Homes Caring for Autism Limited

Durlston Lodge

Inspection report

115C Hilperton Road
Trowbridge
Wiltshire
BA14 7JJ

Tel: 01934429448
Website: www.homes-caring-for-autism.co.uk

Date of inspection visit:
30 August 2017
25 September 2017

Date of publication:
23 October 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection over two days on 30 August and 25 September 2017. The first day of the inspection was unannounced.

Durlston Lodge provides accommodation and personal care to up to six people with autism. At the time of the inspection, there were six people using the service.

Durlston Lodge was previously registered with Durlston House, another service run by the organisation. In August 2016, the services were registered separately, in their own right. This was the first inspection of Durlston Lodge, following the changes in registration.

There was a registered manager in post. However, at the time of the inspection, the registered manager was on maternity leave. 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. In the absence of the registered manager, the acting manager and area manager were available throughout the inspection.

People were supported by staff who knew them well. There was a clear emphasis on promoting independence, empowering people and supporting them to take part in external activities of their choice. There was a strong ethos of person centred care, which was adopted throughout the staff team. People's rights to areas such as privacy and dignity were promoted. Staff spoke to people with respect and in a way which met their individual needs. There were many good interactions that demonstrated positive relationships had been developed. Staff used individual communication techniques to help people process information. Life stories had been developed and each person had a comprehensive support plan in place. Staff created a relaxed atmosphere and were responsive to people's needs. People were able to choose what they wanted to eat and enjoyed what they were eating. Medicines were safely managed.

There were sufficient numbers of staff to support people. People either had one to one staff support or two staff to support them throughout the day. All new staff undertook a comprehensive induction before working with people. Staff were well supported and received a range of training to help them to do their job effectively. Staff were clear of their responsibilities to identify and report any potential abuse or poor practice. They were confident any concerns would be properly addressed.

Clear systems were in place regarding the management of the home. In the absence of the registered manager, an acting manager had been appointed. They had received a period of induction from the area manager, to ensure they had the knowledge and skills to fulfil their role.

There were safe recruitment practices and a range of auditing processes, to ensure quality and safety. Accidents and incidents were analysed to identify possible triggers or trends. A clear management structure

enabled advice and support to be given at any time. An open and honest approach was encouraged and there was a strong emphasis on reflection and learning. Complaints were seen as a way to improve 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?

Good

This service was safe.

Potential risks were identified and appropriately managed.

There were sufficient numbers of staff to support people effectively.

Safe recruitment procedures were in place.

Staff were aware of their responsibilities to identify and report poor practice or abuse.

Is the service effective?

Good

This service was effective.

People were supported by staff who were well supported and committed to their role.

Staff received a comprehensive induction and a range of training to help them to do their job effectively.

People were supported to make decisions in line with the principles of the Mental Capacity Act 2005.

People were able to choose what they wanted to eat and enjoyed their meals.

Is the service caring?

Good

This service was caring.

Staff showed a caring and respectful approach when interacting with people.

Staff promoted people's rights and were committed to their wellbeing.

Is the service responsive?

Good

This service was responsive.

Staff were responsive to people's needs and knew individuals well.

Comprehensive, up to date support plans were in place although some information lacked clarity.

Clear focus was given to physical activity and supporting people to undertake activities of their choice in the community.

Systems were in place to enable people to inform staff if they were unhappy.

Is the service well-led?

Good

This service was well-led.

Management systems were organised and there was a clear emphasis on learning, development and reflection.

Organised auditing processes were in place to monitor the quality of the service.

There was a strong, person centred ethos which was clearly adopted throughout the staff team.

Durlston Lodge

Detailed findings

Background to this inspection

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

This inspection was unannounced on 30 August 2017 and continued on 25 September 2017. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Due to their autism, people were not able to provide us with detailed feedback about their care and support. However, we interacted with people with the support from staff and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the area manager, the acting manager and eight members of staff. We looked at people's care records and documentation in relation to the management of the service. This included staff training, recruitment records and quality auditing processes.

Before our inspection, we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. In addition, we looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned on time and completed in full.

Good

Is the service safe?

Our findings

There were enough staff to support people effectively. People were either supported on a one to one basis or had two staff to support them throughout the day. This enabled people to receive individual support and to participate within a range of community activities. At night, there was one waking night staff and another member of staff undertook a sleeping in role. The 'sleeping in' member of staff was available for advice or assistance, as required.

Staff and the area manager confirmed there were enough staff to support people. They said the number of staff on duty would never fall below the provider's required staffing level. Staff said they would cover additional shifts at times of sickness or annual leave. Staff from other locations within the organisation and some agency staff were used when required. The area manager told us the same agency staff were requested and they always worked with another member of staff and never with people on their own. They said they did not like staff covering too many shifts, as they did not want them to become too tired. Records showed sufficient staff were deployed to work with people. An 'on call' system was clearly identified each day. This meant the 'on call' member of staff would be called into work to cover any staffing shortfall, if required.

Risks to people's safety were well managed. Staff were constantly aware of people's whereabouts and positioned themselves to shield individuals from becoming involved in any potential challenging behaviour. Staff told us they had identified two people who appeared to trigger conflict. Staff guided these people away from each other, to minimise the risk of increased anxiety and a potential incident. Staff ensured only one person and the staff supporting them, were in the kitchen at any one time. This minimised any challenging behaviour from occurring in an enclosed space. Staff said it also reduced the risk of harm associated with hot surfaces and equipment.

Staff gave other examples of promoting safety. This included encouraging people to sit in identified positions whilst travelling in the home's vehicle. These positions were dependent on the potential risks to themselves and others. Whilst getting into the home's vehicle, one member of staff was seen to be carrying a helmet and a foam type pad. The area manager told us the person was supported to wear the helmet if they had a seizure or presented with any self-injurious behaviour. They said the foam pad was used if required, to cushion the person's body against any hard surface. This promoted the person's safety and minimised the risk of injury.

There were a range of assessments which identified potential risks to people. These were up to date, detailed and showed the measures in place to promote safety. The information showed risk taking was managed in a safe manner whilst promoting independence. This included one person who was supported to go swimming. There were clear documented control measures, which managed the risks associated with the activity and the person's health condition. Each person had a personal evacuation plan in place, which was to be used in an emergency. The plans were detailed and well written.

Records showed staff received training in positive behaviour management. This included the techniques to

use to keep themselves and others safe. The area manager told us recent incidents had been analysed and showed most occurred around the stairs. As a result of this, staff ensured people were given greater space in this area. They said an electronic programme had been devised so the layout of people's rooms could be inputted. This enabled staff to clearly see any areas such as obstructed escape routes, which could compromise their safety.

Staff told us safeguarding was taken very seriously. They said abuse was first discussed at their initial interview and then further during induction. As part of the induction programme, new staff watched a video which had been aired on television, showing people being abused in a particular care home. Discussions about the abuse and home's culture then followed. Staff said they were always asked, at each one to one meeting with their manager, if they had seen or were aware of any practice, which concerned them. They were confident any concerns, would be dealt with properly and in line with procedures. Staff said they were given contact numbers of other agencies such as the local safeguarding team and the police, so they could report any concerns directly if required. Records showed staff had undertaken up to date safeguarding training. Information about safeguarding was clearly displayed on the notice board in the office.

People's medicines were safely managed. In order to minimise the risk of error, two members of staff were involved in each medicine administration. One member of staff read the directions for the medicine out loud and dispensed the tablets or liquid into a small pot. The other member of staff checked this process to ensure all was correct. The person was offered the medicines and staff observed they were taken. However, audits had identified staff had not always signed the records after they had given people their medicines. The area manager told us this was being addressed with the individuals concerned and senior staff had been asked to check all signing each day, as part of their role. They said these systems had improved staff's practice and would be continued to ensure effective monitoring. One person was prescribed pain relief to be taken "as required". A protocol was in place regarding its use to ensure the medicine was given as prescribed. Appropriate procedures were being followed regarding the receipt, storage and disposal of medicines. Records showed staff had received up to date training in medicines.

There was a safe and detailed recruitment procedure in place. All applicants were required to complete an application form and undertake a comprehensive screening interview by telephone. If successful, the applicant visited the service and had a face to face interview. Staff told us they were interviewed by the area manager and the registered manager. They said their interview was detailed and robust. After the interview, the area manager and registered manager were required to send their views of the applicant and their suitability for the role, to the organisation's head office. If both accounts were the same, the applicant would be offered the job. If there was a difference of opinion, a further interview would be held. During this process, information about the applicant's work performance and character was gained and the applicant was asked to complete a Disclosure and Barring Service (DBS) check. This allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. The area manager told us any negativity identified would be thoroughly discussed with the human resources team, before a decision to recruit the applicant was made. All documentation regarding recruitment was ordered and electronically stored. Any issues such gaps in employment were clearly explored and evidenced.

Good

Is the service effective?

Our findings

People were supported by staff that had the right knowledge and skills. Staff told us this was due to the training they received as this equipped them to do their job effectively. One member of staff told us "the training here is amazing". Another member of staff said "it's the best training I've ever had". They said they completed training in topics such as health and safety and fire safety but also received in depth training on areas related to people's individual needs. This included autism, epilepsy and person centred care. Another member of staff told us the training was good as it was always tailored to people and their needs. Staff told us they were able to ask for any training they felt they needed and were confident this would be arranged as soon as possible. There was information displayed on notice boards for staff reference, including safeguarding and the five domains used by CQC to rate services.

Records regarding staff training were held electronically. The courses staff had completed were recorded and the system highlighted any refresher training that was required. There was a mixture of face to face training and e-learning. A psychologist, lecturer and author who is autistic undertook some training which the provider deemed mandatory. A member of staff told us this was excellent and well worth completing. Other training topics identified in the records were diet and nutrition, equality, diversity and inclusion, intensive interaction, facilitating person-centred reviews and shift leading. Staff were up to date with their training and had dates in place for any refresher training required.

All new staff completed a comprehensive induction programme. This consisted of training, discussion, reflection and shadowing existing staff in the home. Staff told us the initial part of their induction was held at head office, where the Director presented a session about the vision of the organisation and its values. They said the session was excellent and showed senior managers were very much in touch with staff and what was going on. All new staff initially met with their supervisor on a weekly basis. The area manager told us these meetings were to ensure staff were 'feeling ok' and 'happy with everything'. As the staff member's training progressed, they worked with specific staff in the home and spent time observing their practice. One staff member said they completed a range of shadow shifts with the same person so they could get to know them in detail. They told us "I wasn't expected to do anything, other than observe and learn. There was no pressure and now I'm moving on to someone else. They won't let you work with anyone until you've done the shadowing. It's really good". Another member of staff told us they were still in the period of their induction and thought they would be until next year. They explained their induction involved a full programme of training, but also enabled time to reflect and apply what they had learnt. The member of staff told us "all the staff have been great. You're not thrown in at the deep end by any means. They help you and answer any questions. It's really thorough and prepares you for your role really well. If you're not confident, they'll give you more time. I can't fault the support I've had".

Staff told us they felt well supported by each other, the registered manager and senior managers. They said there was an open and transparent culture, which enabled everyone to be honest and to raise any difficulties they might have. Staff told us they were always encouraged to learn from anything, which could have been done better, rather than being blamed. One member of staff told us they felt the way in which they were spoken to, was respectful and supportive. They said "they say "what about doing this?" or "have

you tried this?" It's very encouraging and makes you think". Staff told us managers were very "hands on" and knew people well. They said it was not unusual for them to help out with anything. Staff said this was supportive and made them feel they could ask for anything, at any time. One member of staff said managers were role models, who helped develop practice. All staff said the team was excellent, with everyone working in the same direction.

Records showed staff had regular one to one meetings with their line manager. Clear records were maintained of each session. There was a set agenda, which addressed topics such as safeguarding, the home's vision and the staff member's training and development. Staff were also encouraged to discuss other areas, which were important to them at the time. A schedule showed the dates each staff member's one to one sessions took place. These were also shown on a white board in the office to ensure all were up to date.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Within support plans, there were details of how people were supported to understand and process information to help them make decisions. All systems were specifically related to people's needs but included techniques such as pictures and signing, using Makaton. Staff said they had training in these areas in order to empower people. Whilst staff recognised they were creative in enabling people to make decisions, they confirmed individuals did not always have the capacity to make complex decisions. In these cases, staff said a meeting would be arranged with significant others such as family, friends and healthcare professionals. They explained all avenues would be explored and decisions would be made in the person's best interest. Records showed clear documentation to evidence those people with legal authority to act in a person's best interests.

Applications to authorise restrictions for some people had been appropriately submitted to the local authority. One application detailed the use of clothing which could be deemed restrictive and the person's bathroom that was locked, for their safety. The person's support plan clearly showed the rationale for these restrictions. Information gave staff guidance of the action to take to minimise the use of these restrictions. The conditions of the application, including regular review had been adhered to. Records showed staff had received up to date training regarding MCA and DoLS.

People were encouraged to decide what they would like to eat for their meals. Staff told us people generally had cereals, toast and/or fruit in the morning and one person preferred a cooked breakfast. During the inspection, the person chose to have sausages and waffles. Another person chose cereal but then changed their mind to toast and peanut butter. Lunch generally consisted of sandwiches or wraps with crisps and fruit. The main meal of the day was in the evening. All meals were flexible according to what people were doing in the day. If a person had a late breakfast, they were able to have a late lunch.

There was a menu which showed a choice of two meals. Staff told us the menu was based on people's preferences although people could choose something else, if they did not like what was on offer. People ate their lunch well and appeared to enjoy what they were eating. Staff sat with those people they were

supporting and ate their lunch at the same time. This promoted relationships and people's dignity, as staff were not just sat observing people. People were encouraged to assist with their meal preparation. One member of staff told us this was an area of the service they were looking to develop further.

Staff told us good relationships had been established with healthcare professionals. They said this included GPs and the speech and language team. The area manager confirmed this and said all health professionals including the reception staff at the local surgery were supportive and aware of people's needs. They gave an example of the receptionists knowing that one person preferred a particular chair in the waiting room and another person found waiting very difficult. The area manager confirmed addressing these areas, enabled people to have more successful consultations. Records showed people had been supported to access healthcare services such as the dentist and dietician, when required. Health action plans and management plans, which detailed conditions such as epilepsy, had been undertaken and were up to date. On the second day of the inspection, one person was not so well and chose to remain in their room. Discussions took place regarding the need to notify the GP and to monitor the person closely.

Good

Is the service caring?

Our findings

There were many positive interactions between staff and people who used the service. One person was sat on the landing at the top of the stairs. Despite a member of staff speaking to them, they did not move or get up. The staff member then said "X's [staff member] coming". Once seen, the person smiled, made what was explained as a "happy" sound and immediately followed the staff member into their room. At lunch time, another member of staff was sat next to the person they were supporting. The person repeatedly leant into the staff member and "rubbed noses". The staff member, whilst remaining close to the person's face, smiled without saying anything. The person held their position and then continued to eat, whilst rocking forward on their chair. Staff said this was a sign the person was happy. They explained contrasting actions, which indicated the person was upset or anxious. A member of staff supported another person with some flash cards. The person picked up a card and then looked at the member of staff. The staff member responded by quietly but attentively saying the word on the card. The person then put the card back on the table and picked up another. The person's actions were repeated and they appeared to look for the same response from the member of staff. The staff member responded, almost rhythmically, in the same quiet tone. They then informed the person they would need to put the cards back in the box so they could get ready to go out. This was done in an encouraging but patient manner, often repeating the request to remind the person of what was needed.

People's bedrooms were decorated and furnished to a person's choice and preference. However, one person's room was very bare and sparse. It was painted a neutral colour and had limited furniture, with one aperture photo frame, on the far side wall. Staff told us the person liked their room this way and there was evidence it had been discussed in a review meeting. The area manager told us they recognised the sparseness of the room but did not want to introduce things, if it was not what the person wanted. They felt any changes may cause the person distress although said they would reflect on our observations. On the second day of our inspection, staff had supported the person to do a large, collage type picture involving their favourite things. The area manager said the person had used their eyes to direct staff to where they wanted the cut out pieces to be placed. The picture was then framed and placed on the wall in the corridor. The area manager told us they hoped the person would accept the picture and in time, would enable it to be moved to their room. This would brighten the space and enable it to reflect the person's preferences.

Staff spoke about people with fondness and were committed to their well-being. They were very aware of people's rights and how they promoted these. One member of staff told us a person liked to sleep in minimal clothing, so staff needed to be aware of this when entering their room. Another member of staff told us some people could walk around their room without clothing. They said whilst this was fine, some rooms were over looked, which impacted on privacy. They said special window coverings were used for those people who could not tolerate or did not want curtains. Another member of staff told us it was essential to know people to promote their individuality. They said they always encouraged people to make as many choices as possible but the way this was done, was dependent on people's needs. They said giving a person a choice of what to wear might only involve showing a choice of two garments. The member of staff was aware that too many choices might make it difficult for the person to process the information.

Staff were very casually dressed which created a relaxed atmosphere. Staff told us the casual dress code was essential, especially when accompanying people in the community. They said wearing a uniform would immediately draw attention to the person and label them, in need of care. The area manager confirmed this. They said in addition, it was important for people to see the younger staff in very casual clothing such as trainers and baseball caps, as they could relate to this. The area manager confirmed they always expected to see people wearing clothes which matched their age and identity.

People were supported to maintain close relationships with those important to them. Staff told us this included regular visits and telephone calls, as appropriate. Arrangements had been made for one person to receive letters from their family member in either pink or white envelopes depending on the content. One colour indicated the arrangements for a visit, the other was to say hello. This enabled the person to associate the colours and to process the information more easily. Staff told us relatives were sent information about their family member on a weekly basis. This included details of any activities undertaken and the person's health.

Staff said they aimed to make sure all visitors were always made to feel welcome. There was a strong understanding that Durlston Lodge was each person's home and needed to be treated as such. Staff told us they liked the family type atmosphere and felt the team strived to support people with this in mind.

Good

Is the service responsive?

Our findings

Each person had a comprehensive support plan. These described the person's individual preferences and things which were important to them, as well as management plans and protocols. However, some aspects of the information, whilst detailed, were not specific. For example, one support plan stated the person was not to be left alone for "long periods". Another record stated "X can be left unsupported for a reasonable amount of time". These timescales were subjective and did not enable clear guidance for staff. Another record showed the person's food intake was monitored but the times of their meals were not stipulated. This did not enable the frequency of meals to be taken into account. There was some negative terminology within some daily records. This included entries such as "no issues" or "no problems". The area manager and acting manager recognised this and said it would be addressed with the staff team. Other areas of the records were clear and well written.

Staff were responsive to people's needs and knew people well. They were clear about the support people required. One member of staff explained the way in which they communicated with a person they supported. They said it was important to use single words or very short sentences and to prepare the person for what was happening next. The member of staff repeated back the words the person said. This gave the person comfort and reassurance. Another member of staff told us a series of picture formats were used to help the person process information. This included showing the person a picture of themselves together with pictures of other objects or surroundings. An example was given which informed the person of 'one more sleep' until their holiday. The member of staff said the person had recently had a care review, which they helped arrange and participated in. Pictures of the potential participants were gained, which the person was able to use, to indicate where they wanted everyone to sit. The member of staff said the person's wishes were surprising and not as expected. The area manager told us another person liked to carry water bottles and would circle the home's vehicle, when returning home. This was later evidenced, which showed staff had enabled the person to do what they wanted and what made them comfortable.

One person had finished their lunch and was asked to take their plate to the kitchen to be washed. The person did not do this immediately but walked around the dining room. Staff gave the person space and repeated the request. They gave time and at one point picked up the plate to give to the person. This person declined and continued walking. After a period of staff reminding the person, standing back and giving time, the person collected the plate and took it to the kitchen. Staff were positive and said things such as "good man, well done". Another person was encouraged to wash their plate and cup. Staff gave encouragement and direction for the person to do this. Earlier in the day, the staff member was supporting a person to be more involved in cleaning their room. There was a clear routine, which involved the staff member spraying a surface, saying the person's name followed by "clean". This was repeated until all surfaces had been wiped. Another person was in the dining room after eating lunch. Whilst staff were encouraging, the person did not wish to return to their room, to get ready to go out. The area manager intervened and suggested the person was given more time and space. Staff withdrew but continued observing the person discreetly. This was successful and the person was appropriately supported.

People had been supported to complete life stories. These reflected the person's preferences and

personalities and showed photographs of important people and events. Staff told us people had chosen what information they wanted to be included in the format. All life stories were current and were updated when required to include on-going activities. The stories were person centred and appealing to the eye. Staff said people often enjoyed looking at their life stories and liked staff initiating discussion about the pictures.

There was a clear focus on physical exercise and supporting people in the community. Staff said this had a strong, positive effect on the mood and mental wellbeing of people. The home had their own cars, which were all the same in their features and design, to enable people to have consistency. Some people were supported to use public transport. The activities undertaken were determined according to people's needs and preferences. There was a white board in the office which detailed people's programme of events. Each was different and people were supported individually, not as a group. For example, one person was supported to walk into town, another went to a local gym and then on to another town by bus. The member of staff supporting the person told us "X is very competitive. I have to go as fast as him on the treadmill, rowing machine and bike". Other examples were hydrotherapy, horse riding or a local country park. Staff told us if one person was going for a walk, they were always shown pictures of two destinations. The person was then able to point to where they wanted to go. It was planned that one person would go to the beach and have lunch at a fast food restaurant. However, they chose to remain in their room, looking at their electronic device. Staff told us all activities took place on a regular basis. For example, staff told us one person went horse riding twice a week and also enjoyed hydrotherapy, twice weekly.

One member of staff undertook a sensory session with a person. This involved a routine using large, gym type inflatable balls and a smaller ball, followed by placing a massaging object on the person's arms, legs and back. The member of staff counted each manoeuvre, in a relaxed, rhythmical manner. They repeated the words the person was saying, back to them. The member of staff explained the counting enabled the person to know and prepare for what was happening next. They said the sensory routine was completed twice a day, every day. Staff were in the process of discussing the routine with family members, with an aim it would be completed during home visits, to enable continuity. Staff told us another person enjoyed interaction with water. Due to this, they often helped staff clean the cars.

There was a garden project, where an area of lawn had been turned into a secure gardening area for people. The area included a sensory garden with strongly scented herbs and flowers, a poly- tunnel and raised beds for growing vegetables and soft fruits. Within the area, there were also items such as a swing, drums and a trampoline. Staff told us one person was a keen gardener and usually spent two hours on a Tuesday, tending the vegetables and feeling the sensation of the water feature.

People were enabled to raise a concern. There was a picture of an unhappy face on the notice board in the hallway. This was stuck to the notice board using a Velcro type material, so could be easily removed. This enabled people to take the picture to staff, if they were not happy about anything. There were other pictures which staff went through with people. These were used as a tool for people to raise concerns. There was a complaints procedure and reporting formats, to document any concerns or formal complaints. Records showed no complaints had recently been made. An older concern showed a letter of apology and the measures taken to minimise further occurrences. The area manager told us attention would be always be given immediately, to address any concerns raised. They said these would be addressed, discussed with staff and used as lessons learnt. They said they encouraged an open and transparent culture to enable any concerns to be easily raised.

Good

Is the service well-led?

Our findings

There was a registered manager in post but at the time of the inspection, they were on maternity leave. The organisation had appropriately informed the Care Quality Commission of this. In the registered manager's absence, a member of the staff team had been successfully appointed to cover their role. The area manager had been working with this member of staff, to ensure they had the knowledge and skills to do the job effectively. An electronic story type format had been developed to help people process the information about the registered manager not being in the home.

There was a clear management structure in place and a service support team. The service support team consisted of staff with specific expertise such as a behavioural lead and a communication lead. The area manager told us the team provided invaluable support and advice to the home, when needed. Staff knew who to contact within the management team, depending on their query. They said communication was good. There were various staff meetings, handovers and discussions about people's support. Staff were given feedback about their performance and regularly asked if everything was ok. They were encouraged to give their feedback about the service and suggest new ideas. Staff told us they used pictures with some people, to check their satisfaction with the service. They said there was regular contact with relatives and their views were always welcomed. The area manager confirmed people's views were taken into account and the home was continually evolving.

Staff told us the management and leadership of the home was excellent. They said all managers were easily contactable and would give good, clear advice when needed. Staff told us they had the phone numbers of all senior managers and would not hesitate to call them if required. They said managers knew people well and were able to help with particular challenges. This included giving support to staff in the event of any challenging behaviour, which was more difficult to manage. Staff said there was an "open" door policy so any concerns could be discussed quickly and efficiently. They said they felt valued and were clear of their roles and responsibilities. Staff were positive about the home and enjoyed their work. One member of staff told us "if I knew someone who had an autistic child, I would seriously recommend this place. The staff here are amazing. There is always someone to ask. The team is fantastic. I love working here". Another member of staff said "I just love coming to work. It's a great job".

The area manager told us they had an excellent staff team who were very committed to the people they supported. They said there was a strong focus on learning, development and reflection. They gave an example of staff currently looking at improving the pictures available to people, to help them choose their meals. It was expected pictures of individual foods such as peas or baked beans would be stuck to a notice board, with the use of a Velcro type material. People would then be able to take the picture, to show which food they wanted to accompany their meal.

There were a range of audits to assess and monitor the quality of the service. Areas assessed included medicines, support plans, recruitment procedures and staff training. In addition to these audits, the service was regularly audited by others within the organisation. The auditing format used included an inspection of the premises, systems and documentation as well as observing practice, talking to people and staff. In the

event of any identified shortfalls, actions required were stated. Staff had recorded when the shortfalls had been rectified. Within people's support plans there was a record of the checks staff needed to complete on a daily basis. These included areas such as ensuring the person had been given support with their personal care, their room was clean and written work was completed.

All accidents and incidents were clearly documented with a large amount of detail. The records were reviewed by the manager and "signed off" if satisfactory completed. Measures were taken to minimise further occurrences and any lessons learnt were taken into account. The information was then added to the electronic system, which enabled an analysis of potential trends and triggers. The information about accidents and incidents was also added to the manager's monthly report, which ensured an overview and further monitoring.

All areas of the home were clean and painted in a neutral colour. The area manager confirmed this was a result of recognised guidance regarding autism and was therefore purposefully done. They said however, as a result of our discussions about a person's room, consideration was being given to how the environment could be made more interesting for people. This included an idea of adding people's artwork to the dining room table they used. The area manager told us this would be introduced slowly and in agreement with people, but would give the tables interest. At present, the tables looked dull and worn.

There was a clear ethos which was based on key values, enabling, empowering and independence. This was cascaded through the staff team and applied in practice. One member of staff told us the service's vision was discussed in detail during induction. It was then discussed later at staff meetings and one to one sessions. Information about the organisation's vision was clearly displayed in the office. Next to the information on the wall, were details of the staff team's 'ground rules'. The area manager told us staff had developed these themselves. Staff were openly encouraged to challenge each other, if the rules were broken.