. So they embedded the practice of offering one thing. For example asking a person 'would you like tea?' They found people were able to say yes or no. If the answer was no they then offered another choice.

The registered manager consistently demonstrated passion and commitment to providing an excellent service for people. Staff demonstrated the provider's values through their commitment and enthusiasm for their role and to deliver the best possible service to people. This was evident in the way people had freedom and choice about how they wanted to live their life and how the provider and registered manager dealt with the situation when a person was going through a difficult time when they developed a single person service. We observed staff and the management team talking about potential opportunities in the local community to meet new people's needs, they discussed designing individual services for a person who would be requiring a service in the future. Staff spoke with passion and enthusiasm about supporting people to become more independent.

Staff felt the registered manager motivated them and listened to their views and ideas. One staff member told us the management team, including senior managers had a "Strong involvement" and said it was "good to see them get involved". Another staff member told us "We talk all the time; [Registered manager] has an open door policy". Staff also told us that they felt listened to by senior management and the provider. One staff member told us, "I think we are valued, they listen to opinion. I can go to head office and be listened to there too".

Staff continued to understand their roles and responsibilities and felt they were very well supported. There were systems in place to monitor that staff received up to date training, had regular team meetings, supervision and appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. In addition to team meetings there was a general service meeting, when staff, the positive behaviour support team, a speech and language therapist, occupational therapist and day centre staff all came together to share information. Senior managers delivered training at staff's induction and knew each member of staff. This effective team work meant staff worked together to develop their practice and provide continually improving support for people.

In keeping with the provider's mission, 'to provide expertise and experience in supporting people with autism', there was a family support team based at the provider's head office. This was an independent team funded by a lottery grant. Families of people with autism and the general public could access this team for advice and guidance and receive help with form filling or be signposted to appropriate services, both internally and externally. The provider produced a six monthly newsletter. The newsletter celebrated achievements of people and staff and also kept people up to date with news, events and future developments.

Since the last inspection, the provider had sustained improvements over time and had achieved recognised accreditation from the National Autistic Society (NAS) in April 2016. The NAS inspection included observations of care and practice in five of the provider's services. The reviewers carried out interviews with people and staff and reviewed documentation. The overall feedback from the inspection was very positive. Comments by the reviewers in the report included, 'Staff are well trained and well informed on all aspects of autism and review team observed staff putting their autism knowledge into practice. Quality of the delivery of service at Kent Autistic Trust reflects on the emotional well-being of the individuals who live there'.

The NAS accreditation report also stated, 'Quality of the delivery of service at Kent Autistic Trust reflects on the emotional well-being of the individuals who live there. Staff enjoyed working there and they really work hard with lot of empathy and understanding of individual needs of the people they support to make a difference in the life of another human being'. Staff demonstrated this commitment and empathy during the inspection and in a video that the provider had put together detailing the ethos of the Kent Autistic Trust. This video included people, staff, parents and senior management and detailed what the trust meant for them. Staff we spoke with during the inspection all shared how much they enjoyed working with people at the service. It was evident that people felt comfortable with staff and enjoyed their company.

The service worked in partnership with other organisations, such as the Institute for Applied Behaviour Analysis, Autism Alliance, and Kent Integrated Care Alliance to make sure they were following current best practice, to drive improvements and provide a high quality service. All managers had received training in positive behavioural support and further training from the provider's own positive behaviour support team to look at root cause analysis of behaviours rather than just the behaviour and had the skills to deliver their mission statement. The staff team knew people well and this was reflected in people's behaviour. We observed that people were relaxed, calm and happy.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included weekly checks on medicine systems and records. The supplying pharmacist had undertaken an audit on 21 June 2017 which highlighted some minor issues. The registered manager had rectified these quickly. Records evidenced that the registered manager had been liaising with the pharmacist to discuss one person's medicine. This was because the audit had picked up that the service ideally should not be cutting a particular tablet. However, after the pharmacist had gone away and investigated this they found that the tablet prescribed was the smallest dose manufactured, therefore the only way to ensure the person received the correct dose was to cut the medicine using a pill cutter. Safer food better business by the Food Standards Agency was used to audit food management, such as water temperatures and food and fridge freezers and ensure people remained safe. The Environmental Health Officer had visited on 15 February 2016 and the service had a five star rating (the highest). People were supported to live in a safe and well maintained environment. A health and safety, fire and infection control audit was undertaken every quarter. The provider had employed a housing manager to enable registered managers in all of the services to focus on people's care and support needs and continued improvement, rather than getting caught up with repairs and general maintenance. The housing manager liaised with the landlords of the buildings and contractors. The registered manager shared that this had meant they could

focus on reviewing and developing the service.

A member of the provider's compliance team undertook quality assurance visits and reports were available. These visits mirrored the inspection process looking at the five domains of safe, effective, caring, responsive and well led. Reports showed this was a very thorough audit and action was taken to address any shortfalls identified, for example, the audit carried out on 20 June 2017 identified some refresher training that was required. The next audit on 14 September 2017 showed that training had taken place and other refresher courses had been booked. People had been involved in these audits. The compliance team had noted observations and feedback from spending time with people and from cross referencing observations with people's care plans.

Trustees also visited the service so they are able to check personally that the service was running effectively. A trustee visit had taken place on 17 August 2017. The report of the visit showed positive feedback about the service and staff, including 'The staff all appeared happy and relaxed and it felt like coming into a family home' and 'The residents were relaxed and happy watching a film with the staff. One resident was having personal care time'. A monthly report covering all areas of working was also sent to senior managers, to enable them to be kept up to date and monitor the service effectively.

People had access to easy read information, such as information about keeping safe, maintaining good health and how to complain to help them understand how to provide feedback about the service they received. Relatives were confident that people were well supported by the service and staff team because people were settled and not showing signs of anxiety or distress.

Staff had access to policies and procedures. These were reviewed and kept up to date by the provider. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as Deprivation of Liberty Safeguards (DoLS) authorisations.

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 conspicuously displayed their rating in the service and on their website.