Autism Wessex

Penny Farthing House

Inspection report

Fernhill Lane
New Milton
Hampshire
BH25 5SX
Tel: 01425611840
Website: www.autismwessex.org.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place over two days on 23 and 24 April 2015. The inspection was unannounced.

Autism Wessex are a charitable organisation delivering education, support and care services to people on the autistic spectrum. They operate in Dorset, Hampshire and Somerset. Penny Farthing House is a four bedded residential home provided by Autism Wessex. The home provides accommodation, care and support for four young people of both sexes on the autistic spectrum with associated needs, and who may, at times, display behaviours which challenge. At the time of the inspection three of the four young people were present in the home.

The service has 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 and associated Regulations about how the service is run.

Summary of findings

The way in which the service was implementing the Mental Capacity Act required improvement. This was because, mental capacity assessments had not always been undertaken to establish if a person was able to make decisions about and agree to their support plan.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. Staff had clear guidance about what they must do if they suspected abuse was taking place.

Individual risk assessments had been completed for people who used the service and covered activities and associated health and safety issues both within the home and in the community. Staff were well informed about the risks to each young person and told us that the risk assessments provided them with the information and strategies they needed to manage the risks and protect the person or others from harm.

Although some of the young people could display behaviours which challenged, staff had taken steps to understand the potential triggers and had implemented methods to manage and de-escalate these behaviours in the least restrictive way possible.

There were sufficient staff to meet people's needs. The management team were committed to recruiting and maintaining a stable staff team and in the interim, we could see that gaps in the rotas were being filled by experienced and regular bank or relief staff . This helped to ensure that people were supported by familiar staff who knew and understood their needs.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These measures helped to ensure that only suitable staff were employed to support people in their homes.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. There were policies and procedures in place to ensure the safe handling and administration of medicines ,which were only administered to people by staff who had been trained to do this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Relevant applications had been submitted by the registered manager.

New staff received a comprehensive induction which involved learning about the values of the service, the needs of people using the service and key policies and procedures. A staff member told us their induction provided them with "'a lot of direction and insight into people's routines".

Staff completed a range of essential training which included first aid, infection control, nutrition and safeguarding people. More specialised training specific to the needs of people using the service was also provided. This helped to ensure that staff were equipped with the right skills and knowledge to meet people's needs.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration. People were involved in decisions about what they ate and they were assisted to remain as independent as possible both with eating their meals and with the preparation of their food.

Where necessary a range of healthcare professionals including GP's, community learning disability nurses, speech and language therapists, dentists and chiropodists had been involved in planning peoples support to ensure their health care needs were met.

We observed interactions between staff and people which were relaxed and calm. Staff showed people kindness, patience and respect. We heard lots of praise and encouragement when the young people completed a task or chore. Staff were aware from people's body language when they wanted the comfort of touch. They were equally aware when people wanted space or time on their own.

People received personalised care and were supported to follow their interests and make choices about how they spent their time. One relative said, "They support [their relative] so well, they have got them doing so much". The young people went swimming at a local pool, visited local beauty spots and attractions such as Knowlton Church. The young people had been involved in a Mad Hatters Tea Party at Steamers Point and picnics at local beaches.

Complaints policies and procedures were in place and were available in easy read formats within the communal areas of the home. Information about the complaints

Summary of findings

policy was available in the service's welcome pack. Relatives told us they were confident that they could raise concerns or complaints and that these would be dealt with.

There was an open and transparent culture within the service and the engagement and involvement of relatives and staff was encouraged and their feedback was used to drive improvements. One staff member said, "If I have had a problem, they [the management team] have listened and something is done, if not it's explained why".

The registered manager had a clear vision for the service which had been formulated into a service improvement plan that focussed on delivering some of the key objectives.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Summary of findings

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.

People were supported by sufficient numbers of suitably qualified, skilled and experienced staff.

Medicines were administered safely by staff who had been trained to do so. There were procedures in place to ensure the safe handling and storage of medicines.

Staff knew how to recognise and respond to abuse. They had a clear understanding of the procedures in place to protect people from harm.

Risks to individuals had been identified as part of the support and care planning process and plans were in place to manage these. People were supported to overcome or manage their fears or anxieties in order that they might be able to lead a life which was as meaningful as possible.

Is the service effective?

Requires improvement

The service was not always effective.

Whilst decisions made on behalf of the young people had been made in their best interests and after consultations with their families and key professionals, this decision making had not been underpinned by the completion of a mental capacity assessment.

Staff received training that meant they understood how to meet people's needs.

People's nutritional needs were met and people had access to healthcare professionals when this was required.

Is the service caring?

Good

The service was caring.

Staff spoke about people in a caring and respectful manner and interacted with them in a fun but meaningful way.

Staff had a good knowledge and understanding of the people they were supporting. Staff were able to give us detailed examples of people's likes and dislikes which demonstrated they knew them well.

People were treated with dignity and respect and were encouraged to live as independently as possible.

Is the service responsive?

Good

The service was responsive.

Summary of findings

Care plans contained appropriate information about people's needs, their choices and preferences, this ensured staff had the guidance they needed to be able to deliver responsive care and give people the right support.

People had access to activities of their choice and were supported to follow their passions such as watching trains, dancing or making crafts.

Complaints policies and procedures were in place and were available in easy read formats. Relatives told us they were confident they could raise concerns or complaints and these would be dealt with.

Is the service well-led?

Good

The service was well led.

The registered manager and the deputy manager were well respected by the staff team. Staff told us their involvement was encouraged and their feedback was used to drive improvements.

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Penny Farthing 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 an unannounced inspection which took place over two days on 23 and 24 April 2015. The inspection was undertaken by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with the registered manager, the deputy manager and four support staff. We also reviewed the care records of three people and the records for four staff and other records relating to the management of the service such as audits, incidents, policies and staff rotas.

Whilst we chatted with two of the young people using the service, due to their difficulties communicating verbally, or their anxieties about speaking with us, we were not able to seek in any detail their views about the care and support they received. We therefore spent time observing interactions between staff and people. Following the inspection we spoke with three relatives and obtained the views of two health and social care professions about the care provided at Penny Farthing House.

This was the first inspection of Penny Farthing House which opened in September 2013.

Good

Is the service safe?

Our findings

People were supported to stay safe. The service had easy-read information available for people on how they might protect themselves from abuse. All of the relatives we spoke with told us they felt their relatives received safe care. Health and social care professionals also told us they had no concerns about the safety of people living at the service.

Staff had received training in safeguarding adults, and had a good understanding of the signs of abuse and neglect. The organisation had appropriate policies and procedures and information was readily available on the local multi-agency procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. Staff had a positive attitude to reporting concerns and to taking action to ensure people's safety. One member of staff told us, "If anything happens, I report it, even if it is only a small concern". All of the staff we spoke with were clear they could raise any concerns with the manager of the home, but were also aware of other organisations with which they could share concerns about poor practice or abuse.

Individual risk assessments had been completed for people who used the service and covered activities and associated health and safety issues both within the home and in the community. For example, we saw completed risk assessments in relation to self injurious behaviours, absconding, swimming and travelling in the mini bus. Due to a potential risk of fire setting, the home had installed a sprinkler system in parts of the home. Staff were well informed about the risks to each young person and told us the risk assessments provided them with the information they needed to manage the risks and protect the person or others from harm. Staff were able to share with us examples of positive risk taking. For example, we were told about one person who enjoyed watching trains. We were told that the young person was now being taken to the station where they were being given space to stand and watch the trains. A staff member told us, "Accessing the community is full of risk for some of our young people, but we still ensure we get everyone out". A relative did comment that their young person had a risk assessment which said they could not safely use public transport, but the person did when they were staying with them. They therefore felt that further work was needed to find alternative ways of managing the risk involved in this activity.

Some of the young people within the service could at times express themselves through displaying behaviours which challenged. Individual support plans (ISP's) contained behaviour management plans which were used to enhance the support given to people when they behaved in a way that challenged the service. These plans included a description of potential behaviours, possible triggers, justification for intervention, and the agreed techniques to be used. When necessary staff used recognised de escalation techniques as a way of managing behaviours which challenged. These techniques actively reduce risk and the need for restraint whilst promoting and protecting positive relationships. All of the staff we spoke with told us they felt they were competent and confident in the use of these techniques and gave us examples of how they used these when supporting people to protect the individual and others from harm. One staff member said, "The aim is to use the least restrictive measure to escort away or redirect the young people from danger". People were calm and appeared very content with the care and support provided.

We observed certain restrictive arrangements were in place regarding the locking of kitchen cupboards or around food choices. Where restrictive practices were in place, there was evidence that these had been agreed with the person's relatives and relevant professionals to be in the person's best interests.

Incidents and accidents were reviewed and monitored through the completion of specific incident forms (SIF's). SIF's looked at the number of incidents, whether any physical interventions had been used and whether a safeguarding alert had been needed. The SIF's were monitored by the registered manager or their deputy to review antecedents to the incident, the behaviours involved and the consequences of the incident. This helped to identify triggers or trends and helped to ensure the behaviour management strategies in place remained effective and helped to keep people safe. A healthcare professional told us, "Staff at the home have been good at

Good

Is the service safe?

communicating when we have been actively involved with clients, they have consistently made efforts to contact the team regarding updates in incidents and negative changes that have occurred in order to seek support".

Staffing levels were adequate to meet people's needs and were based upon the young people's assessed needs. All of the young people were assessed as needing one to one support whilst within the home or higher staffing ratios when undertaking activities outside of the home. Staffing levels were adjusted as required to ensure people had the extra support they needed to undertake an activity in the community. At night there were two night staff, one sleeping and one awake. All of the staff we spoke with told us they felt staffing levels were adequate to meet people's needs safely.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks. These measures helped to ensure that only suitable staff were employed to support people in their homes.

Each person had a personal emergency evacuation plan which detailed the assistance they would require for safe evacuation of the home. The provider also had a business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. There were policies and procedures in place to ensure the safe handling and administration of medicines. Medicines were only administered to people by staff who had been trained to do this. We did note that staff did not currently have an annual review of their skills, knowledge and competency to administer medicines. We spoke with the deputy manager about this, they explained they often informally observed staff administering medicines and were therefore confident this was managed safely, however they said arrangements would now be put in place to incorporate this in the staff development and competency framework.

We reviewed two people's medicines administration record (MAR) and saw these were fully completed and contained sufficient information to ensure the safe administration of medicines to people. There were protocols and guidance in place for the use of emergency or 'if required' medicines . Medicines were stored safely in a locked medicines cabinet or fridge in the office. We did note that fridge and room temperatures were not being taken daily to ensure the medicines were being stored within recommended temperature ranges. This is important as if medicines are not stored at the right temperature, they can start to break down or become less effective. We spoke with the deputy manager about this, who took immediate action to address this. There was evidence of regular audits of people's MARs. When errors had occurred, these were investigated and explored with staff in supervision to drive improvements in practice.

Requires improvement

Is the service effective?

Our findings

Relatives told us the service provided effective care. One relative said, "The staff have done brilliantly with improving [their relatives] diet and getting them to try new foods". A second relative said, "The care is second to none". A healthcare professional told us, "I have found that the staff meet [the person's] needs very well…they have responded to [the person] very positively, I would not hesitate to place another person with severe autism and challenging behaviour at the home". We saw a range of comments from other professionals visiting the home in the compliments book, which suggested they considered the home provided effective care. Comments included, "Keep up the good work, I'm impressed with the person centred work and staff knowledge base of the individuals" . Our observations indicated staff had a good knowledge of the people they supported. We observed staff working in a professional manner and communicating with people effectively according to their needs. Staff told us they felt the service delivered effective care. One staff member said, "All of the service users are supported to a really high standard and their independence promoted, all the service users have a really good quality of life".

Mental capacity assessments were not always being undertaken in line with the requirements of the Mental Capacity Act (MCA) 2005. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff had received training in the MCA and they were able to demonstrate a basic understanding of the key principles of the Act. Staff understood that any actions taken must be in the person's best interests when they lacked capacity to make informed decisions. A number of best interests decisions had been recorded, for example, in relation to the administration of people's medicines and locking doors. These decisions had been agreed following consultation with the person's relatives and relevant professionals. However the decisions were not underpinned by an assessment of the person's capacity to make the specific decision for themselves. This is an area for improvement as where a person's ability to consent to an aspect of their support plan is in doubt, an assessment of their capacity should be undertaken as part of the support planning process. This helps to ensure that staff are acting in accordance with the requirements of the MCA 2005. Since the inspection the registered manager has completed detailed mental capacity assessments for each person using the service.

Our observations during the inspection indicated that the staff on duty had a good knowledge of the needs of young people they were supporting. However, one care worker felt that sometimes shifts were not always staffed with sufficiently experienced workers. This issue was also raised by healthcare professionals in their feedback about the service. Their comments included, "Staff seem knowledgeable about the main aspects of the clients care plan, but at times, this can vary especially with newer staff…there have been some instances of conflicting information being provided from different support staff in the past". We spoke with the management team about this, they were aware this had been a challenge following a number of staff leaving the service to follow other careers, however, they felt this was an improving picture. They explained they were committed to recruiting and maintaining a stable staff team and in the interim, we could see that gaps in the rotas were being filled by experienced and regular bank or relief staff . This helped to ensure that people were supported by familiar staff who knew and understood their needs.

People were able to make some decisions for themselves and staff supported them to do this wherever possible. One staff member explained that just because a person could not communicate verbally, this did not mean they did not understand and could not make some decisions or choices with the right support. We observed one person who did not have verbal communication, being fully involved in decisions about what to eat for their lunch using a picture exchange communication system. We saw another person using a choosing board with words to express what activities they wanted to do that day.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Relevant applications for a DoLS had been

Is the service effective?

submitted by the home, although improvements could be made to ensure that all staff were aware of which people were subject to a DoLS so they could ensure the safeguards were effective.

New staff received a comprehensive induction which involved learning about the values of the service, the needs of people using the service and key policies and procedures. New workers told us they shadowed more experienced staff for at least two weeks, learning about people's needs, routines, risk management strategies and communication methods. The provider was already taking action to update their induction process in line with the new Care Certificate which was introduced in April 2015. This sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. We spoke with two new members of staff who both confirmed they had completed an induction. One staff member told us their induction provided them with "'a lot of direction and insight into people's routines, I feel I was prepared".

Staff completed a range of essential training which included first aid, infection control, nutrition and safeguarding people. More specialised training specific to the needs of people using the service was also provided. This included training on autism, epilepsy, and person centred care. Two of the staff were trained lifeguards and four staff were trained in mediation of conflict resolution. A small number of staff had undertaken a Foundation in Autism Practice qualification which was an five week competency based distance learning course provided by Bournemouth University. This helped to ensure staff were equipped with the right skills and knowledge to meet people's needs.

Staff told us they felt supported and that they received regular supervision which we saw was an opportunity to reflect upon their practice, discuss their personal wellbeing, issues regarding the people using the service and any safeguarding matters. None of the staff had been employed long enough to have had an appraisal, but systems were in place to assess the on-going competency of staff and support them with their career development.

People were supported to have enough to eat and drink and their care plans included information about their dietary needs and risks in relation to nutrition and hydration. There was a four week rolling menu at the home which was based on the known likes and dislikes of the young people. We were told that if a person did not want the planned meal, there was always an alternative available in the freezer. Every Friday night was take away night and the young people took it in turns to choose the type of take away.

People were involved in decisions about what they ate and they were assisted to remain as independent as possible both with eating their meals and with the preparation of their food. We observed staff used a picture book with two people who were not able to verbally communicate their food choices. We observed staff supported a person to eat as independently as possible by using hand over hand techniques and lots of encouragement to help them butter their own bread.

Staff encouraged people to eat as healthily as possible. Two people using the service were on a reducing diet. One of the young people had successfully been supported to eat a more balanced diet and to lose weight and this had had a positive impact upon their overall health meaning they no longer required some of their prescribed medicines. Staff described how another person had not been keen on healthy foods, but with encouragement they had become more adventurous and they were now regularly enjoying a range of vegetables and seeds had been introduced as healthy snacks. Information was readily available on how people enjoyed their food to be presented and we saw guidance from health care professionals was being followed. For example, a healthcare professional had advised that a jug of water be made available at mealtimes to encourage the person's fluid intake. We saw this happened in practice. Mealtimes appeared relaxed and flexible and the young people could choose to eat together or on their own at a time of their choosing. The young people were involved in clearing away after meals even if this was just by bringing their plate to the dishwasher. They were also involved in shopping for their food. One person took responsibility for buying meat from a local farm shop, whilst two others, accompanied staff on the bigger shop to the supermarket. The fourth person got involved in trips to the local bakery.

Where necessary a range of healthcare professionals including GP's, community learning disability nurses, speech and language therapists, dentists and chiropodists had been involved in planning peoples support to ensure their health care needs were met. People had a health action plan which contained details of their medical

Requires improvement

Is the service effective?

appointments, the outcome of these and any required actions. The home were researching how best to document a hospital passport. These are used to share key information with medical staff about the person's needs, their communication methods and behaviours in the case of admission to hospital. People's weight was monitored monthly so that staff could readily identify any weight loss or gain that might have implications for the person's overall health and wellbeing. A healthcare professional told us, "When information has been requested or discussed surrounding the physical health needs, information has been available, health outcomes have been positive".

Good

Is the service caring?

Our findings

The young people living at Penny Farthing House were not able to tell us how caring the service was and so we spent time observing whether people were treated with kindness and compassion and their dignity and privacy respected. We observed interactions between staff and people which were relaxed and calm. Staff showed people kindness, patience and respect. Many of the people living at the home required one to one support from a staff member and we observed this was managed in a sensitive and unobtrusive manner. People could move freely around the home and could choose whether to spend time in their rooms or in the communal areas. We heard lots of praise and encouragement when the young people completed a task or chore. Some of the young people enjoyed dancing as an activity and chose to dance to the song 'Gangnam Style'. Staff all joined in and it was clear the young people were really enjoying the interaction. Staff were aware from people's body language when they wanted the comfort of touch. They were equally aware when people wanted space or time on their own. A relative told us, "Its [their relatives] home, the staff are helping them to be more independent". All of the parents we spoke with told us they felt the staff were kind, caring and compassionate. A healthcare professional told us, "In our experience, interaction between the service users and the care staff are positive and respectful. They appear to have a caring attitude toward the residents and are keen to support their best interests". A healthcare professional had recently recorded in the compliments book that the people were "Happy, atmosphere excellent, cheerful, calm and caring". A staff member told us the staff team were all kind and caring, they said, "They are all lovely and display genuine affection toward the service users".

Staff showed they had a good knowledge and understanding of the people they were supporting. Staff were able to give us examples of people's likes and dislikes which demonstrated that they knew them well. We were given examples of the types of food people liked to eat and what activities they enjoyed as well as their daily habits. This information was also reflected in people's care plans. Staff described how people communicated and people's care plans confirmed these communication techniques.

People were assigned key workers who worked closely with them so that they became familiar with their needs, likes, dislikes and preferences. They were also responsible for updating their individual support plans and keeping family members informed about the person's progress each week. However people were also supported by a variety of staff so that they experienced different interactions and benefitted from the skills different staff members brought to their work. For example, one staff member was very creative and so they were spending time supporting one of the young people who enjoyed crafts and was very accomplished at artwork.

People were able to express their views and be actively involved in making decisions about their care and support. We observed one young person choosing his activities for the day. They were fully involved in the process and appeared pleased with their choices, one of which was a household chore and the other a leisure activity. The young people were supported to personalise their rooms as they wanted. Flowers and pictures, some of which had been taken by people using the service were displayed within the house to help create a homely environment.

People were supported to maintain their independence and develop skills by being involved in completing tasks such as doing their laundry and cleaning their rooms. A staff member said, "[the young person] will give me their cup to go in the dishwasher, but I ask them to do it, [another person] asks for help dressing, but they can do this themselves and so we encourage this". The young people also got involved in recycling, clearing the table after their meal and other household chores. Social stories were being used to help people develop self care skills, for example, with cleaning their teeth or washing their hands. Social stories are written or visual guides describing various social interactions, situations, behaviours, skills or concepts and help people with autistic spectrum disorders to process information.

People's privacy and dignity was respected. The home had a dignity champion who was provided with additional training. Their role was to promote and role model dignity in care and highlight where practice could be improved. Staff introduced us to people and explained the purpose of our visit and why we were spending the day in their home. Staff gave us examples of how they tried to maintain people's dignity. One staff member said, "The residents need to have private time in their rooms, but a member of

Good

Is the service caring?

staff will be outside if needed, just out of line of sight". A healthcare professional told us, "in our experience, the service provides care that treats the residents with dignity and respect".

Good

Is the service responsive?

Our findings

People received personalised care and were supported to follow their interests and make choices about how they spent their time. One relative said, "They support [their relative] so well, they have got them doing so much". People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. This supported staff to deliver responsive care. Each person had a quick reference profile which was a summary of their individual support plan. This included information about the person's routines, preferred activities and dietary preferences. This information was expanded upon in the young persons full individual support plan (ISP) which had been developed in partnership with the young person, their families and professionals. The ISP's included information about important people in the young person's life, their life history, likes and dislikes and things they enjoyed doing. For example, one person's ISP said they enjoyed using building bricks and the computer. We saw this person being supported to take part in both of these activities which they appeared to be enjoying. The ISP also contained information about the young person's attributes and strengths, for example, it noted, 'I am happy and chatty, laugh with me'. We saw staff interact with this person in this manner. This information helped to ensure staff worked with people in a consistent way and were aware of their individual preferences.

People had been supported to develop personalised goals to help them improve their skills with specific tasks. Goals included learning to use soap, using the names of staff and undertaking grocery shopping. One person been supported to overcome their anxieties about animals and young children. They were now successfully completing a paper-round each week and their general confidence with being in the community had grown so staff were also able to take them to the library and to the swimming pool. One person's relative told us, they felt some of their family members goals could be more specific and focus more on skill development. This was also highlighted by a healthcare professional who told us that whilst the home did appear to provide a range of activities for the residents, they felt it would be helpful if the people were supported to focus more on making these activities meaningful to the person in order for them to develop their skills. The registered manager told us that an autism quality of life assessment was being introduced and would be reviewed alongside each young person's skills assessment and goals and objectives to help ensure that these were meaningful and to help assess that progress was being made with achieving the goals.

People had a personalised communication passport which had been developed in conjunction with a speech and language therapist. This contained detailed information about how the person communicated. For example, it would note, 'If I do this, it means'. There was a detailed record of the behaviours one person displayed when they were becoming anxious or when they were trying to self-regulate their anxiety or release tensions. There was also information about how the person might present if unwell or unhappy. Staff used a variety of different methods of communication depending upon the person's needs. For example, we saw staff used PECS with good effect as well as signing. One young person used a white board to write about how they were feeling if they could not verbally express this. We were told that 'Feelings boards were being introduced to help some of the young people communicate. A feelings board has pictures on it which help to person to communicate how they are feeling by pointing, eye gaze or giving a picture to their support worker.

Staff completed daily notes detailing what aspects of personal care had been completed, what the person had eaten and the activities they had take part in. The records included a record of any behaviours or anxieties the person had displayed and any work achieved towards their goals. This meant that it was possible to effectively monitor aspects of the care and well-being of the people who were supported by the service. Concerns had been documented by staff when they had noticed possible symptoms of any ill health and they had responded by making referrals to the people's GP's or other healthcare professionals.

Monthly key worker reports were detailed and showed people's needs were being kept under review. More formal care reviews were held annually, and were an opportunity for the person, their relatives and relevant healthcare professionals to make their views known about the care provided by the service. The relatives we spoke with had confirmed they were involved in planning and reviewing their family members care. One relative said, "Yes I am kept

Good

Is the service responsive?

informed, they [the staff] are hyper vigilant". Another relative agreed they were mostly kept informed but commented this was an area that could be further improved.

The home had effective arrangements in place to ensure people were supported to have regular contact with their families. Some of the young people spent weekends at home and where this was not possible, families were welcomed and encouraged to spend time with their relative at Penny Farthing House. The registered manager told us one person's family had joined them to celebrate Christmas and this had proved to be a very positive experience. there were also plans to set up internet video chat so that one young person could speak with their parents whilst they were abroad.

People had individual activity plans and took part in a wide range of activities in line with their personal preferences. People went swimming at a local pool, visited local beauty spots and attractions such as Knowlton Church. The young people had been involved in a Mad Hatters Tea Party at Steamers Point and picnics at local beaches. Arrangements were being made to jointly undertake some activities with the young people from some of the providers other local homes. This had enabled one of the young people to meet up again with a friend he had not seen since they were at school together. The registered manager explained that one of the organisations aims was to support people to be integrated into community life. One young person was being supported to regularly visit their local pub where they were developing friendships with the other locals and staff. They were supporting another young person to develop their confidence in engaging with shop keepers when out buying provisions for the home.

Within the home, people chose to do activities such as exercises, dancing or crafts. A member of staff told us they encouraged a range of activities. They said the young people would often want to spend all day on the computer, so they tried to limit this to short periods and then offer time out in the garden on the trampoline, exercise bike or gym ball. One young person liked to watch U-Tube a lot, so staff encouraged the person to dance along to U-Tube Videos, rather than just sit and watch these. Staff had introduced a 'Kenya board'. They explained that often some of the young people could get 'stuck' on watching or looking at one particular subject or object. The Kenyan board encouraged the young people to use their computer time to explore facts about that country and thereby broaden the type and nature of the information they were looking at. In the garden there were a number of raised vegetable beds. The deputy manager explained that the previous year, the young people had got involved in growing a range of vegetables which were then used in their meals. The young people were also encouraged to get involved in household chores on a daily basis and completed tasks such as polishing or laying the dinner table.

The home had recently obtained funding to develop a sensory room. This was well equipped with comfortable furnishings, lighting and was used most evenings by the young people as means of relaxing in a calming environment. In addition to the sensory room, there was a large lounge and kitchen diner where people could sit, watch the television or take part in activities. People also spent time in their rooms which were personalised and specific to their needs and interests.

Complaints policies and procedures were in place and were available in easy read formats within the communal areas of the home. Information about the complaints policy was available in the service's welcome pack. Relatives told us they were confident they could raise concerns or complaints and that these would be dealt with. There had not been any formal complaints, but one relative said they had needed to remind the staff to keep them informed about matters concerning their family member. They added that things had improved since they raised their concerns.

Good

Is the service well-led?

Our findings

Because of people's complex needs, they were unable to tell us about their views of the leadership and management of the service, however, all of the relatives we spoke with told us they felt the service was well run and the registered manager was 'friendly', 'helpful' and 'approachable'. A healthcare professional told us, "The home have been able to implement strategies that have been advised by our team after meeting with the homes management". It was clear from our discussions with the manager and deputy manager and from our observations that they were all very familiar with the people who lived at Penny Farthing house. We observed the management team had developed good relationships with each person which enabled them to be good role models to the staff team and promote the delivery of person centred care to the young people living in the home.

The registered manager at Penny Farthing House was also the registered manager for one of the providers other nearby homes which meant that they divided their time and support between the two locations. Staff told us that despite this, they felt the registered manager "Did a great job" and that the leadership was strong. The registered manager was supported in her role by a deputy manager. Staff also spoke positively about the deputy manager, comments included, "They do a great job". Another staff member said, "The manager and deputy seem really happy, are always smiling, its good, well run". A third staff member said, "Yes the leadership is strong, they get involved in the care". Staff told us they received regular supervision during which the management team provided guidance about work related practices and discussed any difficulties or concerns the staff member might have. Staff told us the registered manager and provider were good at providing them with any training they requested so that they could keep their skills and knowledge up to date.

There was an open and transparent culture within the service and the engagement and involvement of relatives and staff was encouraged and their feedback was used to drive improvements. The registered manager told us, they 'Looked forward to coming to work where the whole atmosphere was really positive and inclusive". Staff members also praised the culture of the service. They told us they were able to share their views about how the service was run. One staff member said there was "Good open communication with management…there is an open and fair culture". The registered manager said, "We work on the floor, we are out there a lot, we listen, we stress we are not the management, we are part of the team, all here for the same reasons". One staff member said, "If I have had a problem, they [the management team] have listened and something is done, if not it's explained why".

Team meetings were held on a regular basis. Issues discussed included, new policies and procedures, updates to any of the young people's risk assessments and examples of good practice. Staff were able to share their views on service delivery and make suggestions about possible improvements such as new activities. The registered manager told us, "No decisions are made without going through a team meeting. Team meetings were also used as an opportunity to learn from incidents and accidents. Each incident was reflected upon and different approaches or prevention strategies discussed. This helped to ensure that risks to people were managed effectively and areas where practice could be improved or adapted were identified. The registered manager attended a Social Care Action Team meeting which was an opportunity to brief the organisations board on aspects of the service so that they might be take a full part in decision making and to promote openness and accountability at all levels.

The provider's statement of purpose set out the organisations aims and objectives and core values which included privacy, dignity, independence, security, choice and fulfilment. Throughout our inspection, staff demonstrated that they worked in a manner that was consistent with these values. A support worker told us, "We try and ensure their involvement and give choices where ever we can".

The registered manager had a clear vision for the service which had been formulated into a service improvement plan which focused on delivering some of the key objectives. These included the achievement of a stable and permanent staff team and the introduction of filming staff practice and using the playback of this as a tool for understanding and developing best practice. The plan was to introduce this as soon as all of the relevant permissions were in place. Other objectives included expanding the nature of activities the young people took part in and taking the young people away on a holiday.

Good

Is the service well-led?

There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure that people were receiving the best possible support. Questionnaires were sent to relatives to seek their views about aspects of the service and how this might be improved. A range of audits were undertaken, for example of medicines and infection control. Health and safety audits were also undertaken to identify any risks in relation to areas such as fire, gas and water safety. We were told that the provider had undertaken nine visits to monitor the quality and safety of the service in the last year. At their last visit, one person's ISP had been reviewed in detail and a number of recommendations had been made and action taken to address these. The manager and deputy manager undertook unannounced monitoring visits so that they might identify any areas of practice that might need improvement but also so that good practice could be celebrated.