

The Kent Autistic Trust

The Kent Autistic Trust - 11a Curlew Crescent

Inspection report

11a Curlew Crescent
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was carried out on 19 April 2017. The inspection was unannounced.

Kent Autistic Trust – 11a Curlew Crescent is a care home providing personal care and accommodation for up to six adults with an autistic spectrum condition. The service is close to local amenities such as shops, pubs and public transport networks. Facilities in the home include; communal bathrooms, kitchen, laundry and lounge/diner, which has doors to the enclosed garden at the rear of the property. Kent Autistic Trust provides a range of services for people with autism including residential care, supported living, day opportunities and family support. There were six people living in the home when we inspected.

People living in the home had varying levels of communication. Some people were able to verbally communicate whilst two people did not. One person used their own sign language, which staff understood, they helped the person to communicate with others by translating what the person was communicating. Staff used different methods to communicate with each person which was individual to each of their needs.

At the last inspection on 20 April 2015, the service was rated Good overall but requires improvement in safe. This is because we had made a recommendation to move a freezer from the laundry room.

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

The service 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 2008 and associated Regulations about how the service is run.

At this inspection we found the service was outstanding.

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

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

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

The provider had sustained outstanding practice, development and improvement at the service. The provider had achieved accreditation and continued to work in partnership with organisations to develop

best practice within the service. Staff were highly motivated and were actively involved in and contributed to continuous development and improvement.

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

Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. Risks associated with food storage and infection control were well managed. The chest freezer had been moved from the laundry room.

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

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

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

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make their own decisions. Staff respected people's decisions.

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

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

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

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had a good knowledge on how to keep people safe from abuse.

The home was clean and tidy and had been appropriately maintained. Effective infection control systems were in place.

There were sufficient staff on duty to ensure that people received the care and support when they needed it. There were safe recruitment procedures in place to ensure that staff working with people were suitable for their roles.

Risk assessments were clear and up to date so staff had clear guidance in order to meet people's needs.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The responsiveness of the service was outstanding.

Detailed care plans reflected people's support routines and their wishes and preferences.

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

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

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

Is the service well-led?

Outstanding 

The service was extremely well-led.

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

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

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

The Kent Autistic Trust - 11a Curlew Crescent

Detailed findings

Background to this inspection

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

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 19 April 2017 and was unannounced. The inspection was carried out by one inspector.

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

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

We looked at the provider's records. These included two people's care records, which included care plans, health records, risk assessments and daily care records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

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

Is the service safe?

Our findings

We observed that people felt safe with staff, they asked questions about their day and gathered reassurance from staff when they needed it. Staff knew people well and knew that people may be anxious having an inspector in their home; they helped people understand what was happening, which put people at ease.

Relatives told us their family members were safe. One relative said, "I feel assured that he's living there, it shows he's happy through his behaviour". Another relative told us their family member was safe because "They have a system on the door where a number has to be types in" and "He's happy. He feels safe and secure".

Local authority care managers told us that people received safe care. One told us, '[Person] has always appeared to be well supported by his service'.

People continued to be protected from abuse or harm. Since our last inspection, all staff had received refresher training in safeguarding adults. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated multi-agency safeguarding adult policy, protocol and practitioner guidance dated April 2016. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns. There were appropriate arrangements in place for managing people's finances which were monitored by the registered manager.

The home was clean and tidy. One downstairs toilet smelt strongly of stale urine, the registered manager told us that they had reported this to the landlords who had detected a leak. During the inspection, contractors arrived to look at the room to arrange suitable works. The laundry room was clean and well ordered. The freezer which had been positioned in the laundry room at the last inspection had been moved to the kitchen. Hand washing guidance was available in every bathroom and toilet. Staff had access to personal protective equipment (PPE) such as gloves and aprons to minimise the risk of infection.

Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and had a good understanding of people's different behaviours. Staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's support plans. Risk assessments were specific to each person and had been reviewed regularly.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. All staff we spoke with told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the service in detail, and we found

evidence in the people's support plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs. Staff and people continued to get support from the positive behaviour support team. This enabled staff to work with people in a more effective way and ensured that support was consistent.

The risk assessments continued to promote and protect people's safety in a positive way. Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as accessing the community, spending time alone, eating and drinking and risks associated with medical conditions. These included preventative actions that needed to be taken to minimise risks as well as clear measures for staff to detail how to support people safely. The assessments outlined of what people could do on their own and when they required assistance. Risk assessments were reviewed and were updated regularly or when there was a change in a person's health.

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

The registered manager and provider continued to maintained recruitment procedures that enabled them to check the suitability and fitness of staff to support people.

Medicines continued to be suitably managed. Staff were trained to follow the arrangements in place to ensure people received their prescribed medicines. Medicines were stored safely and securely. Since our last inspection, all staff with the exception of one new staff had received training in medication administration. The new member of staff had been booked to undertake this. The new staff member was not yet administering medicines. The registered manager had booked refresher training for May 2017. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and ensure appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines.

The service had detailed plans in place to deal with foreseeable emergencies. These provided staff with details of the action to take if the delivery of care was affected or people were put at risk, for example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. The service also had an out of hour's policy and arrangements in place for staff to gain management support. This was for emergencies outside of normal hours, or at weekends or bank holidays. Risks associated with the premises continued to be assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

Is the service effective?

Our findings

We observed that people had the freedom to move around the home and garden and spend time alone in their rooms as well as in communal areas. People seemed relaxed. We observed staff members talking with people about their health, food and offering encouragement and praise.

Relatives told us their family members received effective care. Comments included, "They manage his health needs, they are complex. They keep an eye on his medication and if he's off colour they take him to the doctors"; "Meals look lovely, there's plenty, he likes his food. He went to a Chinese [restaurant] and liked that".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were in place.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. The registered manager informed us that four people who used the service were subject to DoLS authorisations. The registered manager had effective systems in place to monitor and track applications and authorisations.

Since our last inspection, records showed staff had undertaken mandatory training and refresher trainings in topics and subjects relevant to their roles. New staff had undertaken an induction which included training, completion of the care certificate and shadowing experienced staff. All staff received regular supervision (one to one meeting) and an annual appraisal of their work performance. Staff told us they felt well supported by the registered manager. One staff member said, "[Registered manager] is very easy to talk to" and "I feel well supported, [registered manager] is really good". Another member of staff told us how they had shadowed staff to get to know people, their routines and get to know the staff team. They said it had been a "Very hands on approach, it has been a good way of getting to know things". The provider had a proactive approach to staff members' learning and worked in partnership with the Institute for Applied Behaviour Analysis (IABA). A member of the positive behaviour support team was undergoing a year long course with the IABA and was working with a person living at the service in order to do this. This work included carrying out observations, assessments and analysis to support the person to manage in their home and other settings.

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes, dislikes and intolerances. There was helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. People were supported to try new foods. Staff spent time researching types of food people liked and putting together pictorial menu's and recipe cards to help people make informed choices. People were supported to prepare and make food as well as shop for items.

The kitchen was clean and we found that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. Records showed that people had been supported with appointments to dentists, hospitals, opticians, consultants and advice had been sought from 111 when people had been unwell. Records also showed the outcomes and any actions that were needed to support people with these effectively. People's individual health action plans set out for staff how their specific healthcare needs should be met.

Is the service caring?

Our findings

Some people were unable to verbally tell us about their experiences of living in the home. We observed that people were relaxed with staff. Staff communicated with people in a way they understood. One person used their own signs to communicate with staff as they did not use verbal communication. Staff took time to communicate and check their understanding of what the person was communicating. Staff knew people very well.

Relatives told us staff were kind and caring and knew their loved ones well. Comments included, "Staff are kind, he wouldn't be happy if they weren't and we'd know something was wrong"; "We're very lucky he is there"; "Staff are kind and caring, especially young [name of staff] she goes the extra mile. She's an absolute angel"; "They do manage his triggers well, they have an intricate knowledge of him. They take an awful lot of interest in him" and "They are wonderful, I feel blessed".

Local authority care managers told us that the staff were kind and caring. One told us, '[Person] has a great relationship with his key worker and staff at the service'.

Since our last inspection, on 20 April 2015, the registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's care and support needs. This helped staff understand what people wanted or needed in terms of their care and support. Behaviour support plans were also kept up to date and relevant to enable staff to work with people in a consistent manner. Each person had an easy to understand board in place which detailed what day it was, who was working and what they had planned for the day, which helped people go about their day. There was a main board in the hallways which also showed easy to understand information about what day and date it was, which staff were working and what the food choices were.

We observed positive interactions between people and staff. People looked at ease and comfortable in each staff member's presence. For example people approached staff to ask questions and people laid on the settee watching a film whilst interacting with staff. Staff gave people their full attention during conversations and spoke with people in a considerate and respectful way. Staff made time to chat with people and ask them about their day and what they would like to do during the evening. This evidenced that conversations and interactions between people and staff were not task based.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. Staff were mindful not to enter people's bedrooms whilst they were not there. Staff knocked on doors and checked with people to make sure they could go in. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care. Some people chose to leave the bathroom door open when they were having a bath, staff waited outside of the bathroom to give them privacy and the shower curtain was pulled round the bath to maintain their privacy and dignity. Care plans and risk assessments clearly showed where this was a person's choice.

When talking about their roles and duties, staff spoke about people respectfully. Staff told us, "I see these people more often than I see my own family, I love being at work. I enjoy my job" and "I get so much out of working with these guys. It makes the job worthwhile. Why should their lives be any different from anyone else's".

People had free movement around the service and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people chose to spend their time in the garden.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, we saw staff encouraging people to prepare their own breakfast. People had time built into their activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence.

Although none of the people had an advocate at the time of our inspection, a policy was in place to ensure that if it was identified that an advocate was needed, information was available to support staff to find a suitable advocate. This included details concerning local advocacy services and how to access support from an independent mental capacity assessor (IMCA) if this was required.

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

Is the service responsive?

Our findings

People were supported by staff in a person centred manner which meant that each person received support individual to them. One person received one to one support during the day to help them with their routines and rituals. Staff responded well to small changes in people's behaviour and noises made which indicated they were not coping with a new situation, they helped the person to understand and find ways to remain calm and happy. Staff knew when to intervene and gave people space when they needed it. Staff were responsive to people's requests. One person asked staff if they could go out to purchase a new wallet. The staff member agreed they could and asked them about what type of wallet they would like to purchase and helped them understand how much money that may cost.

Relatives told us that the service was very responsive to their needs as well as the needs of their loved ones. One relative said, "They do wonderfully well. He's happy. He sees it as his home. They do so much for him. They have organised for him to go to [wild life park] to see the animals" and "I think they are very responsive". The relative shared an example of raising some concerns they had about some medical appointments that were coming up and how everyone could work together to ensure that these went smoothly. The registered manager responded very quickly and set up a meeting within two days. Another relative said, "We have regular reviews, if we have queries in the meantime we can contact them, we can sort things out. They are cooperative and informative".

Local authority care managers told us that the service was responsive to people's needs. One told us that the, 'Service have always been open to recommendations and advice which has been followed with good communication' and 'The service has always shown that they are person centred and show a very good understanding of the persons wishes and needs'. Another local authority care manager told us, 'The service appeared to have an excellent understanding of my client, who has limited vocabulary and were able to communicate effectively with him to understand his needs. The review documentation that they had prepared was thorough and they had also put a DVD together to show me the activities he had done'.

People had very detailed care plans in place, which reflected their current needs. Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. People's preferred personal care routines were detailed incorporating their preferences and skills as to what they could do for themselves, such as 'Will choose the clothes he wants to wear being given the choice of two items'. The plans contained information about how people communicated and things that would make them anxious. We observed staff communicating with people in their preferred manner and supporting people to communicate with their peers. Staff helped one person communicate with us by translating their signs into words. People had positive support and behavioural strategies in place. One person could sometimes become anxious about past events, strategies for them detailed that staff should say, 'That was a very long time ago, it's finished now'. These plans detailed what made the person happy and how they showed this. We observed staff following guidance within the care plans when supporting or communicating with people. This meant staff were aware of how they should support people in a positive way.

Staff across the organisation communicated effectively to ensure that they provided consistent care and support which met each person's needs. For example, daily records were shared by staff working in the home and day service staff on a day to day basis, so there was one working document. Day service staff were able to read about how people's evening, night and morning had been and were able to adapt people's day in response. The same worked for the staff working at 11a Curlew Crescent; they were able to see what people had achieved during the day and how people had been, which enabled them to work in a consistent and person centred manner.

The foundations of positive behaviour support is in understanding why the individual exhibits challenging behaviour ('triggers'), and addressing the issues to prevent further episodes of challenging behaviour. This assessment is also known as a functional behavioural assessment, and is used to create an individualised support plan. Positive behaviour support aims, through positive methods, to teach the individual new behaviours and enable them to achieve what they want to achieve. We found this approach was embedded into staff practice and had resulted in less incidents of challenging behaviour and people had a better quality of life as a result. One person was not able to cope with Christmas each year. The registered manager and staff (including the behaviour support team) had worked with the person to put in place effective strategies to help them manage and cope with this annual event. The registered manager shared how this had really helped this person and two Christmas' had past without any incident. The team had already met to start to plan for Christmas 2017 to ensure that a consistent and effective approach continued to take place to support the person. The team had worked on a Christmas countdown which is planned to start on 01 November 2017 to provide structure and consistency for the person. This enabled the person to enjoy the festive period without distress and enabled other people living in the home and the person's relatives to enjoy and celebrate Christmas. The person's relative detailed how staff had worked hard to ensure key events for this person were well managed. They told us, "They put in place systems and strategies to help him look forward to other things such as Easter".

A positive behaviour support team member shared how the links to the Institute for Applied Behaviour Analysis had helped one person who lived at the service. They shared that a team member had worked with the person and the staff team to define the person's behaviour as well as carrying out a full assessment including motivation and ruling out any medical issues. Then they had analysed the results and put a full support plan in place which included strategies to help the person manage. These strategies included reactive strategies and preventative strategies. The ultimate aim is to teach long term skills to the person to help them cope and make the behaviour less frequent. The work undertaken with the person included working in a joined up manner with staff at the day service to ensure consistent support was provided. Staff from both the home and day service had recently met to agree what they were going to help the person learn and tackle first. They had selected to teach the person a 'fun skill' to engage the person in the learning process and to show that learning a new skill can be fun and interesting. The fun skill selected was to support the person to download music on to their MP3 player. Music was really important to the person and this helped them relax. By enabling the person to download their own music this would help the person have more control and show them that learning can be fun and they are capable of learning new things. The person's relative detailed to us how they had been involved, they were impressed and said, "It's all part of the way they look after them, they sort things. You couldn't find a better place".

The service had achieved a recognised accreditation by the National Autistic Society in April 2016. The provider kept up to date with new research, guidance and developments and linked with organisations that promoted best practice. The National Autistic Society commented in their report, 'They are committed to integrating the principles of Positive Behavioural Support (PBS) into every aspect of the service provided to the people they support'. We found through checking through care plans, support plans and strategies, staff meeting records and from talking with staff that this was truly embedded into everyday working to ensure

consistency for people.

The provider's positive behaviour support team trained staff, but also worked with them at the service to develop strategy guidance to support people. When staff felt these strategies were not completely successful the team returned to work with the individual and staff to look at and make changes to aid better outcomes for people. For example, staff had discussed at a meeting that they had some concerns about one person displaying inappropriate behaviours communal areas of the home. The positive behaviour support team worked with the person to create a social story to help them to understand that they needed to carry out these behaviours in the privacy of their own room.

One person could not tolerate much furniture or decoration in their room and could not manage to have their clothing and belongings in their room. Staff ensured that the person's clothing and items were stored in a locked cupboard outside their bedroom. The person had free access to the clothing when they needed it. We observed the person asking staff, "Can I have the key please?" and then taking the key to unlock the cupboard to put away their coat. They changed their clothes when they wanted to and frequently returned to staff to hand back the key or request it again. This meant that the person was comfortable with their environment and the system of storing clothes and items outside of their bedroom enabled them to cope. This minimised the likelihood of them becoming anxious and displaying behaviour that others may find challenging.

People had regular review meetings with staff, their relatives and care manager. Reviews were centred around the person. The reviews were outcome focused and looked at what was working and what was not and why this might be; how the person would like to change this and any choices and changes the person may have. Staff supported people to put together photographs and videos to show in their reviews to detail what they had been involved with and what activities they had taken part in.

People with autism often find changes to routines and trying new things challenging. People were supported to try new activities in a structured way. When they had participated the staff and provider celebrated every success and awarded people with certificates of achievement. One we viewed was for using public transport, going on community activities, cookery and attending a pottery class at adult education classes. The certificate showed pictures of the person engaging in these activities, they were smiling and looking relaxed, which showed they were enjoying it.

The provider had celebrated success of people, staff and the organisation at a celebration event which had taken place in December 2016. Every person receiving a service attended, each with an individual support plan to enable them to cope with the large event, music and people. The provider's newsletter showed pictures of people dancing, singing and being involved. The staff spoke excitedly about the event and how people had participated and coped. They shared how people stood up during the event to say thank you, one person who usually did not use any verbal communication also stood and said thank you. The registered manager detailed how they were planning a similar event as it was a huge success. Plans were in place to ensure it is at a different venue and different time of year to enable people to cope better. If it happened at the same place at a similar time of year, people come to expect that this will happen each year and this can cause anxieties and distress to people.

People had opportunities to mix with their peers and learn new skills, which meant they were not socially isolated. People attended the provider's day centre facilities within the local town. This was a facility available to people who lived within this service and other services owned by the provider and people from the local community which was open Monday to Friday. Some people enjoyed going to an evening social club on a weekly basis. We heard people talking about the club and were looking forward to going.

Records showed that people were supported to do things in their spare time which interested them. Such as trips to the theatre, pubs, shopping, walking or rambling, cinema and bowling. Local events in the community were supported such as steam festivals, trips to local beauty spots and pantomimes. People were supported to go on holiday if they wanted to. Some people had been away with staff support and others had been on holiday with their relatives.

People had opportunities to provide feedback about the service provided. They had review meetings where they and their families could give feedback about the care and the service provided. In addition the provider sent out surveys annually to relatives to gain feedback and results were positive. Relatives received a letter from the provider informing them how they intended to make further improvements to the service.

There had been no formal complaints since the last inspection. The registered manager had received a compliment from a local authority care manager on 07 April 2017 which stated 'I would like to take this opportunity to say thank you for the review today, the information and discussion you all provided was excellent and I would like to thank you for the time and preparation that went into this today. It is clear to me that [person] is happy in the service and his needs are being fully met, by staff that have an excellent understanding of him'.

Is the service well-led?

Our findings

We observed that people knew the registered manager and the management team. Relatives told us the service was well led. All the relatives we spoke with knew the registered manager. Comments included, "I do feel the service is well managed"; "It's very well managed. They keep in touch, they phone up and ask if there is anything we need. They are very good, there is no need to be afraid to ask questions, they are very responsive and helpful" and "They send a newsletter. I'm on the support committee for the Trust. I would like to know more but overall I'm happy". Local authority care managers told us that the service was well led.

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

There was an established registered manager in post who was supported by team leaders. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager provided clear day to day leadership and together with the team leaders coached and led the staff team by example. The registered manager fully embraced the provider's vision and this had been filtered through to all of the staff. The registered manager detailed how they had 'grown their own' by developing and encouraging staff from within the service to move forward in the organisation, they shared how this had worked to develop a senior support worker into a team leader and a support worker into a senior support worker. The registered manager had mentored and coached the staff members to learn new skills and develop their roles which had given the staff confidence. When positions became available the registered manager had encouraged staff to apply and provided feedback to them about the tasks they had been completing to demonstrate that they had already been carrying out parts of the role. This was an effective way to monitor the service and ensure the culture reflected the provider's values. The registered manager provided strong leadership skills and spent time mentoring and coaching a trainee manager to enable them to learn the role and develop as a manager within the organisation. People and relatives knew the registered manager and both felt they were approachable. There was a very open and positive culture within the service, which focussed on people.

The registered manager met with other registered managers in regular management meetings and spent time in other services owned by the provider to share good practice and learning. The registered manager told us they felt well supported by the organisation and detailed that the senior managers had "An open door policy". They were able to call, email and visit the management team at the provider's offices when

they needed to. The management team visited the service frequently to carry out audits, visits and provide the registered manager with supervision meetings.

The registered manager and staff received consistent support from the positive behaviour support team, senior managers and the provider. They told us resources required to drive improvement and keep people safe were available. There was a strong emphasis on continually striving to improve. Senior managers including the chief executive officer visited services and knew people and were involved in helping them to live fulfilled lives. The provider engaged staff in different ways of learning and developed conferences focused on improving lives. One had taken place in September 2016 entitled 'Quality of life and wellbeing in autism'. Staff told us that the conference was inspiring and insightful. This had given staff knowledge and information to help them provide quality support to people and their families. Another was being planned to focus on 'Women and autism' which staff were looking forward to.

The registered manager consistently demonstrated passion and commitment to providing an excellent service for people. Staff demonstrated the provider's values through their commitment and enthusiasm for their role and to deliver the best possible service to people. This was evident in the way people's communication was enhanced and they had freedom and choice about how they wanted to live their life.

Staff felt the registered manager motivated them and listened to their views and ideas. One staff member said, "I get good support from [registered manager] and about my personal life too". They shared that "Staff all stay a long time" because of the support and friendliness. Staff worked together as a team to support each other and to provide the best care they could for people. Staff said, "It's a good place to work, I love it" and "It's a really brilliant job, I feel at ease". Staff were asked annually by the provider to complete a satisfaction survey. Results showed staff were positive about their work and the organisation. Staff received feedback about the results and how the provider would continue to make improvements to the service. This meant people received care and support from consistent, well-motivated, happy staff who enjoyed their jobs and wanted to be at work and making a difference.

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

In keeping with the provider's mission, 'to provide expertise and experience in supporting people with autism', there was a family support team based at the provider's head office. This was an independent team funded by a lottery grant. Families of people with autism and the general public could access this team for advice and guidance and receive help with form filling or be signposted to appropriate services, both internally and externally. Relatives we spoke with felt well supported by the organisation. The provider also held a conference every year with specialists in the fields of autism, which the public could access, this enabled staff to continue to learn and grow. The provider produced a six monthly newsletter to keep people up to date with news, events and future developments, which enabled people and their relatives to be well informed.

The provider had sustained outstanding practice and improvements over time and had achieved recognised accreditation from the National Autistic Society (NAS) in April 2016. The NAS inspection included

observations of care and practice, interviews with people and staff and review of documentation in the service (11a Curlew Crescent). The overall feedback from the inspection was very positive. Comments by the reviewers in the report included, 'Frontline staff and managers have a very good understanding of the needs of the people they support and the quality of service they deliver were very visible and the individuals were relaxed and enjoy living in their homes'. KAT (The Kent Autistic Trust) has a robust system of support plans which gives better idea of the needs of the individuals and how to support them effectively'.

The NAS accreditation report also stated, 'Quality of the delivery of service at Kent Autistic Trust reflects on the emotional well-being of the individuals who live there. Staff enjoy working there and they really work hard with lot of empathy and understanding of individual needs of the people they support to make a difference in the life of another human being'. Staff demonstrated this commitment and empathy during the inspection and in a video that the provider had put together detailing the ethos of the Kent Autistic Trust. This video included people, staff, parents and senior management and detailed what the trust meant for them. One staff member detailed in the video they celebrate thinking, "This person has done this today because of what we've done as part of a team. It's just an amazing feeling seeing a smile on a person's face. The accomplishment seeing a person is just leading a fantastic life, doing everything they want to do and reaching the potential that we all know they can. It's just amazing". Another staff member in the video detailed, "I treat the relationship with people I provide support for as they are part of my family, they are not somebody I go to work with". During the inspection staff shared how much of a positive impact people had on their lives, one member of staff told us how much happier they were working with people and for the KAT, which was something their own family had noticed and commented on.

The service worked in partnership with other organisations, such as the Institute for Applied Behaviour Analysis to make sure they were following current best practice, to drive improvements and provide a high quality service. All managers had received training in positive behavioural support and further training from the provider's own positive behaviour support team to look at root cause analysis of behaviours rather than just the behaviour and had the skills to deliver their mission statement. We observed that staff were careful when supporting people to ensure that they did not do or say things that could trigger a person to become anxious or distressed. The staff team knew people well and this was reflected in people's behaviour. We observed that people were relaxed, calm and happy.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included weekly checks on medicine systems and records. The supplying pharmacist had undertaken an audit in July 2016 which showed medicines were managed safely. Safer food better business by the Food Standards Agency was used to audit food management, such as water temperatures and food and fridge freezers and ensure people remained safe. The Environmental Health Officer had visited in June 2014 and the service had a 5 star rating (the highest). A health and safety, fire and infection control audit was undertaken every quarter. Any concerns either dealt with by the landlord or the provider's handyperson and staff. This meant people were supported to live in a safe and well maintained environment.

There were sufficient checks carried out to ensure people received a good service. A member of the provider's compliance team undertook quality assurance visits and reports were available. These visits mirror the inspection process looking at the five domains of safe, effective, caring, responsive and well led. Reports showed this was a very thorough audit and action was taken to address any shortfalls identified. Trustees also visited the service so they are able to check personally that the service was running effectively. A trustee visit had taken place on 23 March 2017. The report of the visit showed positive feedback about the service and staff, including 'It was a lovely house and it stuck in my mind the welcome and happy faces I met. A lovely group of carers'. A monthly report covering all areas of working was also sent to senior

managers, to enable them to be kept up to date and monitor the service effectively.

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

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

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as Deprivation of Liberty Safeguards (DoLS) authorisations. The rating from the last inspection was clearly on display for people, relatives and visitors to view. This meant that the service were open and transparent about their last inspection.