

# National Autistic Society (The) Cotswold House

## 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Cotswold House is a large detached bungalow situated in the extensive grounds of Somerset Court.

The home accommodates up to six people who have autism and complex support needs. The home comprises of the main building and three self-contained flats attached to the bungalow.

During our inspection there were three people living in the main part of the home and three people living in each one of the flats. People living at Cotswold House can access all other facilities on the Somerset Court site, which include a day service facility and gym.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This guidance was implemented in 2017 after the service had registered with us. This was because there were five other registered care homes set in the grounds of Somerset Court in close proximity to Cotswold House. In total 37 people with learning disabilities were living at Somerset Court. It would be unlikely that we would register this model of services now when considering applications for services for people with a learning disability and/or autism.

People's experience of using this service:

The values set out in the Registering the Right Support include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. This location may not be ideal for some people who would want to access the local community independently due to the rural area. However, people were given choices and their independence and participation within the local community was encouraged.

Staff knew what action to take if they suspected abuse. Relevant risk assessments had been completed to ensure people's safety. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or themes.

People were supported to make choices and had control of their lives. Staff supported people in the least restrictive way as possible. This was kept under review. Staff were aware of the legislation to protect people's rights in making decisions.

People were cared for in a way that respected their privacy, dignity and promoted their independence. Staff knew people well enabling care to be delivered effectively, responding to people's changing needs.

Staff interactions with people were kind and caring. People were supported by staff that were familiar to them taking into their consideration their preferences. People had a core group of staff within the team that supported them on a day to day basis. This enabled people to build effective relationships and enable the

staff to get to know them.

People received personalised care, their support needs and preferences were detailed in their care plans. People were supported to lead meaningful and fulfilled lives through activities of their choice. The provider had a complaints policy and process in place. Relatives said they would have no hesitation in speaking with the registered manager or staff. Staff knew people well and recognised when they were not happy with the care and support and made the necessary adjustments.

Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager, who acted on concerns and suggestions to make improvements to people's care.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.

Rating at last inspection: Rating at last inspection: Good (report published September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continues to meet the characteristics of Good in all areas.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Cotswold House

## 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:** One inspector carried out this inspection.

**Service and service type:** Cotswold House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

**Notice of inspection:** This inspection was unannounced. The provider, registered manager and staff team did not know we would be visiting. We carried out the site visit of the inspection on 20 February 2019.

**What we did:** We reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about. We emailed five health and social care professionals to gain their views on care provided. On this occasion, we did not receive any responses.

We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we met with the six people living in the home. People had communication difficulties associated with their autism so they were not able to fully talk with us about their experience of living in Cotswold House. However, people looked relaxed and comfortable with the staff who supported them. We spoke with three care staff and the registered manager, the lead manager and the quality manager. A further

four staff contacted us after the inspection via email with their views of working at Cotswold House.

We reviewed a range of records. These included two people's care records and medication records. We also looked at two staff files around staff recruitment, training and supervision. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

We asked the registered manager to send us further documents which included the training matrix for all staff, quality assurance checks completed by the provider and the service's statement of purpose. We received and reviewed this information as part of our inspection. We contacted two relatives by telephone and two relatives took the opportunity to email us about their views of the service. You can see what they told us in the main body of the report.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood how to keep people safe from abuse or harm. They knew how each person expressed if they were distressed or unhappy about something. They closely monitored changes in people's behaviour.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff were required to read the policies and sign to say they understood the content. An easy read flow chart on how to report allegations of abuse was clearly displayed on the office notice board.
- The registered manager had followed the multi-agency safeguarding procedures to report any safeguarding incidents and had worked with external agencies to investigate.
- Concerns and allegations were acted on to make sure people were protected from harm. Learning from safeguarding had been implemented not just from Cotswold House but across the organisation.
- People were protected from financial abuse. Accurate records were kept of all financial transactions and monies held on behalf of people. These were checked daily by staff during the handover. Policies and procedures were in place to guide staff on the safe handling of money.

Assessing risk, safety monitoring and management

- People continued to receive a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent.
- Technology was used to help keep people safe such as the use of monitors which alerted staff when a person was mobilising or was having a seizure.
- Staff understood the risks to people and knew the actions to take to keep people safe, such as ensuring all sharp items were kept in a locked cupboard.
- Relatives told us they felt the service was safe. One relative said, "Yes, this is the best place for X" and "Yes safe, but do worry at night when they are in their flat on their own at night".
- We followed this up with the registered manager who confirmed regular night checks were completed with records maintained. A risk assessment was in place guiding staff in respect of how each person should be monitored at night. Assistive technology such as monitors and call bells were in place to keep people safe at night. It was evident this was kept under review.
- The environment was safe and well maintained. Emergency plans were also in place to ensure people received the support they needed in the event of a fire or other incidents.

Staffing and recruitment

- There were sufficient staff working to keep people safe and support them with their activities. Some people required additional staff support and we saw staffing levels reflected these needs.
- Staff told us staffing levels were safe and sufficient to meet people's needs. There were six care staff on

duty during the day and two staff providing waking in cover at night for the six people who lived in Cotswold House. Staff said in addition there was always a senior, deputy or the registered manager who would provide support if needed.

- Support was provided by a consistent team of staff who were familiar with people's needs. There was some agency usage but this was covered by a small core group of agency staff that had worked in the home on a regular basis. This was important for the people living at Cotswold House.
- Staff were safely recruited. Disclosure and Barring Service (DBS) checks had been carried out to check whether staff were suitable to work with people in care homes. The records included confirmation that gaps in employment history had been checked. The registered manager was actively recruiting to four vacant support worker posts.

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- There was a gap in the recording of a prescribed cream and toothpaste for one person, on two occasions. The registered manager said that this was because the staff were not trained on this particular night. Assurances were provided that the night staff would be trained to enable them to give medicines to people. We were told staff could contact another service for assistance with the giving of medicines when needed.
- Medicines were checked by a second member of staff to avoid omissions and errors. Weekly stock checks were completed of all medicines held in the home.
- Staff completed training in medicines administration and their competency and knowledge was checked.
- One person told us the staff helped them with their medicines daily. Another person told us when they had a headache staff would help them. This may be with the closing of their curtains, encouraging fluids or being offered paracetamol.
- People's medicines were regularly reviewed by the GP.

#### Preventing and controlling infection

- Infection control was managed well. Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately
- Lessons had been learnt across the organisation in respect of ensuring there was safe working procedure when laundering clothes to ensure dirty clothes did not contaminate clean clothes. Red bags were used to carry clothes that required washing from people's bedrooms to the laundry.
- The home was clean and odour free. Cleaning schedules were in place and formed part of the daily and weekly planner for staff and people that lived in Cotswold House.

#### Learning lessons when things go wrong

- Staff completed accidents and incident records and these were reviewed to consider if lessons could be learnt to reduce further risks. For example, one person's window restrictors had to be changed as they had dismantled these enabling them to leave their flat without staff knowledge.
- A log was kept on incidents where a person had been anxious, upset or physical and any accidents. The registered manager was required to report incidents to the senior leadership for further review and analysis on a weekly basis.



# 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

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

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

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care.
- Information from the assessment had informed the plan of care. There were transition plans for people to enable them to have a smooth move to Cotswold House. This included photographs of the service and the staff team.
- As part of the assessment process a compatibility assessment was completed involving the existing people living in Cotswold House and the new person. This was to ensure that there were no risks to them or triggers, which might affect another's well-being. Staff told us because they knew people well and the one to one support people that was in place, there were very few incidents between people. Staff told us generally people lived side by side each other with no concerns.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles.
- Staff confirmed they received the training they needed to support people effectively. Staff said when they first started they had shadow shifts where they were supported by more experienced staff. This enabled them to get to know the people they were supporting.
- Specialist training was in place to ensure that staff could support people who may display behaviours which challenged. Staff also received training in supporting people with autism. Staff showed empathy around each person they supported. They were knowledgeable about how people's autism impacted on their day to day life's.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles. A member of staff said, "It is a lovely place to work". Another said, "I have worked in care for six years and this is one of the best places I have worked". They said this was because of the team, the people and the support of the management team.
- A relative told us, "I have been very impressed by the professionalism and expertise of the staff". Another relative said, "The staff have the skills to support people. It's like a breath of fresh air". They named four staff that particular worked well with X telling us, "They just get X".

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

- People were supported to maintain a healthy and balanced diet. Staff told us, "We cook all meals from scratch using fresh ingredients". Advice had been sought from dieticians on healthy eating. To help staff and people to cook from scratch a member of staff had designed easy read and accessible information to cook a range of meals using all fresh ingredients.

- People had the option of joining in with eating a main meal prepared by staff, or eating in their own rooms or flats. People were encouraged to help with food preparation and making drinks.
- One person had access to their own fridge containing prepared bowls of healthy snacks such as fruit in their flat. This was because their kitchen cupboards and main fridge were locked for safety reasons.
- Care plans clearly documented any likes, dislikes, and dietary requirements, and these were respected by staff. One person had been obsessed with a particular food and prior to moving to Cotswold had gained significant amount of weight. Staff supported this person with a more healthier eating plan and exercise enabling them to lose a significant amount of weight in the last twelve months. This progress had been clearly recorded and captured in photographs. This acted as a visual aid for the person, their family and the staff team.

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

- People had access to health and social care professionals.
- The organisation also employed a behaviour support team that could advice on supporting people who may challenge. There was also an in-house speech and language team that supported the people and the service where required.
- In addition, the registered manager told us they had access to the local community learning disability team and continence advisors and referrals could be made through people's GP.
- Staff had detailed guidance of how to support people with any health conditions and worked well with other health and social care professionals in meeting people's needs.
- Important information was shared across organisations to ensure people's needs were known and understood by others. For example, 'Hospital Passports', were used to record and share information with hospital staff, about a person's health and social care needs in their ongoing care. Some people found attending health care appointments increased their anxiety levels so were always supported by familiar staff.

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

- People's needs were met by the design of the service. Some people had self-contained flats which were designed to promote their independence and develop daily living skills.
- People were able to personalise their rooms to their own taste, hobbies and interests.
- Communal areas were accessible for people to use freely and very homely in appearance.
- Photographs were displayed throughout the home. One area of the dining area had been arranged as a 'snug' for one person to enable them to watch television and play their computer games. This enabled them to have a quieter area, which suited them.

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

- People had access to healthcare professionals such as doctors, dentists and opticians. A continence advisor was meeting with the staff on the day of the inspection.
- Each person had a health action plan detailing the support they needed to maintain a healthy lifestyle and the support they required for any medical conditions such as breathing difficulties or epilepsy. Epilepsy specialists employed by the local health authority provided further guidance and support.
- Staff linked healthy eating and exercise to maintaining good health. Some people accessed a gym on site, another attended a local boxing centre, one person regularly went cycling and another had exercises to help with their mobility. This showed the staff provided people with the support on how they wanted to maintain their health and wellbeing.
- People's weight was monitored and everyone was supported to have an annual health check and flu jab with their consent. This showed the service was proactive in meeting people's health care needs.
- Assessments were being completed for one person who was possibly going through the early stages of dementia. Staff said the person's behaviours had changed so a referral had been made. It was evident this

was being closely monitored.

- To ensure staff had the skills and knowledge to support this person with this diagnosis of dementia the registered manager was exploring options for training for the core staff team that supported this person.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make 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 in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS).
- Staff had an awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
- Appropriate applications had been made in respect of deprivation of liberty safeguards. Any restrictions were kept under review involving other health and social care professionals, the person and their families.
- Clear documentation was in place about the restrictions that were in place and the reasons why. For example, one person prior to their move had not been sleeping at night. With the support of staff, they were now sleeping at night. The person had achieved this through not having constant access to their WIFI after a certain time at night. This had all been agreed using the process of DoLS. Improved sleep has had a significant impact on the person's wellbeing enabling them to be more active during the day and engage with others.
- Staff ensured people were involved in decisions about their care. They knew what they needed to do to make sure decisions were taken in people's best interests when they did not have the capacity to make these decisions for themselves.
- Care plans were developed with people and we saw that people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care.
- Staff were very knowledgeable about people's communication. For example, one person would indicate 'yes' and 'no' by a particular vocal sound. We observed staff supporting this person and reacting appropriately to the vocal noises this person made. They were relaxed in the presence of staff, which would indicate that the member of staff had listened to what the person wanted.

# Is the service caring?

## Our findings

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

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

- Staff were observed treating people with kindness and compassion. Staff were speaking to people in a respectful manner involving them in a variety of activities including household chores, the planning of activities and meal preparations.
- Care documentation included information about the protected characteristics including expressing sexuality, religion and cultural needs. Staff promoted care that was tailored to the individual taking into account their preferences.
- People's routines were clearly recorded so that staff could support them consistently and at the pace of the individual. A member of staff said, "It takes as long as it takes when supporting a person to bath and get dressed". They said it was important to wait for the person to finish one step before they could progress on to the next step. If they did not do this then the person would become upset and anxious.

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

- Staff understood people's likes, dislikes, needs and preferences and people were involved in their care provision as far as possible.
- People were supported to access independent advocacy services when required.
- Easy read support plans and information to enable people to make choices were used to support people's communication and engagement.
- People had a communication profile which clearly described how each person communicated their needs. Staff were following these guidelines including giving people time to process the information shared with them during the inspection. People's interests were used to help communication for example characters from super heroes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. We saw that staff knocked on doors before entering, and respected that people's rooms and flats were their own private spaces.
- People's permission was sought prior to us visiting people in their flats further evidencing that staff viewed this as the person's home and personal space. People had a key fob to their bedroom door/flats and other areas of the home they could access safely. For example, some people could enter the laundry and the kitchen safely whilst others needed support and were unable to enter these areas independently.
- Some people had one member of staff allocated to them to support throughout the day. Staff understood the importance for people to have time on their own. For example, people may go to their bedroom for some quiet time. This was respected if it was safe for the person to do so
- Staff we spoke with understood about confidentiality. Most of the files and personal records were stored securely. However, daily records for three people were kept in the dining room. The registered manager told

us this was for the ease of staff and to avoid constant disruptions if there was a meeting in the office. They told us as part of the service development plan they had requested lockable storage and this was being delivered the week after the inspection. In the interim the files were returned to the office to ensure confidential information was secure.

- On one person's notice board there was a care plan on how to manage a certain behaviour again this was a potential breach of this person's privacy. The registered manager confirmed in an email after the inspection that this had been removed and stored in the person's care file.
- People were encouraged to be independent. People were seen actively engaged in making snacks and drinks. Some people were involved with their laundry and the cleaning of their bedrooms or flats.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

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

- The registered manager told us that whilst Cotswold House is located in a residential model that was seen to be outdated. There was a commitment from all the team to operate a service that delivers and responds in an outstanding manner supporting people as individuals. Care was tailored to the person. People were supported to access the wider community outside of Somerset Court. Some people had access to their own vehicles and others were able to access a vehicle provided by the provider.
- People received individualised care that was based on their wishes and aspirations. Staff knew people well including how each person's autism effected how they lived. This included any rituals and routines that were important to them. Staff were extremely calm and patient with people to allow them to finish what they needed to do before moving on to the next activity.
- Staff told us they ensured people were supported with meaningful activities. Each person had a personalised activity planner. There were opportunities for people to go out and about in the local community, attend college as well as using the facilities at Somerset Court. Staffing was planned to ensure this happened.
- People were supported to have an annual holiday if they wanted, which was tailored to their interests and needs. One person had been supported to go to London for a show and visit family. Another person had been supported to go to Spain with staff. This took significant planning to ensure the individual with autism felt safe and secure.
- People were supported by a core group of staff to enable them to get to know them well. One person when they first moved to the service was reluctant to engage with staff. Slowly over time this person had built relationships with a core group of five staff. They said, "Sometimes the staff do my head in". They named four or five staff they liked to be supported by. A member of staff told us, "I work with five of the six people". They said one person preferred certain staff and they were not one of the staff that they felt comfortable with. One person was only supported by male care staff. This was clearly recorded in the person's plan of care. This showed that care was planned and delivered based on people's preferences.
- People had clear information on how they communicated with staff. Flash cards had been developed to aid communication. People had social stories to help staff explain what was important and 'now and next' boards to help with day to day routines and activities. Menus were in an accessible format along with a staff rota board. This empowered people to know what was going on and enabling them to plan their day.
- People had been involved in completing a sensory assessment to enable them and staff to have a better understanding of how their autism impacted on their daily lives. Staff told us it was important for the atmosphere to be calm and low arousal for the people living in the main house. Staff said recently a person had moved to a flat on their own and this had been positive as they liked the space this gave them.
- Staff spoke with pride about their jobs. Staff were particularly proud about their achievements, where they had made a positive difference to people's lives. For example, they had supported one person to gain confidence, learn new skills, and to move from Cotswold House to live independently in the community.

They had also supported some people currently living in the home to plan towards living independently by setting goals, helping them learn new skills, and achieving a recognised qualification.

- Staff said, "Sometimes it is the small steps people take". An example was given when a person had gone to the barbers for the first time without support from a parent and another cleaning their teeth independently.
- A relative said the care that their loved one had received was "The best without a shadow of a doubt". They said they son had been completely transformed into a person that was going out and trying new things since they had moved to Cotswold House. They said this had exceeded the families expectations.
- Another relative commended the staff at Cotswold House stating, "You have all done a splendid job in encouraging X to make great strides in their development. All of your team have given X exceptionally memorable experiences and the time of his residence in Cotswold house have been fantastic".
- Some people benefited from the space at Somerset Court. For one person it enabled them to have the freedom to walk or cycle around the grounds independently on a daily basis. This person had moved out for a short while. The placement had broken down, it was evident because of the person centred approach of the staff the person continued to be settled doing what was important to them. For example, going on trips, keeping in contact with family and riding their bicycle daily.

Improving care quality in response to complaints or concerns

- There were systems for people and their relatives to raise concerns. The registered manager told us there had been no formal complaints. However, a relative had raised concerns relating to Somerset Court as there was insufficient water at times. The registered manager told us this was being addressed and Somerset Court was now being connected to a mains water supply. Work was being completed during this inspection.
- Staff knew people well and clearly described to us how people expressed concerns or were generally unhappy. Staff adjusted the care or the environment to ensure the person was settled and happy with the care and support in place. For example, ensuring noise for one person was kept to a minimal as this would trigger their anxieties.

End of life care and support

- No current end of life care was being delivered. The registered manager was aware of what was required to support people with end of life care. As part of their service development plan they were exploring how they could work with the people they supported and relatives. This was to enable them to find out people's wishes in respect of end of life care and their funeral arrangements. They said this would include speaking with relatives to see what part they wanted for their son and daughter in the event of their own death.
- A person had recently experienced a death of a relative. The staff had developed a social story on what happens to a person when they die. This was beneficial as staff were consistent in their approach enabling the person to talk about their parent and understand what had taken place. The person's advocate told us, the staff had "Prepared him for bereavement very thoroughly".

# 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.

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

Leadership and management.

- There was a registered manager in place. 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 had worked for the home for the past six years and had a clear understanding of the role and the organisation. It was evident they knew people well.
- There was good communication maintained between the management team and staff.
- Feedback from relatives was positive about the management of the service. They told us the senior management team were approachable and the staff kept in contact with them. One relative stated, "There is a good team at Cotswold House led by two very good members of staff". They named the registered manager and the deputy. People using the service knew registered manager and engaged in conversation with him.
- Staff we spoke with felt supported by the management team and felt able to raise issues and make suggestions.
- There was a commitment to providing individualised care. Three staff said all the team were really supportive and worked together to support people.
- The registered manager promoted the values of the service, which the staff followed in practice. They were committed to working alongside the team and often supported people and staff.

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

- The staff and management of the service were passionate about providing care that was led by the person. Staff said the team showed empathy when supporting people. People were the focus of the delivery of care.
- The registered manager and the team involved people they supported and their relatives. The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.
- Monthly newsletters were sent to families and where requested placing authorities. These were informative and kept people informed about progress towards goals and activities. These were individualised to the person.
- Relatives said they found these useful in aiding communication both with their loved ones and the staff. One relative said, "The communication with parents and carers is excellent and we are kept regularly informed of X's progress and wellbeing". Another relative told us they had a meeting every six months to discuss the care and support in place and found these very useful.



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

- The service continued to be well managed. Staff understood their roles and responsibilities and were accountable and understood the importance of their roles. There was an overwhelming view from the staff team that they enjoyed and were proud to work at Cotswold House.
- Care delivery was continually reviewed to ensure it was meeting the needs of the person. This included any restrictions that were in place. Relatives and other professionals were involved.
- There was a robust system of audits completed by the staff team, the registered manager and the provider. Weekly updates were provided to the provider in respect of the delivery of care and any risks such as staffing.
- The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed.
- The registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

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

- Annual surveys were in place to collect the views of the people using the service, their relatives and staff. The registered manager said they had recently changed the way they sought the views of family and this was done during the person's care review.
- Social events were organised to enable people and their families to get together. Events had included Summer barbeques and Christmas, Easter and Halloween parties. Photographs showed people were involved in arranging these.
- The service involved other professionals to ensure people's individual needs were met and gain feedback on improvements to the care being provided.
- The registered manager had an open-door policy. Staff were observed talking with the registered manager and the senior management team, seeking guidance and support. People were happy to tell the registered manager what they had been doing or were planning to do.

Continuous learning and improving care

- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager and provider. There were service development plans to address areas for improvement for the service. These were about enhancing the experience for people living in Cotswold House.
- Team meetings and daily handovers were used to communicate updates keeping staff informed about any changes to people's care and within the organisation.
- The team were keen to ensure a culture of continuous learning and improvement.
- The management team positively encouraged feedback via surveys, care reviews and a suggestion box. This feedback formed part of the service development plan for the forthcoming year.
- There were development opportunities in place for staff and we saw that some staff had completed national qualifications in health and social care. This demonstrated staff were given the right guidance and knowledge to support people. The registered manager said this had been beneficial in retaining staff as there was opportunities for career progression.
- The team promoted an open and transparent atmosphere and no blame culture.

Working in partnership with others

- The records we looked at demonstrated the service worked in partnership with other professionals. These included GP's, speech and language therapy, social worker and opticians.
- The registered managers told us how they continued to keep up to date with legislation, current good

practice and the changing landscape of providing care. They networked and attended regular meetings with other services operated by the National Autistic Society.

- Cotswold House was accredited to provide support to people with autism. This was a nationally recognised accreditation process. This was achieved in 2018 and was valid for three years.
- People were supported to achieve an accredited qualification in a variety of skills including money management and skills for independence. The courses were moderated by an external facilitator. However, the registered manager was completing a course to enable them to verify progress and achievements towards the qualification.
- People had links with other organisations, such as advocacy and local education facilities.