

Aspects 2 Limited

# Abbeymead Lodge

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 22 and 23 October and was unannounced. Abbeymead Lodge can provide accommodation and personal care for up to eight adults with a learning disability, autism spectrum condition and/or physical disability. Eight people were living at the home when we visited and they had a range of support needs including help with communication, personal care, moving about and support if they became confused or anxious. Staff support was provided at the home at all times and some people required the support of staff when away from the home.

There was a registered manager in post. 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.

The provider had established a clear set of values that ensured people were at the centre of every aspect of the service. The values ensured staff understood the expectations on them; to provide individualised and empowering support within a culture of continual improvement. As a result, the home had a positive culture and staff had a "can do" attitude.

# Summary of findings

Whilst staff understood the importance of keeping people safe, they also understood the importance of helping people to take risks and reach their potential. As a result, people had been supported to identify areas of their lives they wished to develop and were then encouraged and assisted to achieve this. People had been supported to seek voluntary employment, use public transport independently and to take part in other activities in the community. These were significant steps for people and they were clearly proud of their growing achievements.

People were supported by an exceptional staff team who were caring and supportive, who knew them well and treated them as individuals. Staff were patient and respectful of people's unique preferences and made every effort to help people make decisions about their care and support to ensure they remained in control of their own lives. Staff had an excellent understanding of the Mental Capacity Act 2005 and focussed on helping people make decisions rather than making decisions for them. Staff were highly motivated and flexible which ensured people's plans were realised so that they had meaningful and enjoyable lives.

People's physical and health needs were met by staff with a comprehensive knowledge who worked well with health and social care professionals. People had been supported to manage their own medicines as far as possible and staff had helped people develop the confidence to attend health appointments when needed. People were supported to make healthy choices about

food and staff supported this by providing freshly cooked food as often as possible. A structured meal plan had been replaced with a more flexible approach and was working well.

Staff felt well supported and had the training they needed to provide personalised support to each person. Staff spoke particularly positively about the person specific training they had received. Staff were keen to learn and took the time to read relevant articles outside training. Staff met with their line manager to discuss their development needs and action was taken when concerns were raised. This process was supported by regular observations of their practice. Staff understood what they needed to do if they had concerns about the way a person was being treated and were prepared to challenge and address poor care to keep people safe and happy.

People's feedback and views influenced the way the service developed and improved. Staff ensured everyone knew how to make a complaint by providing information that was accessible to them. People were involved in staff recruitment, encouraged to make complaints and to give feedback. Action was taken to address any issues raised.

The registered manager and provider regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained. Continual improvements to care provision were made which showed the registered manager and provider were committed to delivering high quality care. As part of the open culture, staff were encouraged to report mistakes and learning took place following any incidents to prevent them happening again.

# 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?

The service was safe. People had been supported to assess and minimise the risks they faced whilst still being encouraged to become more independent and achieve their full potential.

Simple but effective strategies were used to help people manage their medicines and money as independently as possible. Staff ensured people received their medicines safely.

Sufficient staff had been robustly recruited to keep people safe and meet their needs. People were protected from preventable harm as learning and action took place following any incidents and staff had a good understanding of safeguarding requirements.

Good



### Is the service effective?

The service was effective. Staff understood the spirit of the Mental Capacity Act 2005 and made every effort to help people make decisions themselves. As a result, people felt in control of their lives.

People received a high standard of care and support from staff who had access to training and support that focused on people rather than just conditions. Staff were always keen to learn more.

People received food they enjoyed and were supported to make healthy choices about what they ate. Staff worked well with healthcare professionals to meet people's needs.

Outstanding



### Is the service caring?

The service was caring. People were treated with kindness and respect by staff who understood the importance of dignity and confidentiality. People and relatives spoke highly of the service.

People were supported to communicate by staff who knew them well and respected their individuality. They were encouraged to make choices and to be as independent as possible.

Staff were prepared to challenge and address poor care. Managers took action to support staff to improve if needed.

Good



### Is the service responsive?

This service was responsive. People were encouraged to take the lead in planning their care and support which resulted in care that reflected their preferences and aspirations.

People were helped to identify areas of their life that they would like to develop and were encouraged to increase their independence.

People's complaints were listened to and acted upon.

Good



### Is the service well-led?

The service was well-led. The provider had clear expectations about the way staff should support people and staff understood and acted in accordance with these expectations.

Good



# Summary of findings

Staff sought to make sure a high quality service was delivered by constantly striving to improve and learn from the views and experiences of people. A learning culture had evolved where staff could openly share feedback and concerns with the registered manager and provider.

# Abbeymead Lodge

## Detailed findings

### Background to this inspection

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

This inspection took place on 22 and 23 October 2015 and was unannounced. An adult social care inspector carried out this inspection.

Before the visit we reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification. We received written feedback from a learning disability quality assessor from the local authority.

During our visits we spoke with four people using the service and spent time observing the care and support provided by staff. We spoke with the registered manager and five members of staff. We looked at two support plans, staff training records and a selection of quality monitoring documents.

After our visits we spoke with three relatives and received feedback from a healthcare professional.

# Is the service safe?

## Our findings

People told us they felt safe living at Abbeymead Lodge but were also encouraged to take risks to increase their independence. Staff had worked hard to achieve this and in order to do so saw each person as an individual and respected their human rights. One person told us, “Don’t want to move anywhere. Feel safe here”. People’s understanding of keeping safe was developed at monthly meetings with their key worker where identifying abuse and risk awareness were discussed. People were encouraged to share concerns and one person told us they could speak with staff if they were worried about anything.

The risks people faced were being collaboratively managed by people and the staff supporting them. The risks had been assessed in detail and effective ways of reducing the risks had been agreed. Staff described how they approached balancing risks and helping people to live the life they wanted. They had found that helping people take lots of small steps often worked well. For example, when people identified that they wanted to use public transport independently, their ability to do so safely was assessed. They were then supported by staff to develop the necessary skills and knowledge to reduce the risks associated with this activity. Practical support was also put in place, such as providing a mobile phone to call staff if needed. One person proudly explained to us that they could now travel independently to work.

People received their medicines when they needed them from trained staff who had their competency checked annually. Staff had completed an assessment of each person’s ability to manage their own medicines. This ensured the support they received matched their actual needs. People were supported to manage their medicines as independently as possible. Their ability to agree to the arrangements was assessed using a mental capacity assessment. One person explained that staff had worked out with them what help they needed and checked their understanding. They said administering medicines was “a nice thing to do myself. It increases my independence”. They explained they were now able to book in their own medicines and planned to start ordering their medicines in the future.

Medicines were stored safely and staff disposed of medicines at the right time. The administration records were correctly completed and the medicines in stock were

regularly checked. A senior member of staff checked medicines were being stored safely and that paperwork was being accurately completed. Some people had been prescribed medicines that could be taken when they were needed (PRN). A protocol was in place to explain how and when these medicines should be taken. People who administered their own medicines could explain when their PRN medicines were needed. Some medicines were used to help people stay calm. The use of these medicines was reviewed frequently to make sure they were not being overused or used at the wrong time.

People were supported by staff who were actively encouraged to share concerns about abuse without the risk of recriminations. They had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. They had received safeguarding training and described the correct sequence of actions to follow if they suspected abuse was taking place. They said they would report abuse and were confident the registered manager would act on their concerns. Staff were aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively.

Incidents were recorded and reviewed and this resulted in changes to people’s risk assessments and support plans if needed. An action plan was developed after each incident and the actions were reviewed after three months and then 12 months to make sure the intended outcome was achieved. For example, after one person did not receive their medicine when they should have, the staff involved completed a competency assessment and the medicines checking sheet was changed so that it was clearer to understand. The risk of people suffering preventable harm was reduced because learning and action took place following any incidents.

Some people could become very upset and this put them and others at risk of harm. Staff had worked with healthcare professionals to agree the best ways to support people and prevent them becoming upset. These approaches had worked well and staff told us they had not needed to use physical intervention in the last 12 months. There was guidance in people’s support plans that explained the techniques trained staff should use if this was needed.

People’s money was managed safely. Receipts were retained and withdrawals were checked against the

## Is the service safe?

person's bank statement. Each person had a financial support plan that contained important information about how their money was managed to make sure staff followed the correct procedures. This included information about the support they needed and what they could do independently.

People lived in a home that was clean, tidy and comfortable. On a monthly basis the building was checked to make sure it was clean and in good order. Staff had a system for requesting building maintenance and said requests were actioned in a timely fashion. Checks to keep people safe such as gas safety checks, fire alarm tests and emergency lighting tests took place regularly. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency. These were reviewed each time a fire drill took place.

There were enough staff on duty to meet people's needs and staff had the time to sit and talk with the people they were supporting. The number of staff needed for each shift

was calculated by taking into account the level of care commissioned by the local authority and knowledge of the activities to take place that day. Staff confirmed that the required number of appropriately skilled staff were on duty for each shift.

People were supported by suitable staff because safe recruitment procedures were in place and managed by the provider. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to establish whether the applicant has any convictions that may prevent them working with vulnerable people. Any gaps in an applicant's employment record were followed up to ensure a full history was obtained. One member of staff had not worked for a considerable time before applying to work at Abbeymead Lodge. The lack of recent references had been risk assessed and additional safeguards had been put in place to make sure this member of staff was suitable.



# Is the service effective?

## Our findings

Staff at Abbeymead Lodge placed significant emphasis on supporting people to make as many decisions about their care and support as possible. For example, people were encouraged to make choices about what they ate, the activities they took part in and how their care was provided. This ensured that people were listened to and their views respected. People told us they enjoyed being involved in making decisions as it gave them more control.

Staff knew the importance of asking the right questions. Where necessary, they broke larger decisions down into multiple smaller decisions. The choices were offered at the appropriate level and staff provided the right amount of detail to help the person make a meaningful choice. They understood that providing too much information could be confusing. One person wanted to attend a public event and staff gave them clear guidance on value for money to help them decide which tickets to buy. Staff only shared the information that was relevant to the decision being made so the person was not overwhelmed. Other decisions about attending the event would be made at a later date. People's choices were respected even when this caused extra work for staff.

People's rights under the Mental Capacity Act 2005 (MCA) were being respected and this was documented in their support plans and risk assessments. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. People's ability to make decisions about their care and support had been assessed and documented by staff. Staff demonstrated a good understanding of the MCA. They knew that a decision needed to be made in someone's best interests if they lacked capacity to make a specific decision. They talked about the importance of involving family and professionals in decisions and always keeping the person at the centre of every choice.

In most instances, people demonstrated they were able to make decisions about their care and support. Staff asked people to explain the impact of the decisions they were making and ensured they understood the risks and benefits. They talked about helping people to understand a decision and said it may be necessary to ask the question in a different way or at a different time. For example, using pictures rather than words. They explained that if someone

did not want support with their person care, it would be sensible to try at a different time and consider trying a different member of staff. They said it was about working out what the barrier was to see if it could be overcome.

People's ability to choose where they lived and the care they received had been assessed. Staff knew what action to take if there was a doubt about whether people could choose where to live and respected people's legal rights under the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. At this time, everyone was able to decide where they wanted to live so no DoLS authorisations were in place. One person had been supported to use pictures to show where they wanted to live and how they wanted to be supported. Staff had then checked this closely mirrored the support plan that staff had written for them. Some people had restrictions in place, such as a sound monitor, to keep them safe. They had been supported to decide whether these restrictions should be used. Staff had used pictures, objects and simple explanations to help them do this. Staff had checked the person's understanding of the decision and recorded this process in detail.

Staff demonstrated a good understanding of people's health needs. A healthcare professional described staff as excellent and being "on the ball with everything". They went on to say staff contacted them for guidance at the right time and always attended appointments with the necessary information. People's health needs had been assessed and were recorded in their health action plan. People also had a hospital passport, which is a guide for professionals if they need to be admitted in an emergency. This passport provides a summary of people's health care and any medicines they take. A record was kept of each health appointment and staff used a diary to ensure people attend the appointments they needed. Staff had worked hard to encourage people to attend appointments. One person had taken three years to develop the confidence to visit the dentist. They were now attending regular appointments which helped ensure their mouth stayed healthy. They attended an appointment during our inspection and told us how proud they were of themselves for visiting the dentist.

The building had been personalised with colours and pictures that were significant to each person. There was





## Is the service effective?

plenty of space for people to spend time together and people had private space when they wanted to be alone. Each person's bedroom was laid out and decorated to suit their preferences. One person liked to use sensory areas but liked to do so in private so a small padded area with lights had been set up in their room. They explained how staff had involved them in planning and purchasing the sensory equipment.

People were supported to eat a healthy diet that they enjoyed. One person told us the food was "fine". Another person showed excitement about the planned evening meal. A relative told us the food was excellent and they were pleased people were supported to eat a healthy diet. People were encouraged to choose the meals they wanted and to be as involved as possible with the food preparation. Staff no longer set the meals using a rolling meal plan but planned meals daily with people in response to seasonal food. If people did not like the main meal for the day, staff were happy to offer them an alternative. One person preferred not to eat meat that they could recognise as an animal and this preference was respected by staff. Staff said they tried to cook as much fresh food as possible. People could choose to eat together in the dining room or elsewhere if they preferred. Staff had their meals with people to make it a more sociable occasion.

Some people needed help to lose weight. With their agreement, they were weighed regularly and their weight was tracked. One person was successfully reducing their weight to a more healthy level and staff were reminding them to make healthy choices. A relative was pleased their loved one had been helped to lose weight through healthy eating and increased exercise. Other people had been supported to move from a very limited diet to a more healthy variety of foods. This had been done over a long period of time with the support of healthcare professionals. Staff had also involved health care professionals when they were concerned about one person coughing after eating.

The record of staff training was used by the registered manager to ensure staff had the training they needed to keep people safe. The provider had identified a number of courses that were mandatory and specified how often these needed to be completed. Other training that was specific to the needs of the people living at Abbeymead Lodge had been arranged, such as epilepsy training, training in supporting people with an acquired brain injury and administering medicines to help with anxiety. This kind

of training was arranged in a flexible and responsive manner whenever a need was identified. A relative was impressed with the level of training staff had received that was specific to the needs of their relative. Another relative felt staff were well trained and had been recruited effectively to ensure they had the right values.

The training needs of each member of staff were reviewed at their individual meetings with their line manager. Staff told us they felt well trained and could ask for additional training if they needed it. One member of staff said the training they had received specific to people's needs, such as autism, was brilliant. Another member of staff really valued this training as it helped them understand the person and work with them better. For example, staff believed they had a better understanding of how a person with an autism spectrum condition may respond to a situation so they could support them more effectively. They also felt understanding people's needs helped them find creative ways of supporting the person to move forward. One member of staff described other opportunities for learning such as an epilepsy newsletter they received and articles they had read about autism. They talked about continually wanting to develop their knowledge.

A new system for assessing staff member's competency to complete specific practical tasks had been introduced. Each member of staff was assessed completing each task on an annual basis to make sure they still had the skills needed. A different skill was addressed on a monthly basis. For example, supporting someone with epilepsy, using a walking aid and using a bath chair. This approach provided staff with concrete feedback and helped to identify further training and support needs. Staff also felt confident as a result of regularly having their performance assessed. The registered manager planned to introduce more assessments focussing on care, communication and staff attitude in the future.

Staff met with their line manager to discuss their performance and training needs and had annual appraisal meetings. This included the service manager and registered manager. These meetings were taking place frequently enough to meet the requirements of the provider and extra meetings were booked as needed. Staff told us these meetings were a positive experience and helped them to develop their skills. They told us actions



## Is the service effective?

from previous meetings were reviewed to ensure progress was being made. The values of the service and quality standards set by the Care Quality Commission were also discussed at these meetings.

New staff completed a five day external induction before working at the service. This ensured they had the essential knowledge to support people safely before providing any care. When they started working at the service they had

regular meetings to track their progress and their understanding of their training. They worked towards the care certificate which allowed them to evidence they had developed the necessary skills and competencies to be effective care workers. In addition to the registered manager, two staff had been trained in managing and assessing the care certificate.

# Is the service caring?

## Our findings

There was a friendly and warm atmosphere in the home and staff behaved in a caring and professional manner. Each person was treated as an individual by staff who knew them well and people looked comfortable with the staff supporting them. Staff chatted with people in an animated manner and people shared jokes with them. People told us, “I am happy living here”, “Staff listen” and “I like the staff”. One family member told us, “The support here is great” and “They do really well with [name]”. Another relative explained “[name] has never been as well looked after as they are here” and said staff were “absolutely brilliant”. A further relative said they were “mega impressed” with staff.

Staff had detailed knowledge of the people living at Abbeymead Lodge. Staff explained what could upset people, what helped them stay calm and what people were interested in. This closely matched what was recorded in people’s support plans. We saw staff applying this knowledge during our visit. Staff responded quickly if people showed signs of distress and spent time with the person to find out what the problem was. Staff understood the different ways people liked to communicate and gave them time to express themselves. Some people had limited speech and staff were able to understand effectively what they were communicating. They talked with people about topics of general interest that did not just focus on the person’s care needs.

People were involved in choosing the staff that supported them. Some people felt able to take part in staff interviews. Other people had been helped to identify what they wanted from new staff and a written record had been made. Staff told us that observing the way applicants responded to questions from people living at Abbeymead Lodge helped them to judge their suitability to work there. People were keen to be supported by staff with similar interests to them and staff understood the importance of respecting this. For example, one person liked to have staff that knew about a television programme that was important to them.

Staff encouraged people to be as independent as possible. One relative was pleased that staff had helped their family member build confidence and reach their potential. Staff gave people the time they needed to complete tasks themselves and did not intervene too soon. Staff were

aware that some people understood more than they could communicate and did not underestimate their abilities. People had been supported to find voluntary work to help them develop skills and confidence. Some people were now able to travel to work and then complete their job independently. One person said, “I am doing well” when they told us they were now able to visit the dentist after staff had helped them gain the confidence to do this. Another person explained they could visit family more often now they had learned to use public transport.

One person had expressed an interest in having a relationship with another person. They had been supported to take part in a relationship awareness course and had access to straight forward information about dating. They had decided what support they wanted from staff and staff had worked out how this could be provided in the least invasive manner. For example, being present at a venue but not actually being with the person. As the person’s confidence grew, staff had been able to reduce the support needed. The person was pleased with how they had been supported by staff.

Staff were aware of the need to protect people’s dignity, particularly whilst helping them with personal care. Dignity and privacy were mentioned in people’s support plans to give staff practical guidance. Staff ensured people had privacy when they wanted it and were careful to hold confidential conversations away from other people. Staff explained that dignity was not just covering people up but also checking what support they wanted and how they wanted it. They talked about respecting people as individuals and that care should be provided in line with the person’s actual wishes, not what the member of staff thinks they might want.

One relative felt staff could be more effective at communicating any problems with them in a timely fashion. Another relative felt they had a good relationship with staff and knew what was going on. Staff knew they could arrange an advocate for people if they did not have someone to help them to make decisions. One person had an advocate as staff were aware they could give answers they thought would please others. They were keen to have support to explore the real reasons behind a significant decision that was being made.

The risk of people experiencing poor care was reduced as staff and the registered manager were prepared to address problems as they arose, either through staff development

## Is the service caring?

or disciplinary action. This approach prevented people being exposed to poor care once it was identified. Staff were very clear that poor care was not acceptable and told us they would share concerns with their line manager. A range of observation tools were being developed to enable

senior staff to give robust feedback on the way staff performed. In the meantime, feedback was given during supervision meetings based on ad hoc observations by senior staff.

# Is the service responsive?

## Our findings

How people were supported and how they spent their time was planned with increasing their independence in mind. The service manager described a system which helped people identify meaningful goals to work towards. This system helped people identify how satisfied they were with different areas of their life, such as health and independence. They were then supported by staff to think of ways they could increase their satisfaction. This resulted in a small number of meaningful goals that the person wanted to work towards. For one person this included taking part in extreme sports, arranging their own flu vaccination and remembering to brush their teeth. If the person agreed, these goals were put up on a notice board in the office so all staff knew what they were working towards. A named member of staff was responsible for helping the person to achieve each goal.

One person told us about the goals they had set themselves. They said, “Makes me feel proud. Makes me realise how much I can do.” They explained staff had given them some ideas about goals they could work towards and had encouraged them to involve their family in the decision. They explained the importance of taking lots of little steps towards being more independent. Another person told us, “It feels good” and explained staff helped them make plans. People were encouraged to identify what was important to them. As part of this their culture, beliefs and diversity were respected by staff. For example, one person was supported not to eat meat.

One person told us they were always “out and about”. They told us they reviewed their recent activities at their monthly meetings with their key worker. People were very busy during our visits and went out frequently. Some people had planned activities to take part in and others chose to go out when they wanted to. Significant work had been undertaken to help each person reach their maximum potential. Staff described how proud they were of each person’s growing independence. One person had been unwilling to get up when they first moved into the home. They had since developed the skills and confidence they needed to take the bus into town independently. They told us they were proud of their achievement.

Every effort was made to ensure people living at Abbeymead Lodge were not socially isolated. People were supported to maintain contact with family and friends, seek

employment and take part in community based activities. As a result of taking part in sports activities a person had lost weight; their relative said they were pleased with this progress. This person also enjoyed spending time with their team mates socially. Staff had worked to address practical barriers, such as being able to travel independently, to maximise people’s freedom. Activities also took place within the home. The home was decorated with artwork people living there had produced. People were encouraged to take part in tasks around the home to help them develop the skills they would need to look after themselves. Staff completed tasks with people rather than for them.

A record was kept of how people had responded to activities. This helped staff make sure people were involved in the right activities for them. Some people had voluntary jobs and others took part in education, sporting and craft activities. Staff did not make assumptions about people’s abilities and supported people to stretch themselves. Staff used their knowledge about each person to find activities relevant to them. For example, considering the work people had done before their brain injury and engaging them in related activities.

People were supported by staff who could explain their needs and preferences in detail. One relative said staff “absolutely know them and understand them”. Another relative thought staff understood their relative’s needs but did not always fully understand their condition. A healthcare professional said staff had an excellent knowledge and understanding of one person’s health needs. Staff spoke confidently and competently about the best ways to support each person. Staff got to know each person and the support provided was built around their unique needs. Staff monitored how people responded to different situations and used this to build up a picture of their likes and dislikes. Changes to people’s needs and preferences were shared using a communications book and at meetings between each shift.

Each person using the service had a support plan which was personal to them and gave others the information they would need to support them in a safe and respectful way. Each support plan contained feedback and comments people had made during the development of their plan. The information in the plans matched what we observed

## Is the service responsive?

staff doing and reflected what staff and people told us. One person explained they were helped to read their support plans at monthly meetings with their key worker to ensure they agreed with what was written and to review their care.

Staff had assessed each person's needs over time using input from their families. It was clear who had contributed to the plans and how involved the person concerned had been. Support plans included information on maintaining people's health, their daily routines, how to support them emotionally and how they communicated. It was clear what the person could do themselves and the support they needed. Information on the person's known preferences and personal history was also included. Where people could become very anxious, there was clear information about how to support them to manage their anxiety. We observed staff using these techniques.

People were supported to make complaints. People told us they knew how to complain and their knowledge was

checked as part of the annual feedback survey. There was a complaints policy written in straight forward language with pictures to help people understand. The provider had also made a video about how to make a complaint with the help of people using another service. One complaint had been received in the last 12 months and the service manager explained how it had been addressed. Everyone concerned had been supported to share their views and a mutually agreed solution had been found. The outcome of the complaint was reviewed after three months to make sure the solution was working. Relatives told us they would be happy to tell staff if there was a problem and knew it would be acted on. A relative said they had given some minor negative feedback as part of a survey and action had been taken immediately to address their concern. Another relative felt staff responded sympathetically and professionally when they gave negative feedback.

# Is the service well-led?

## Our findings

The provider had developed a clear and memorable set of values that resulted in staff working in a unified way to provide individualised and empowering support within a culture of continual improvement. People had not been able to be directly involved in developing the values but their priorities had been considered. For example, the questions people asked at staff interviews were used as a starting point. Staff told us they had been involved in developing the values and felt they were relevant to their work. The provider had arranged training to help embed these values and help staff identify what the values should look like in practice. These values were discussed at staff meetings and formed part of staff supervision meetings. We observed staff acting in accordance with these values.

Staff were committed to listening to people's views and the views of the people important to them in order to improve the service. The provider also listened to the views of staff. A quality survey was sent out annually to people, relatives and staff. A recent staff survey was being analysed and the results responded to. The initial analysis showed some staff had concerns about staffing levels and rotas. As a result, further discussions were planned at staff meetings and supervision meetings to help the management understand and address the issues.

People were encouraged to give feedback on the quality of the service. Some people were able to write this themselves and others were supported by staff. The most recent quality survey for people using the service had identified that some people wanted a key to the home and one person wanted to look into work opportunities and being involved in interviewing staff. The service manager signed each action to show it had been completed. The survey also confirmed people knew how to make a complaint and how to raise a concern if they felt unsafe.

Meetings involving everyone living at Abbeymead Lodge took place every two to three months. This gave people a chance to discuss any problems and make plans for the future. The last meeting had been to discuss plans for celebrating Christmas. People popped into the office frequently during our inspection. They were listened to by staff and action taken to address their requests. People appeared very confident when addressing representatives of the provider and the representatives knew people well and encouraged open communication.

Staff said the service manager, registered manager and provider were all very accessible and responsive. They felt able to raise concerns and were confident they would be acted on. Staff explained they were encouraged to admit mistakes and then learn from them. Staff told us they were given freedom to make improvements. For example, they decided to move away from a rota of menus to increase variety and allow more choice. This had been very successful and resulted in more home cooking.

Four staff meetings were held each year and were an opportunity for staff to focus on the Care Quality Commission (CQC) key questions and the service values. Staff responsibilities and opportunities for people using the service were also discussed. Senior staff meetings took place four times a year and focussed on ways of improving the service for people. Staff were positive about the support they received to do their jobs and said they understood their roles and responsibilities. At each handover meeting, the senior member of staff identified the tasks that each member of staff would be responsible for.

There had been very few incidents over the last 12 months but the service manager explained how they had learned from the incidents to improve the service. When an action plan was put in place to prevent further incidents, the effectiveness of the plan was revisited after three and 12 months.

A schedule of monthly quality audits based on the CQC five key questions had been introduced. Each of the standards was reviewed by the service manager to ensure they were being met. The service manager recorded how they knew the standards were being met and identified any gaps that needed addressing. For example, any gaps in the training summary record were picked up as part of the assessment of the "effective" key question. The local authority had completed a quality review of the service in November 2014. They had identified four minor issues that needed addressing. The service manager explained that they saw this as an opportunity to learn and develop. They described the actions they had taken to address these issues which included investigating volunteering opportunities for one person, ensuring people's goals were regularly reviewed and ensuring staff support needs were assessed as part of any incident debrief.

The service manager and registered manager took part in a learning exchange programme and a local care provider's

## Is the service well-led?

association. This ensured they were aware of national and local policy changes. They also used a specialist magazine about autism and the Social Care Institute for Excellence as resources for learning and development. Following a recent CQC report around complaints handling, the service had reviewed their own procedures to make sure they were following best practice guidance. The service manager

described how the service had used the “Culture for Care” toolkit from Skills for Care to identify ways of embedding a caring culture. As a result they had worked on developing value based recruitment, had identified learning from the Social Care Institute for Excellence and had developed value based supervision meetings.