

The Kent Autistic Trust

The Kent Autistic Trust - 14 High Street

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

The Kent Autistic Trust – 14 High Street is a domiciliary care agency. It provides personal care to people living in their own flats and supported environments.

The Kent Autistic Trust – 14 High Street provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two supported living properties in Strood, one in Chatham and one in Brompton, all of which are in Medway, Kent. In these premises people had their own flats. There were offices on site and communal spaces where people and staff could come together. The service also had a Canterbury supported living service. This had a selection of self-contained flats on the upper floor and a large ground floor flat which three people shared. They each had their own bedrooms, but shared the kitchen, dining room, lounge, laundry and the garden. There was an office on site.

Not everyone using The Kent Autistic Trust – 14 High Street receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service was providing personal care to 11 people diagnosed with learning disabilities and autistic spectrum disorder at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; staff recognised that people had the capacity to make day to day choices and supported them to do so. People were encouraged and supported to be independent. People were engaging in the community, for example utilising their local community to utilise ordinary community resources, shops, access courses, access day services and activities to ensure they had a good day. People were also supported to take holidays both in the UK and abroad.

The provider and staff were exceptionally responsive and worked continuously to make improvements to the service and provide people with high quality care. The provider and staff demonstrated a detailed

knowledge of the people they supported and over time had developed trusting relationships with them, so that people felt safe receiving support. The provider had been extremely responsive to people's needs and designed services specifically to meet people's changing needs. People were happy and smiling, relatives were very happy with the service. One relative said, "I can't praise them enough, they do a wonderful job."

The service was well-led. The management team knew people very well, the registered managers and assistant managers spent time on shift working with people and staff. The management team carried out the appropriate checks to ensure that the quality of the service was continuously reviewed, improved and evolved to meet people's changing needs. The provider promoted an open culture and was a visible presence in the service, staff felt supported by the provider and the registered managers, they felt listened to and valued. Relatives were surveyed for their views and felt these were acted upon. The provider had a strong set of values that were embedded into each staff member's practice and the way the service was managed. Staff were committed and proud of the service.

Staff were well trained and received consistent support and guidance. For people, this meant that they were always placed at the heart of decisions about the way in which they received support.

People received a safe service and were protected from harm, staff had a detailed understanding of individual risks and danger for each person. They understood the measures in place to keep them safe. People were supported by enough staff with the right skills and knowledge to understand their needs and provide support in a person-centred way. The provider took care in their selection of staff, and all required checks helped ensure they were recruited safely.

People were involved in food shopping, planning their menu and where possible the preparation of food and cooking. People were encouraged and supported to be as independent as possible. Where people were unable to cope with completing their food shopping in busy supermarkets they were supported to put a shopping list together and to shop on the internet. People were supported to access routine and specialist healthcare appointments when they needed to.

The service continued to provide effective and safe support to people living with a learning disability and or autism. People were provided with good support to communicate, staff knew people well and understood their communication. People were supported to manage their emotions and had positive behaviour support strategies in place. Relatives told us that they had seen a positive change in their loved ones. People were supported to feedback on their experiences and contribute to planning their own support in ways which were suitable for their communication needs. For example, through using pictures, stories, signing and electronic communication.

Staff treated people with dignity and respected their privacy. Staff communicated well with relatives and welcomed them into the service, and sought their feedback about the service, which relatives felt was listened to and acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Support plans guided staff in the support they provided to people in accordance with their needs and preferences. People were provided with an individualised care and support as well as activities both in their homes and in the community to keep them occupied and stimulated.

The service met the characteristics of Outstanding in one area and Good overall. For more details, please

see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good when we inspected on 30 June 2016 (the report was published on 19 August 2016).

Why we inspected:

This inspection was a scheduled inspection based on previous rating.

Follow up:

We will visit the service again in the future to check if there are changes to the quality of the service.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

The Kent Autistic Trust - 14 High Street

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The Kent Autistic Trust - 14 High Street is a domiciliary care agency. It provides personal care to younger adults with an autistic spectrum condition in supported living self-contained flats across Medway and Canterbury.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 18 February 2019 and ended on 11 March 2019. We visited the office location on 18 February 2019 to see the managers and office staff; and to review care records and policies and procedures. We visited people in their flats and met staff providing support to people on 19 February 2019. We made telephone calls to staff and relatives between 20 February 2019 and 11 March 2019. We met with the management team on 13 March 2019 at their offices to provide feedback.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spent time with four people who received a service. We also spent time speaking with one person. We spoke with two people's relatives. One person's relative left us written feedback. Some people were not able to verbally express their experiences of staying at the service. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and local authority safeguarding coordinators.

We spoke with 14 staff including; support workers, senior support workers, assistant managers, registered managers, the quality and compliance manager, the nominated individual for the provider and the business development manager.

We looked at five people's personal records, care plans and people's medicines charts, risk assessments, staff rotas, staff schedules, two staff recruitment records, meeting minutes, policies and procedures.

We asked the management team to send us additional information after the inspection. We asked for copies of the quality audits. These were received in a timely manner.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to know how to spot signs of abuse and mistreatment. Staff received regular safeguarding training.
- The provider had effective safeguarding systems in place to protect people from the risk of abuse.
- Staff had confidence in the management team and provider to appropriately deal with concerns.
- All staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member told us, "If there was a safeguarding concern I would talk with the service user, report to the manager, senior managers, CQC, the local authority, reassure the service user, record and report. It would be dealt with immediately, without a doubt; we want the best for everyone."
- One person's relative told us in writing that they had confidence in staff supporting their loved with their finances. They said, 'I often check on [person's] expenditures and all outgoing and purchases are clearly recorded.'

Assessing risk, safety monitoring and management

- Support plans contained in depth risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's complex needs.
- Risk assessments gave clear, structured guidance to staff detailing how to safely work with people.
- Risk assessments identified triggers to people becoming anxious or upset such as loud noises, children or dogs. Staff knew about these triggers and gave examples of how they supported people to be active members of their communities by avoiding key times and places.
- The safety of the environment was risk assessed and hazards managed by the management team relating to communal areas and spaces for which the provider had responsibility. For example, fire, infection control, legionella, food hygiene, medicines, fixtures, fittings and equipment, as well as security of the premises.
- The provider told us in their Provider Information Return (PIR) that 'Each person who lives in their own flat has unique safety needs which staff have responded to in order to keep that person safe and maintain their independence.' They gave an example, one person sought sensory stimulation from banging on their front door, which could potentially cause them injury but also could cause emotional distress to other people in the building. The provider found a solution by installing padding to the back of the door. They worked with senior management and the fire service to source an appropriate product. The person was able to gain their sensory stimulation which is important to them without causing other people to be anxious or affected by the noise.

Staffing and recruitment

- There continued to be enough staff to keep people safe. Staffing was matched to people's assessed needs.

- Staffing was arranged flexibly and where people needed one to one or two to one support this was provided. We observed one person who required two staff to support them in the community decide they wanted to go out, staff were directly on hand and supported the person to safely go out for a walk in the local area. One relative said, "She has two staff supporting her in the community to keep her safe."
- The service had access to regular bank staff through the provider. Risk assessments were undertaken to identify who could not be supported by new or unfamiliar staff to ensure that bank staff were used safely.
- Staff continued to be recruited safely. For example, Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- Medicines continued to be managed safely. Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed.
- Medicines were checked and audited frequently.
- People were supported to be as independent as possible with their medicines. For example, one person administered their own medicine to manage their diabetes with prompts from staff.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary.
- People were supported and encouraged to keep their homes clean.

Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.
- The provider had developed a digital file sharing system which enabled staff to share accident and incident records with the management team and positive behaviour support (PBS) team in a timelier manner.
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated. For example, one person's incident records evidenced that PBS supported staff by providing bespoke refresher training to help them work with the person, including how to support the person with their rituals and routines as well as keeping themselves safe.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and expressing their sexuality.
- A transition to the service for new people was arranged at a pace to suit the person, often lasting months. All the registered managers of the service passionately explained how they had supported people with their transitions to ensure people's experiences of moving to a different living situation went well.
- Members of the management team told us about one person's transition where staff had been introduced to the person which enabled staff to work with the person and support them at their existing service. They had identified this as being the most effective way of limiting potential anxiety and enabled the person to acclimatise to a new staff team and increased the chance of a positive and successful move into a very different environment. The result of these weeks of work was that when the person moved, they had already got to know their new staff team and it was as if they had also moved with the person.

Staff support: induction, training, skills and experience

- Staff continued to receive induction, training, support and supervision to carry out their roles.
- Training records evidenced that staff completed the provider's mandatory training as well as additional training.
- The positive behaviour support team shared with us how they had developed person centred specific training for staff working with people who were moving into flats for the first time. This enabled staff to really know and understand people's communication and support needs.
- Staff we spoke with had good knowledge and understanding of their role and how to support people effectively.
- The provider was taking part in a leadership and organisational development programme. The programme was being run for senior and registered managers as well as deputy managers with the goal of developing and embedding leadership skills and behaviour, and to enable managers to empower staff to get the best out of their skills and abilities.
- One staff member said, "I feel confident about training." They explained that in the past they had requested additional training to help them meet one person's behaviour support needs. The training was provided. Another staff member said they get, "Lots of training. It's a fantastic service that is delivered; person is at the centre."

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

- People were supported to eat and drink to maintain a balanced diet and good health. People were involved in going shopping, planning the menu and where possible the preparation of food and cooking.
- Staff understood people's food likes and dislikes. They had gathered information from people, their relatives and previous placements to inform their understanding of how to meet people's nutritional needs.
- Some people were unable to cope with completing their food shopping in busy supermarkets. Where this was the case people were supported to put a shopping list together and to shop on the internet. They then used small local shops at off peak times to purchase items.
- Staff supported people to create pictorial and visual menus to help people plan which meals they are going to make.
- People were supported to eat a healthy diet to meet their needs. One relative explained that their loved one enjoyed coffee; often to excess. Staff supported the person to have decaffeinated coffee as a healthier option.
- One staff member shared with us, "All (people) need encouragement to eat healthily, we provide advice and guidance; respect their choices. We have successfully supported [person] to reduce his cholesterol."

Staff working with other agencies to provide consistent, effective, timely care

- People had hospital passports in place. These are documents people can take with them when they go to hospital and provide useful information for healthcare staff. Passports included information such as how the person expresses that they are in pain, how they take their medicines and information about how the person engaged with healthcare previously. For example, if a person would let staff take their blood pressure or if this caused them to become upset.
- People also had communication passports. This included information on what people's signs and gestures meant and what people could understand. These documents could be used by healthcare staff to aid communication.
- Staff had worked alongside people, their relatives and health and social care professionals within the community learning disability teams, to provide support when people needed additional help to undertake medical tests and appointments. In some cases, this had been successful. In other cases, people had continued to decline blood tests. Staff, relatives and health professionals were still engaging in ways to obtain essential checks in the least restrictive manner to support the person's health needs.

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

- People were supported to furnish and decorate their own living spaces how they wished. One person proudly showed us their flat, they had decorated it with memorabilia from their favourite musicians, films and programmes.
- Communal spaces within supported living premises were furnished and decorated to meet people's needs.
- The provider information return detailed that one person was struggling to get into their bath. The staff team liaised with the person's local authority care manager, occupational therapy and the housing association to fit an adapted bathroom. The person would not have been able to tolerate having to access a toilet elsewhere whilst the bathroom was being fitted. Staff worked with the person to source an adapted camping toilet in a pop up tent that would be suitable for them to use temporarily in their flat. The person was supported to communicate with the builders and met them before the installation date. The builders received clear guidance and help and had a script to follow to ensure that the person was consulted and involved at every step. The works were undertaken successfully.
- The provider was in the process of working with occupational therapists to alter one flat to meet the needs of a person who was in transition to the service as they needed to use a shower rather than a bath.

Supporting people to live healthier lives, access healthcare services and support

- Staff continued to support people well with their health needs. Relatives confirmed people's health needs were well met.
- Staff had a good understanding of people's health needs. They supported people to attend regular health appointments and check-ups, and liaised with the GP for referrals to other health professionals.
- Information about people's health needs and their preferences for support was shared with healthcare staff when people were admitted to hospital to enable people to be supported in accordance with their needs and wishes.
- Staff provided support to people during any hospital stays to alleviate any distress they may experience from their unfamiliar surroundings.
- One person told us how a staff member supported them to visit the hospital for a check-up with their consultant. When they got there the appointment had been cancelled, the staff member supported the person to have a tour of the hospital and speak with nursing staff instead which helped the person cope with the situation. The person told us they enjoyed this and told us they had stopped each nurse to thank them for doing such a good job.
- The management team told us about one person who had not been able to visit the dentist for many years due to their anxieties. This had led to a significant issue with their teeth. The person needed to have a tooth extraction and a hospital admission for the first time in their life. Staff worked in partnership with the positive behaviour support (PBS) team and the hospital. The person was supported to visit the dentist so they could get used to the environment, the equipment and meet with the dentist and staff. Photographs were taken of the treatment room and of hospital staff. Staff borrowed equipment from the dentist so that the person could be familiarised with the equipment and what would be involved. The whole day was planned in detail which ensured a successful visit. The person has since tolerated another dental check up very well.
- Staff supported people to check their weights. Staff supported one person to take control of this and be fully involved in the process by utilising the person's love of technology. Staff have therefore found an application for the person's smart phone on which the person can monitor their own weight and progress.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- We checked whether the service was working within the principles of the MCA. The management team and staff were knowledgeable about the MCA. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear or through using texting with a person who preferred this. We observed people choosing where they wanted to go and what they wanted support with. Staff were respectful of people's choices and decisions.
- Where people did not have the capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests.
- Where people had capacity to consent to decisions they had been supported to do so. One person's relatives had acted as advocates to support their loved one with their decision making.
- The service had CCTV in place in communal spaces. The nominated individual for the service explained that they had undertaken best interests' meetings and discussions with people and their relatives about this. People who had capacity to consent did so.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed people being treated with kindness and compassion. Staff responded quickly to people's requests and questions. Staff frequently spoke with people and when they did so it was in a patient, calm and friendly way. We saw that staff maintained eye contact with people, sat down next to them at the table when talking with them, and bent down to interact when appropriate.
- Staff had considered people's diversity needs and taken action to improve people's lives. For example, staff utilised their autism training to adapt to each person's sensory needs. Some people were very sensitive to noise. Staff knew this and ensure they talked in a quiet tone and ensured that they did not leave doors to slam.

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

- People were supported to express their views in a way which suited them. People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support. Keyworkers used social stories, pictures and objects of reference to discuss people's support with them and enable people to express their views. Social stories are personalised short stories about a situation the person has experienced or may experience such as a death of a relative, a medical appointment or a holiday.
- Staff also used electronic tablets or mobile phones to assist people to communicate where this was appropriate.
- People were encouraged and supported to self-advocate for themselves. People had support from relatives to advocate for them where they needed them. Advocacy information was available for people.
- Where people used Makaton or personal signs to communicate, there was information about these signs in people's support plans. There was also a large pictorial display of Makaton signs in the hallway which staff could use. We saw staff and people used signs, gestures and sounds to communicate regularly throughout the day. For example, staff bumped fists with people when this was their way of greeting people.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff treated people with dignity and respect. One person told us they were happy and liked all the staff. We observed other people interacting with staff and smiling.
- Staff respected people's privacy. Staff did not enter people's flats or rooms without knocking first and being invited in. Staff detailed how they supported people with their personal care in a dignified manner to ensure the person's privacy was maintained, such as making sure doors and curtains were closed, particularly where people were housed in ground floor flats and when they shared a flat.
- People's records were stored securely to protect their privacy. Records passed electronically between the different services within the organisation (such as between day services and people's living services) were

password protected.

- People were supported to maintain important relationships. People were supported to stay in touch with their relatives. One relative told us that staff helped them engage with their family member by passing the phone to them when they telephoned. They said, "He seems happy; staff take the phone to him and when he hears my voice the staff let me know he is smiling."
- People were encouraged to become independent. Support plans included information about how much a person could do for themselves. Staff shared information about helping people to increase their independence. In particular, one person had been entirely prompt dependent and relied on staff to reassure them of the next step for everything that they did, which was very limiting for the person. To increase the person's independence and reduce the reliance on staff, the staff team installed a buzzer that the person can press if they needed staff to come and provide prompts. This both provided the person with more control of their support but has gradually reduced the need for prompts and increased their independence. The person was now able to eat independently, where before staff were having to prompt them to load the next forkful of food from their plate into their mouth and chew.
- Special occasions were celebrated with people, including their birthdays. One person told us their plans to celebrate their birthday. They had a birthday cake which they had chosen, they told us they were being supported to have a meal out and they were going to an event at a local theatre to watch wrestling.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We found the service to be exceptionally responsive to people's needs and was achieving good outcomes for people. The provider and service had responded in an exceptional manner to a situation earlier in 2017. A person had found it increasingly difficult to live in residential care and to share with other people and was not tolerant of any noise. The provider and one of the registered managers worked with the person and their relatives to tailor a service specific to this person. The provider made significant changes to one of their small residential homes to develop a bespoke self-contained flat with its own entrance on the upper floor. The person moved to their new flat and was supported by their own staff team. This has enabled this person to settle and be more independent, as well as engaging with support and accessing the community. Records showed that the person was coping well. Their relative said, "[Person] has settled well into his flat and things are now running smoothly."
- Staff observed during a party that one person was really enjoying lying on the floor and it appeared that they were enjoying the sensation of the music vibrations and the lights. Following this, staff worked in partnership with the PBS team to source a vibrating mat for the person to lie on, and strip lights for their bedroom to replicate these sensations. A smart device was purchased so that staff could ask it to play the person's favourite songs whilst providing care. Both of these have had a positive impact on the person's enjoyment of their environment and anxiety levels.
- Staff told us and records showed that people were supported to set and work towards achievable goals. This model of support proved successful. One person had moved to their own supported living flat from one of the provider's small residential services. In residential care, the person was not coping well with living with others. This was causing the person anxiety and they had started to withdraw and isolate themselves. The provider had recognised this and supported the person to move to their own flat. The person was engaged with support, functioning well and no longer isolating themselves.
- People's support plans were person centred and addressed people's individual needs, wishes and preferences. They included information about people's preferred routines, method of communication, behaviour triggers and strategies for supporting this proactively, their social inclusion and interests and the important people in their lives. Records showed that evaluation of people's care support and reviews with people and their relatives took place regularly.
- Staff understood people's information and communication needs. These were identified, recorded, and highlighted in support plans and shared appropriately with other professionals involved in people's care. People were provided with information in formats that they could understand such as staff using objects of reference, or short verbal prompts, signs that the person used and was familiar with. Staff used approaches recognised with responding to the needs of people with autism to give visual clues to organise the tasks to help people understand and be involved in their day. One person was not able to communicate verbally and was visually impaired. The person needed very clear visual aids to communication. However, the person

would 'post' their visual aids, for example putting them down the back of furniture, or into the bin, meaning that when they needed to communicate their needs to staff or staff needed to support the person, they did not have the visual aids to hand and this caused the person anxiety. The staff team had developed a solution; the person's symbols and pictures were placed on a dedicated board with a Perspex front. The person found this to be acceptable and it has helped them improve communication with staff significantly.

- People took part in a wide range of activities to meet their needs. People were fully involved with daily activities that come with living in their own home or shared accommodation. For example, cooking, shopping, cleaning and laundry tasks. People were supported by staff to attend activities and events in the community. One of the registered managers told us in the provider information return, "People are actively encouraged to pursue a wide range of activities and have the same opportunities as any other member of society, and have the support they need to achieve this in a way that maximises their independence and autonomy."
- Staff demonstrated the principles of person centred care that recognised and responded to people's needs. An example was that staff identified that one person who had their own Motability car could struggle to get into the back seat due to their stature and mobility needs, therefore staff liaised with the Motability scheme to have it changed to one with a more suitable design. The person was supported to use their car every day, it was central to their independence and quality of life, and so it was vital that it was of a design that met their changing needs and also maintained their dignity. Staff have also made adaptations to the person's back garden fence to ensure that they have appropriate privacy in their own self-contained garden.
- People were supported to go on holidays. One person had planned their holiday to Paris to visit a theme park in 2019. Another person told us about their holiday to Yorkshire which they had been on in 2018. They told us they loved it so much they were planning a return trip. Staff shared how the holiday was the first ever holiday the person had been on.

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand.
- We observed that complaints leaflets and posters were available in the communal areas of the supported living services we visited.
- We observed that people and staff had a good rapport; people felt comfortable to approach staff and ask questions.
- Staff told us how they would recognise if people who were unable to verbally communicate were unhappy. They explained that people's behaviour may change, people may become withdrawn or act differently. This would alert staff, who all confirmed they would report this and explore the reasons for this.
- One relative told us, "He seems generally happy. No complaints at all."
- One of the registered managers told us that staff had demonstrated their understanding and application of the Human Rights Principles when dealing with a complaint from members of the local community. One person living in their own flat is known to express themselves through very loud vocalisations, and members of the public complained about the noise in a way that was discriminatory and abusive. Staff managed this initial interaction and diffused it very diplomatically, however, to ensure that this was not a recurring issue and to protect the person's rights, they got in touch with the Kent Police Community Safer Neighbourhoods team to help them to manage relationships with the local community proactively. Part of this strategy was to distribute leaflets describing The Kent Autistic Trust and its work to support adults with autism and their families across Medway and Kent and the positive impact that the Trust has had in the local area in improving the lives of people with autism and their families. This has been successful and there have been no further issues.

End of life care and support

- The service was not supporting anyone at the end of their life; the people receiving support were younger adults.
- Staff told us they had worked with one person to explore and document the person's wishes if they died. The person had brought the subject up and staff supported the person to record the type of service they wished to have and songs they would like played at the funeral. The person was supported to tell their relatives about their plans.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and registered managers understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- The provider ensured they stood up for people who could not advocate for themselves and challenged poor practice. The management team gave examples of where they had done this and challenged a company who had tried to unlawfully view personal and private information about people without people's consent.
- Relatives told us their loved ones received high quality care and support. One relative said, "She's well looked after. I'm happy and she's happy. I love it [the service]. [Person] wouldn't function sharing with others so the set up at Wayfield (one of the supported living services) is just what is needed. She knows what she wants. I can't praise them enough, they do a wonderful job." Another relative said, "Staff know him well. He seems generally happy."
- There was an open and transparent culture within the service.
- People approached the registered managers and wider management team during the inspection. The management team knew people well and there was regular communication with people.
- Relatives were involved in people's care. Where things went wrong or there were incidents, relatives were informed where this appropriate.
- There were established processes and procedures in place to ensure people received care and supported they wanted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered managers continued to meet with other managers in regular meetings and spent time in other services owned by the provider to share good practice and learning. The registered managers all told us they felt well supported by the organisation and detailed that the senior managers continued to have an open-door policy. A staff member confirmed, "There is an open door, we can talk about anything, there's lots of meetings. Without a doubt there is a positive culture."
- There were systems in place to check the quality of the service including reviewing support plans, incidents, medicines, maintenance and health and safety. Where actions were needed these were recorded and completed in a timely manner. The systems to check the quality of the service were embedded and robust.
- There were regular audits by on behalf of the provider to check that quality systems were effective.

- The registered managers had informed CQC of significant events that happen within the service, as required.
- Policies and procedures had been amended and reviewed since the last inspection to provide updated guidance and support to staff.
- The registered managers continued to gain support from the provider and the senior management team.
- Trustees continued to visit the service so they could check personally that the service was running effectively. Visits had been undertaken to three of the five supported living properties within the last five months. The trustees provided positive feedback to their visits, one had reported, 'I loved this visit it was the longest I have ever been in one of the properties as the tenants were so engaging. Lovely staff. I want to go back on pancake day as they have one of the tenants making these. It sounded great fun.'

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

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People were asked for feedback through surveys. The management team were actively working with the provider's speech and language team to review and revise the surveys so each individual has a survey which they would be able to fully understand.
- Compliments had been received from people's relatives, thanking staff for making a difference.
- People, relatives, visitors and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in each of the supported living services, the office and on the provider's website.
- Staff meetings had taken place regularly. Staff told us they felt listened to and supported by the registered managers. One staff member said, "I feel well supported, I love the support the Trust gives. The service goes from strength to strength. [The provider] created more positions. There's lots of training. It's a fantastic service that is delivered; person is at the centre." Another staff member told us, "Good support from team including personal support. I've worked in care for a long, long time; the care they [The Kent Autistic Trust] provide is the best I have seen. I would recommend them without a doubt. I like the people I work with, we are a supportive team."

Continuous learning and improving care

- The provider continues to learn, develop and improve services to meet people's changing needs.
- The positive behaviour support (PBS) team demonstrated awareness of national reviews of practice within mental health services through 'The Reducing Restrictive Practice (RRP)'. RRP is part of an NHS and CQC improvement programme. The team were reviewing training, strategies and practice to learn from the programme.
- The registered managers and the provider continued to engage with other providers and registered managers at forums held by the local authority and external organisations. This enabled them to network with others and to share and receive information and news about good practice and innovation.
- The service continued to work in partnership with other organisations, such as the Institute for Applied Behaviour Analysis, Autism Alliance, and Kent Integrated Care Alliance to make sure current best practice is followed, to drive improvements and provide a high quality service. The management team (from registered managers through to senior managers) ensured that continuous review and innovation took place within the service to ensure that learning was gained from these partnerships. This has enabled them to create bespoke supported living arrangements to meet people's changing needs and to meet planned future needs of people referred to the service.
- The provider continued to hold a recognised accreditation from the National Autistic Society (NAS) which

was awarded in April 2016. Since the last inspection the provider had also won an Autism Award in 2018 for Outstanding Family Support. This was awarded by the NAS. The family support team provides a free service providing confidential support, a listening ear, reliable information, practical advice, intervention and emotional support, to families, carers and individuals affected by autism including those that do not qualify for funding. The family support team had specifically supported four people's relatives in understanding their rights, understanding what types of services they could access (this included services outside of The Kent Autistic Trust) and how to get the right funding to support them and their loved one. This enabled people and their relatives to make informed choices about the support and housing options for them. One relative told us before they received this support from the family support team they had felt overwhelmed and frustrated. They told us, "We attended meetings, they gave us lots and lots of help and advice, we sat down with other parents. It put me at ease and helped us make the decision. We knew where we wanted him to be. We spoke a lot to the staff, who pointed us in the right direction. It has been the best outcome for him, he's very happy now and has a lot more speech."

- The Kent Autistic Trust have recently been recognised nationally by the Parliamentary Review for their contribution to the care sector. The Parliamentary Review is a guide to industry best practice, which demonstrates how sector leaders have responded to challenges in the political and economic environment.

Working in partnership with others

- The service works in partnership with people, their relatives and health and social care professionals to ensure people have the best outcomes. For example, subtle changes were made to support to meet people's changing needs, staff were very knowledgeable about people's behaviour and sounds and knew when people were acting in their normal manner. Staff picked up when people were not acting in their usual manner and reviewed what might be happening for the person. Staff worked with each other to review what might be happening and sought views of others such as relatives, staff working in other parts of the organisation as well as the PBS team.
- The PBS team were working with a psychologist from the Tizard Centre, University of Kent on a project to recognise and respond to the impact of incidents on the psychological welfare of staff, and put strategies in place to support staff after an event, as well as proactively improving staff resilience, stress management, and self-care.
- Staff demonstrated that they also worked in partnership with the provider's support team of speech and language therapy, occupational therapy and positive behaviour support. This enabled staff to gain a holistic view of people's support needs and created clear guidelines and pathways to working with people to live the life they want. For example, people had sensory profiles in place which detailed whether people were particularly sensitive to certain sounds, tastes or smells and this enabled staff to work in specific ways with people to minimise the risk of increased anxiety around certain situations.