

The Kent Autistic Trust

# Woodville Respite Centre

## Inspection report

Woodville Close  
Canterbury  
Kent  
CT1 3TX

Tel: 01227780965  
Website: [www.kentautistictrust.com](http://www.kentautistictrust.com)

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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

Woodville Respite is a small residential respite care home providing personal and care to one person with learning disabilities and/or autistic spectrum disorder aged 18 years and over at the time of the inspection. The service can support a maximum of one person.

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 and what we found

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People who were staying at the service had fulfilled lives and had been supported to achieve life skills and take part in activities. This enabled their relatives to have a short break. One relative told us, "I feel I have part of my life back now. I can put her into respite and know she is safe, clean, looked after, well fed and has day trips out."

People told us they were happy and enjoyed staying at the service. People smiled and interacted with staff.

People had positive relationships with support staff that knew them well. There were enough staff available to meet people's needs and give individual care and support. Staff had been recruited safely. There was a strong emphasis on person-centred care.

People's care centred around their needs and preferences. Staff treated each person with compassion and kindness, and continuously used feedback either verbally or based on how people presented to improve the service.

Staff had received training, regular supervisions and appraisals. Staff were encouraged to continuously learn and develop by completing qualifications and additional learning. The provider continued to work with other organisations to ensure staff received current and best practice training and information.

Staff were positive about the support they received from every member of the Kent Autistic Trust from the chief executive to colleagues. Staff demonstrated passion and commitment to providing the best possible care and opportunities for people to live life to the full.

Staff and people received additional support and guidance from the provider's positive behaviour support team and strategies were in place to manage any incidents of heightened anxiety. Staff received regular support from the management team.

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

#### Rating at last inspection

The service was rated Outstanding at the last inspection on 05 December 2016 (the report was published on 11 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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.

# Woodville Respite Centre

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Woodville Respite is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we held about the service including previous inspection reports.

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

independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback from the local authority commissioners to explain that they had not been to the service since we last inspected as they had only commissioned short stay respite care for people. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who was staying at the service and we observed staff interactions with the person. We spoke with the person's relative.

We spoke with four staff including; a support worker, the assistant manager, the registered manager and the quality and compliance manager.

We reviewed a range of records. This included two people's care records and one person's medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to understand their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- A relative told us that their loved one was safe.
- Staff told us the management team were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise and report concerns outside of their organisation if necessary.

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. The risk assessments had been regularly reviewed and updated. Staff followed the risk assessments and guidance. One person had a health condition which meant that they needed to keep hydrated and during waking hours they needed to drink one drink an hour. Staff encouraged and prompted the person to drink plenty throughout their stay.
- 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. For example, electrics, gas, fire, infection control, legionella, food hygiene, medicines, fixtures, fittings and equipment, as well as security of the premises.
- A person who had stayed at the service previously had a condition which meant they ate items which could be harmful to their health. When the person had stayed the service had been cleared of all items which the person could ingest to ensure it was a safe environment.
- Staff had carried out regular fire alarm tests and regular practice drills had taken place.
- Each person had a Personal Emergency Evacuation Plan this detailed the level of assistance and the type of equipment required they would need to reach a place of safety in the event of an emergency.

Staffing and recruitment

- Staff continued to be recruited safely. For example, Disclosure and Barring Service checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There continued to be enough staff to keep people safe. Staffing was matched to people's assessed needs.

- People who used the respite service also used the adjoining day service, staff worked with people at the day service to get to know them and understand their support needs before they supported them at Woodville Respite.
- We observed the person staying was relaxed and comfortable around the staff supporting them and the registered manager. The person told us that the staff member slept in last night and woke them in the morning by saying good morning.

#### Using medicines safely

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency.
- Medicine administration records were complete and accurate and people received their medicines as prescribed. A staff member explained, "We count in medication at the start and again at the end of a person's stay. If the person [staff] on shift hasn't had medicines training, we use Homersham staff (which is based next door) to give the medication." A relative said, "Medication is given, if a staff member is working that has not been trained to do medicines they arrange for a staff member who is trained to pop in to do this."
- Medicines records and stock levels were regularly audited.

#### Preventing and controlling infection

- The service was clean and smelled fresh. Staff used protective equipment such as gloves and aprons to protect people and themselves from healthcare related infections.
- The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner.

#### 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 the positive behaviour support team in a timelier manner. There had not been any accidents or incidents at the service.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 receiving respite care at 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. Assessments included people's support needs, clear information about what people could do themselves and how to support the person to maintain their independence as well as how staff can support the person with their oral health needs.

Staff support: induction, training, skills and experience

- Staff continued to fully understand their roles and responsibilities.
- Staff had all attended the provider's mandatory training which included; equality and diversity, autism and positive behaviour support, moving and handling, communication and visual aids, epilepsy awareness, epilepsy, management and emergency medication, health and safety, safeguarding and mental capacity and deprivations of liberty safeguards. Staff were supported to enhance the mandatory training and induction they received through completion of additional courses and e-Learning.
- Staff continued to be offered and supported to achieve work-based qualifications in health and social care.
- Staff told us they had one to one meetings with their manager where their learning and development was discussed.
- The provider's positive behaviour support (PBS) team continued to train staff and work with them at the service to develop strategy guidance to support people.
- Staff felt well supported by the management team. Staff told us, "I get good support from [registered manager] and [regional manager] to do my job" and "[Registered manager] is good; very approachable."

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

- People had their nutritional needs assessed. People were supported to plan their own menus. They were supported to carry out a shop and were supported to cook.
- Staff had a good understanding of people's likes and preferences regarding food and drinks.
- A relative confirmed that their loved one was supported to maintain a healthy balanced diet. They said, "They know what food she likes and know about her diet and they know she has to drink regularly."

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

- Since the last inspection the service had been changed to reduce the number of bedrooms which meant that people had their own environment without the challenge of sharing communal spaces.
- The service was small and compact. It was decorated in a homely feel and there was a secure garden. People were able to use the day service space in the evenings and weekends to utilise activities and equipment. One person used the large walk in shower room in the day service as this gave them more room to move around and enabled staff to support the person.
- The person staying showed us round the service and smiled showing us the bedroom and their space.
- A relative said, "The room is nice and security is really, really good. If [family member] is having a down day she can utilise the space in the day centre, which is a place she knows well."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff had a good understanding of people's health needs.
- Staff told us that if people became unwell during their stay they would contact partner agencies to seek medical help such as 111 and would communicate with relatives.
- Staff worked closely with the day service staff and the staff at the provider's supported living service which was based next door.
- The staff received support from the provider's positive behaviour support team which included a speech and language therapist and an occupational therapist when this was required.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to eat. People chose where they wanted to go, what they wanted to eat and what they wanted support with. Staff communicated well with people.
- Staff were respectful of people's choices and decisions. One person had full capacity and chose to stay at the service for their respite care. Another person did not have capacity to make the decision; the registered manager shared how they would be making a DoLS application if the person stays at the service in future.
- A relative said, "[Family member] is very, very happy to go there and she really enjoys it."
- 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.

# 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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question is now Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people in a friendly, upbeat manner and in a way which met each person's needs. People felt comfortable with staff and were relaxed in the company of the staff. They were visibly smiling and communicated happily using either verbal communication or expressions and gestures.
- A relative was complimentary about the staff and the management team. They told us, "Staff are really good and they are so friendly. [Family member] is happy."
- Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in and ensure that there were good and meaningful interactions during people's support time. A relative said, "Overall I can't thank them enough, I know it's their job, they know her so well I have not got a down thing to say about the place."

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

- People continued to be supported to express their views in a way which suited them.
- Staff 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 used to support people with autistic spectrum disorders to praise, educate and detail what to expect in a situation and why.
- Staff were clear about how they supported people with their choices to ensure that people didn't become overloaded with choices which could cause people to become anxious and distressed.
- People had support from relatives to advocate for them where they needed them. Advocacy information was available for people. An advocate is someone who supports people to express their views and wishes and stands up for their rights.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. Staff did not enter people's 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.
- 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 the respite service) were password protected.
- People were encouraged to maintain their independence. Support plans included information about how much a person could do for themselves. For example, whether they were able to brush their teeth themselves or use the toilet without support.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question is now Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had very detailed care plans in place, which reflected their current needs. These plans had been reviewed and amended as people's needs had changed. Care plans were person centred and contained information about how a person should be supported in all areas of their care and support.
- Since the last inspection, the service had supported a person who had stayed at the service for an extended period of time (due to a crisis situation) to develop skills and move on to supported living accommodation within The Kent Autistic Trust.
- A relative said, "The service meets [family member's] needs. It meets my needs well too, it took a long time to trust other people to look after [family member]. She is happy to go and happy to come back and always asks to go again."
- People's preferred personal care routines had been detailed which incorporated their preferences and skills as to what they could do for themselves. The plans contained information about how people communicated and things that would make them anxious. People had positive support and behavioural strategies in place. These plans detailed what made the person happy and how they showed this. We observed staff following guidance within the care plans when supporting or communicating with people. This meant staff were aware of how they should support people in a positive way.
- The registered manager told us in their provider information return that one person used to regularly have respite but had not done so for some time. They always enjoyed their respite stays; when they came back again they were very excited. The registered manager said, "They found it very difficult to settle and to sleep and staff were concerned about the impact on them: when the person becomes excited they can display physical behaviours that could hurt themselves, and also if overstimulated it could impact on their enjoyment of their stay, and their enjoyment of the next day if tired. Therefore, staff responded by creating a very low arousal environment, with low lighting, nothing stimulating on the television, and low noise level, and this was very successful."
- A relative told us that staff provided feedback at the end of each respite stay so they knew what their family member had been doing. They said, "I get good feedback at the end of her stay by phone."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could communicate with staff and make their needs known. Staff knew people very well and were able to understand what they needed and wanted.

- When people had difficulty communicating, information was available in pictorial formats. People also used electronic systems to communicate with their relatives.
- Staff described how they supported people who used non-verbal communication, to make visual choices using objects of reference; interpreting the gestures and movements people made in response. Staff also used cards, pictures and other communication aids to support people to understand their choices and what to expect.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in a range of activities to meet their needs. People were fully involved with daily activities. For example, preparing meals and snacks, cooking, shopping and cleaning. People were supported by staff to attend activities and events in the community.
- People's care records evidenced that they were supported to participate in activities that ensured that they had a good day. Activities included, watching films, going out to restaurants, baking, BBQ with friends, pub visits, day trips and special trips. People's daily records reflected that people enjoyed the activities.
- When staff told us about some of the activities that the person had taken part in, the person smiled and put them their thumb up to indicate that they enjoyed a trip to a pub for a meal with friends. The person told us they were going to a café later in the day and was also going to bake some cupcakes.
- A relative told us, "[Family member] tells me about things she has done. As long as [family member] is happy, I am happy."

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.
- 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.
- The provider had not received any complaints about the service.
- A relative told us they had confidence in the management team and felt that any concerns or queries would be dealt with quickly. They said, "There have been no problems. I would go to [registered manager] or [deputy manager] or [regional manager] if I had a complaint."

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 who utilised the service for short respite stays only.
- The registered manager explained that if people became unwell before their stay, their respite stay would be amended to enable them to receive the care and treatment they needed (either in their own home or in hospital).

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative told us their loved one received high quality care and support. They said, "I would definitely without a doubt recommend it to others. It is compact and has a family feel. It is really good."
- The registered manager and staff demonstrated the provider's values through their passion, commitment and enthusiasm for their role and to deliver the best possible service to people. Staff spoke with passion and enthusiasm about supporting people to have a good stay.
- People approached the registered manager and wider management team during the inspection, demonstrating they knew the management team. The management team knew people well and there was regular communication with people.
- There were established processes and procedures in place to ensure people received care and support they wanted. These included observations of practice, reviews of incidents and accidents if they occurred, audits, reviews and clear communication.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were involved in people's care. Relatives were able to book respite stays to meet their needs. One relative said, "The booking system works well."
- The registered manager told us if things went wrong or there were incidents, relatives would be informed as appropriate.
- The provider and registered manager 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.

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

- The registered manager 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 manager told us they felt well supported by the organisation and the senior managers continued to have an open-door policy. The registered manager continued to gain support from the provider and the senior management team.
- 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 deeply embedded and robust.

- There were regular audits on behalf of the provider to check that quality systems were effective.
- The registered managers knew they needed to inform the Care Quality Commission (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.
- Trustees visited all the services for the provider, so they could check personally that the service was running effectively. Staff told us that the trustee that undertook the last visit did so when they visited the adjoining day service.

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 and their relatives were asked to feedback about their family member's care through surveys which were given out following regular reviews of people's. The registered manager planned to develop a survey for people and relatives to complete so that people's views from each respite stay could be gathered.
- 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 and on the provider's website. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgements.
- Staff meetings had taken place regularly. Due to the size of the service these were incorporated into the staff meetings for the supported living service which was next door. Staff told us they felt listened to and supported by the registered manager. Staff told us they received regular information from the provider as well as having visits from the senior management team. One staff member said, "We have staff meetings every three months, we had one last week. [The chief executive] and [human resources manager] from Head office attended; they seemed really lovely and approachable. They were asking me how I was getting on, they were very honest and were taking notes and listening to everyone."
- The provider recently celebrated their 30th year as an organisation, many events had been arranged to celebrate the success of the service. These events planned over several months include people who used the services, relatives and staff. Staff were all given a special voucher to reward them and include them in the 30-year celebrations.

Continuous learning and improving care

- The provider has continued to learn, develop and improve services to meet people's changing needs. The provider had made adaptations to the environment to meet people's needs. Further adaptations had been planned to meet the future needs of one person who was likely to start using the service. These adaptations included; light switches that the person could tolerate and, as the person could not tolerate curtains, outside shutters would be fitted. The person had been known to run water taps at the exclusion of doing anything else which had led them to be trapped in an anxiety loop. Therefore, the taps at the service could be isolated so that staff could distract and move the person onto something else to avoid obsessions impacting on their wellbeing.
- 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 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. This was consistent across the organisation.
- 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 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 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). 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, practical advice, intervention and emotional support, to families, carers and individuals affected by autism including those that do not qualify for funding.
- The Kent Autistic Trust had 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

- Staff and managers worked in partnership with people, their relatives and health and social care professionals to ensure people have the best outcomes. For example, subtle changes had been 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 demonstrated they also worked in partnership with the provider's support team of speech and language therapy, occupational therapy and PBS. This enabled staff to gain a holistic view of people's support needs and created clear guidelines and pathways to working with them to live the life they want. For example, people had sensory profiles in place which detailed whether they 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.
- The service continued to work very closely with the provider's day services to enable people to have flexible support and consistency of support.
- The PBS Team had been working with a psychologist from the Tizard Centre at the university of Kent on a project to recognise and respond to the impact of incidents on the psychological welfare of staff. The aim was to put strategies in place to support staff after an event, but also proactively to improve staff resilience, stress management and self-care. The psychologist currently supported the PBS team with clinical supervision, and the team also received best practice guidance and reflection after individual situations involving staff practice or with people supported by The Kent Autistic Trust (The Trust).