

Autism East Midlands ledale

Inspection report

ledale
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Ratings

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Iedale is a residential care home providing personal care to six people at the time of the inspection. The service can support up to six people. Each person has their own self-contained apartment within the building, and there are also shared communal lounge, dining and kitchen areas.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture

Right Support

The service supported people to have the maximum possible choice, independence and control over their own lives.

People were supported by staff to pursue their interests, take part in activities and be active in their local area. Relatives were happy with the care people received and felt they were safe and living the lives they wanted.

Staff enabled people to access specialist health and social care support in the community and play an active role in maintaining their own health and wellbeing.

Staff communicated with people in ways that met their needs, and supported them to make decisions about how they wanted to live their lives.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity and promoted equality and diversity in their support for people. They understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People who had individual ways of communicating, using body language, sounds and pictures could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People could take part in activities and pursue interests that were tailored to them. Staff encouraged and enabled people to take positive risks. People had opportunities to try new activities that enhanced and enriched their lives.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People received good quality care and support because staff could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did.

People were supported by staff who understood best practice in relation to the wide range of strengths or sensitivities of people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. People and relatives were involved in planning their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 2 July 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Iedale

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection took place on 6 and 9 June 2022. The first day of our inspection was carried out by one inspector and a specialist advisor, who was a learning disability nurse. An Expert by Experience carried out phone calls to relatives to gain their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of our inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the local clinical commissioning group and Healthwatch about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We made observations of people and how they expressed themselves through their facial expressions and body language. Not everyone living at the service was able to talk with us, and used different ways of communicating, including body language and signs. We spoke informally with one person, though didn't ask specific questions about their experience of life at Iedale.

We spoke with five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the provider's audit officer, and deputy director.

We reviewed a range of records. This included four people's care records and six people's medication records. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We received feedback from three health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives felt confident to raise concerns and felt their family members were cared for safely. One relative said, "Yes they are definitely safe. They had an incident with another person- just a bit of an altercation. Staff dealt with it well. A plan was put in place and it has not happened again. Incidents like this are bound to happen occasionally and it was handled well."
- People and those who matter to them had safeguarding information in a format they could use, and they knew how and when to raise a safeguarding concern.
- People demonstrated they felt safe in the presence of staff. We saw people being supported to do things they enjoyed, with staff actively taking part. People's non-verbal communication whilst being supported by staff was relaxed, and showed they were happy and comfortable with the staff who worked with them.
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and to external health and social care professionals.
- The manager reported any allegations of abuse to the local authority safeguarding team and notified the Care Quality Commission (CQC) about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with their personal care and environment documented. These were reviewed regularly and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. People, including those who lacked capacity to make specific decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- The service recorded and monitored any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.
- Staff assessed people's sensory needs and did their best to meet them. For example, each person's flat was designed with them to ensure it met their individual sensory needs.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Relatives and staff felt there were enough staff available to meet people's needs and provide support when this was needed.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety and positive risk-taking to ensure people could live the lives they wanted. Staff knew how to take into account people's individual needs, wishes and goals.
- Staff told us the provider undertook pre-employment checks to help ensure prospective staff were suitable to care for people. Additional evidence from the provider confirmed this. The provider ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their prescribed medicines safely. Staff told us, and evidence showed that medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- People received their 'as and when' (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed.
- Staff received training about managing medicines safely and had their competency assessed. This included training for PRN medicines that people might need when they went out.
- People were supported by staff and health professionals to reduce the need for any unnecessary medicines.

Preventing and controlling infection

- The service was clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections. We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was using PPE effectively and safely. We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting Care Homes

- There were no restrictions on people welcoming visitors to their home. The provider was following currently published visiting guidance by the Department of Health and Social Care.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised and raised concerns, near-misses and incidents and reported them appropriately.
- The service had systems and processes to monitor and assess accidents and incidents.
- Accidents and incidents were documented and analysed regularly to assess trends and patterns. This had helped the service to reduce incidents and make improvements to the care provided to people who used the service.
- Where the registered manager or provider's investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further

incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed as part of their admission and then regularly reviewed to ensure the service was meeting people's needs. This helped staff to support people consistently around their communication needs and preferences, support to reduce anxiety and distress triggers, and to enable people to live the lives that made them happy.
- People's needs and choices were also assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff followed the principles of the STOMP project (stopping over medication of people), which is national guidance to help reduce over-medication of people with a learning disability, autism, or both.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours and ways of communicating.
- People's support plans set out their current needs, promoted strategies to enhance independence, and demonstrated evidence of planning support for the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and individual support needs people with a learning disability and or autistic people may have. For example, mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions.
- Relatives spoke positively about the skills and experience of the staff team. One relative said, "They are a very experienced team and they have a stable team there. They are very approachable and show a lot of professionalism and experience with autism; we are very confident in their abilities "
- Staff described how their training and development related to the people they supported. Staff also described how their induction helped them to prepare for working with people at Iedale. Staff induction included shadowing experienced staff and getting to know people's routines, communication needs and preferred ways of support. New staff also had a mentor; a more experienced staff member to support them with training and with learning how each person liked to be supported.
- Staff said they had regular refresher training to make sure their skills and knowledge were up to date. Staff told us they had regular supervision, where they could get feedback on their performance and discuss training needs. Staff also said they had checks on their skills to ensure they provided consistently good care. Records we looked at supported this.

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

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. Staff told us the quality and variety of the food was good and evidence we reviewed supported this. There was a varied daily menu, with options available for people with specific dietary requirements or preferences.
- Meal planning was done with people, and staff used pictures to help people make choices about food and drinks. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- People could choose to prepare and eat their meals and snacks in their own flats, or in the main kitchen/dining area at Iedale. People were also encouraged as much as possible to take part in preparing their own meals and snacks, as access to certain parts of people's kitchens was only restricted if there was a specific risk-related reason to do so.
- Staff assessed people's food and fluid needs and developed appropriate care plans. The service followed the advice of medical professionals to ensure people received a balanced diet, and one that was suitable to any health condition they may have.
- Where people had any particular anxieties around food and drink, staff worked with health professionals to develop specific support plans designed to reduce the risk of anxiety and ensure people's experience of meals was a safe and comfortable time.

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

- The provider ensured the environment was suitable for people's needs. People were encouraged to make choices about decorating their own flats. Before moving to Iedale, each person was involved in planning the decoration and furnishings for their flat to ensure they felt safe and comfortable there.
- A relative said, "The buildings are pleasant and well maintained, and we are happy with their accommodation."
- Bathing and shower facilities were designed to be fully accessible for everyone, and each person had their preferred choice of bath, shower, or both in their own flats. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.
- Each person's flat was also designed with them to ensure their environment met their sensory needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access healthcare services when required, including annual health checks. Staff told us people were able to see their doctor, dentist or optician whenever they needed to. Records we looked at confirmed this.
- Relatives were confident their family members were supported to see medical professionals when they needed to. One relative said, "They have recently had a medical review with their GP, and they were happy with everything. I am confident staff understand their medical needs. They also have access to a dentist." Another relative said, "Staff always seem one step ahead regarding medical and dental treatment."
- People had health passports which were used by health and social care professionals to support them in the way they needed. The health passports included information about people's physical needs, as well as their sensory and communication needs.
- Staff we spoke with were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and detailed what staff should do to help people maintain their health.
- Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Relatives said staff gained permission before offering personal care. Throughout the inspection, we heard staff ask people for their consent when offering care and support and encouraging people to make their own decisions about their daily lives. Staff understood the principles of the MCA, including how to support people to make their own decisions, and how to proceed if the person lacked capacity for a particular decision.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. People were valued by staff who showed genuine interest in their well-being and quality of life.
- Relatives felt staff supported their family members to make choices, listened to them, and respected their choices. Relatives also spoke positively about the caring approach staff had. One relative said, "They are definitely a kind and caring team." Another relative said, "Staff are kind and caring; they are very good with [family member]. We are very confident in their [the staff team's] abilities"
- People were clean, well presented and at ease in the presence of the staff who supported them. We observed a number of positive interactions throughout the inspection. It was apparent staff knew people well and how best to support and communicate with them. Staff members showed warmth and respect when interacting with people. Staff were also calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- The provider had a range of policies and training in place, which staff were required to understand and demonstrate when providing personal care and support to people. By setting out the standards expected of staff, the provider could then check whether staff were supporting people well, respecting their rights and helping them to live the lives they wanted.

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

- People were supported to express their views about their care and daily lives and make their own decisions as far as possible. Staff involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences. For example, people were supported by staff to use person-centred social stories to help them understand and make decisions about a range of situations.
- People were given time to listen, process information and respond to staff. Staff supported people to express their views using their preferred method of communication. For example, one person was supported by staff to use a talking mat to enhance their verbal communication. This meant they could play a full part in developing and reviewing their care plans, and ensure the person's needs and wishes were central to the support they were given.
- Staff clearly understood people well, adopting appropriate language and making use of each person's likes, dislikes and needs to provide care to each person.

Respecting and promoting people's privacy, dignity and independence

- Relatives were confident people were treated with dignity and respect. Relatives also felt their family

members were supported to try new things, develop new skills and be more independent in their day to day lives.

- Staff knew when people needed their space and privacy and respected this. We saw staff ensured people's privacy and dignity were respected. For example, staff knocked on people's doors before entering and waited for each person's response. We saw staff closing doors to ensure personal care was done in private. Staff had a good understanding of dignity in care and had training in this.
- Staff were very clear that they understood when people had enough of something, be this an activity or wanting time on their own. We say during our inspection that staff respected people's wishes when they communicated they did not want to do something. This meant people had control over what they were doing and their choices were respected by the staff team.
- People's confidential personal information was stored securely, and the staff team were clear about who should have access to this.
- People were asked how they wished to be addressed. For example, whether they preferred staff to use their first names or another name they preferred. People's preferences for this were recorded in care plans so all staff knew how to address people the way they wanted.
- Staff ensured that any conversations about people's care were done discreetly. Staff understood when it was appropriate to share information about people's care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were individual to them and contained information about their likes and dislikes, hobbies and favourite places and things to do. Support focused on people's quality of life outcomes and these were regularly monitored and adapted as people's needs and preferences changed. People were as involved as possible in deciding what their own quality of life should look like and had the support of an enthusiastic staff team who wanted people to live full and enjoyable lives.
- Relatives spoke positively about people's support being tailored to their needs and wishes. One relative said, "Independence is definitely encouraged. We are always consulted regarding their care planning. We feel ledale know best about their needs after all this time with them. They [staff] always seem one step ahead." Another relative said, "Because of their autism [family member] likes a routine, but they [staff] are also trying to avoid too strict a routine as this can cause its own problems. They encourage independence, especially their keyworker."
- Each person had a support plan which identified target goals and aspirations and supported them to achieve greater confidence and independence. Staff routinely sought opportunities for going out and about, taking part in leisure activities and widening of people's social circles.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.

Meeting people's communication needs

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

- The service followed the principles of the AIS. People's communication needs were explored as part of the care planning and review process, during which staff looked at how to support people to have access to information in formats they could understand. For example, the use of clear verbal information, supported by signs or symbols, talking mats, and social stories. Staff were trained in using a range of different communication methods and had the support of the provider's speech and language therapists to ensure all communication met people's individual needs.
- People's communication needs were clearly identified in their care plans; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.
- The provider also used technology and communication software to help staff create quick resources when

needed for people. We saw a number of examples of how different communication techniques had been used to help people understand information about their care and support, as well as used for everyday communication about what was happening during the day.

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

- People had the opportunity to try new experiences, develop new skills and gain more independence. Staff described how they would plan and risk assess any new opportunity with people, and then review how people felt about new experiences. This meant people felt safe and supported to try new things and could then choose whether they wanted to do them again in future.
- One relative said, "They [staff] do encourage them as much as possible to do things for themselves." The relatives described a range of activities their family member regularly did, both within ledale and out and about locally. Another relative said, "They do much more than they used to at home."
- Relatives also spoke positively about the amount of contact they had with their family members, whether this was through visits, going out together, phone and video contact. Relatives said staff were very good at supporting people to maintain contact, and that they also had regular contact from staff to keep up to date with how people were doing.
- Although activities outside the home had been impacted by the coronavirus pandemic, staff had tried to ensure that people continued to do things that were meaningful and enjoyable to them. Staff acknowledged this had been difficult, and lockdown had put people at risk of losing aspects of their independence. However, staff said they tried to ensure each person still had lots of opportunities throughout each day to do things they enjoyed. Records we looked at supported this.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Staff supported people to express their views about the care and support they got, and regularly checked with people to see if there were any concerns or complaints that needed addressing.
- None of the relatives we spoke with had ever had to make a complaint about the service, but all felt confident to approach staff if necessary and were confident their views would be listened to.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and across the provider's other services if this was applicable.
- The provider had a policy and process for managing complaints, which was displayed clearly in the home. This was available in a range of formats to make it accessible to people.
- Records showed that the service dealt with complaints and concerns appropriately and took the opportunity to learn lessons and make changes.

End of life care and support

- No-one living at ledale needed end of life care at the time of our inspection. However, people and their relatives were supported to discuss and plan for their end of life care as and when they felt it was appropriate to do this, and staff knew how to support people and their relatives in the way they wanted.
- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had access to training to ensure they could meet people's needs at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care and the building environment. There was a plan arising from audits to show what action was required and who was going to do it. This meant any issues were dealt with in a timely way.
- The registered manager had a good understanding of their role and responsibilities to manage and lead the service consistently well and felt well supported by the provider's management team.
- The staff team understood their roles and were open and honest during our inspection. The staff and management team we spoke with were positive about the quality of care and how to continuously improve the service.
- The provider had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

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

- People's needs and wishes came first, and staff both told us this and demonstrated it in the way they supported people. Feedback from health and social care professionals supported this.
- The provider, registered manager and the staff team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt respected and supported by their manager which supported a positive and improvement-driven culture. Staff spoke positively about the support they got to carry out their roles.
- Staff felt able to speak up about any concerns they may have regarding people's care without fear of what might happen as a result.
- The management team promoted equality and diversity in all aspects of the running of the service. Staff who needed additional support to help them provide high quality care got this, particularly respecting their diverse learning needs.
- The provider ensured that they supported their staff members who were also autistic. Staff with this lived experience were able to identify different ways of supporting people to enjoy life that might be overlooked by non-autistic staff. Staff with these skills and experience were valued by the provider as this helped to

promote a much more inclusive understanding of autism throughout the whole staff team.

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

- Relatives felt the service was managed well. One relative said, "I feel comfortable speaking with [the registered manager]. They are fairly new but is an experienced manager. There are more activities going on and it is clear they are making individualised efforts with people."
- Relatives also reflected on the way they felt people's quality of life had improved since moving to Iedale. Most people living at Iedale had previously lived together in a larger residential home owned by the same provider. One relative said, "They are definitely safer at Iedale than at [previous home]. They are so much better and are much calmer now."
- Staff encouraged people to be involved in the development of the service. Staff showed us that they did this using appropriate communication methods for each person. This ensured that everyone had the opportunity to share their ideas to make the service a better place for them to live.

Continuous learning and improving care

- The provider kept up to date with national policy and best practice to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements. A recent development was the purchase of a 'sleeping pod' – a self-contained bedroom and kitchenette with bathroom facilities in the grounds of Iedale. This was used by night staff who were on a 'sleep-in' shift. At night one staff member is in the main building to support people with any night-time needs, and a second staff member is on the sleep-in shift and available throughout the night if also needed.
- Staff told us they welcomed the arrival of the new sleeping pod, as it meant they had space and privacy and were well-rested for the start of the next shift in the morning.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. Staff understood the provider's vision for the service.
- The registered manager and staff team were open with the CQC about where improvements had been made, and where there was still further work to do.

Working in partnership with others

- Staff and the registered manager were confident to recognise when they needed to refer people to external health and social care professionals. This meant people got the right support in a timely manner when needed.
- Health and social care professionals gave positive feedback about the care and support people got. One professional had recently been involved in a review of a person's care, and spoke positively about the person being more settled, with a reduction in anxiety and associated reduction in medication for that. Professionals felt the registered manager and staff team clearly understood people's needs and how to support them consistently, which helped to reduce any anxiety or distress related behaviour.