

Alderwood L.L.A. Limited

# Alderwood LLA Ltd - Westfield

## 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?

**Outstanding** 

### Overall summary

Alderwood LLA Ltd Westfield provides accommodation, personal care and support for two people with a learning disability and autistic spectrum disorder. It is situated in a residential part of Wellingborough. On the day of our inspection two people were receiving a bespoke service, tailored to their specific needs and requirements, which included some day care and overnight stays in the service.

The inspection took place on 4 November 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

We found a really positive, caring and progressive atmosphere within the service. People were at the heart of the service and all aspects of care had been centred on them and their needs. There was lots of laughter and good humour, with kind and trusting relationships evident between staff and people. People were involved in the planning of their care and told us they felt included in discussions, being able to have their say at each step of the way. Staff were passionate about their work and driven by a desire to provide high quality care. They were flexible and adaptable, ensuring that people participated in their own care and achieved their full potential, helping them to lead a meaningful life, doing things that were important to them. The provider philosophy was that people should be able to access the best of everything in life and have ample opportunities to achieve their goals.

The service was led by a dedicated and passionate registered manager, who was well supported by a strong and positive management structure within the provider organisation. The culture within the service was open, optimistic and encouraging; staff were proud to work for the service and wanted it to be the best it could. Staff and the registered manager were extremely well motivated and committed to their work; they faced up to challenges and used these to improve things. They had strong values and a shared vision, and strived to give people positive care experiences and provide high quality care.

Staff attended regular meetings, which gave them an opportunity to share ideas, and exchange information about possible areas for improvements to the registered manager. Ideas for change were welcomed by the registered manager and provider, and used to drive improvements and make positive changes for people. Quality monitoring systems and processes were used robustly to make positive changes, drive future improvement and identify where action needed to be taken. All staff told us they wanted standards of care to remain high and so used the outcome of audit checks and questionnaires to enable them to provide excellent quality care.

People felt secure in the service and we observed they were calm and relaxed in the presence of staff. Staff had a positive approach towards keeping people safe and demonstrated a strong awareness of what constituted abuse. They understood the relevant safeguarding procedures to be followed in reporting potential abuse.

Staff were committed to managing fluctuating risk factors for people and had a good understanding of how to support them when they became anxious or distressed. Potential risks to people had been identified, and detailed plans implemented to enable them to live as safely and independently as possible.

Robust recruitment checks took place in order to establish that staff were safe to work with people before they commenced employment. There were sufficient numbers of staff available to meet people's care and support needs and to enable them to do the things they enjoyed. People received their medication as prescribed. Safe systems and processes were in place to protect people from the risks associated with medication.

Staff received regular training, based upon best practice in autism, which provided them with the knowledge and skills to meet people's needs in a person centred manner. They were well supported by the registered manager and senior management team in respect of supervision and appraisal which enabled them to remain motivated and responsive to people's individual needs.

Staff sought people's consent before they provided care and support. Where people were unable to make certain decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Where people had restrictions placed upon them, staff ensured people's rights to receive care that met their needs was protected, and that any care and treatment was provided in the least restrictive way.

People were supported to access suitable amounts of good quality, nutritious food. A variety of meal options were available for people, which included specific health and cultural dietary requirements. We found people were encouraged and supported to participate in meal preparation as part of developing their life skills. Referrals to health and social care professionals were made when appropriate to maintain people's health and well-being. Staff worked closely with other professionals to ensure people's needs were fully met.

People had been supported to develop life skills and gain independence, using individually created development programmes. The support for this was provided by a highly skilled staff group, who shared a strong person centred ethos and were dedicated to helping people lead

## Summary of findings

a fulfilled and enriched life. People and their relatives expressed their delight at the progress they had made since coming to the service, which was often way beyond the level of achievement they had previously hoped for. Staff used innovative ways to support people to move forward, adapting when their needs changed. They had a strong understanding of people's interests and hobbies

and accessed a wide range of activities that were tailored to people's individual needs. People were actively supported to integrate within the local community, using local facilities to avoid social isolation. To facilitate this, the service had developed links with local colleges, libraries and local employers offering work experience

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from abuse and avoidable harm. Risk assessments were in place, which enabled staff to promote positive risk taking and people to remain safe.

There was sufficient experienced and trained staff to meet individual people's needs. Robust recruitment systems were in place to ensure that staff were suitable to work with people.

Suitable arrangements were in place for the safe administration and management of medicines.

Good



### Is the service effective?

The service was effective.

Staff were provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively. People received care based on current best practice for people living with autism.

People's rights had been protected from unlawful restriction and decision making processes. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People's nutritional needs were appropriately met and they were supported to enjoy a balanced diet. Staff ensured that people's health and social care needs were met so they could remain healthy and enjoy a good quality of life.

Good



### Is the service caring?

The service was caring.

Staff were extremely kind, and caring in their approach to people. They were committed to supporting people to be as independent as possible and valued them for who they were. People were placed at the heart of the service.

The ethos within the service was open and honest, people considered that staff were friends and had built up trusting relationships with them, being involved in decisions about the care they received. People were treated with dignity and respect and staff worked hard to ensure this was maintained not only amongst the staff team, but between each person as well.

People were supported to maintain strong family relationships. Relatives considered that staff went 'above and beyond' to ensure that people were treated with compassion.

Good



### Is the service responsive?

The service was very responsive.

Good



# Summary of findings

Staff took time to get to know people before they moved into the service, so the provision of care could be tailored to their specific requirements. They knew people's individual needs, likes and dislikes and provided truly person centred care.

People had a choice about their daily routine and any activities they chose to do were flexible, so they had control over their lives. The service had creative ways of ensuring people were fulfilled and led enriched lives.

People and their relatives were encouraged and supported to provide feedback and express their views on the service. Feedback was used to drive improvements.

## Is the service well-led?

The service was extremely well- led.

People were placed at the heart of the service delivery. They were supported by a highly motivated, consistent and dedicated team of care staff who worked to the provider philosophy.

The provider and registered manager promoted strong values and a person centred inclusive culture. Staff were proud to work for the service and were supported in understanding the values to ensure that high quality, holistic care was given to people.

Management arrangements were in place to ensure the effective day to day running of the service. The management team were very approachable and supportive, toward people, relatives and staff helping them to reach their full potential.

The provider had robust systems in place to monitor and improve the quality of the service people received. There was a strong emphasis on continual improvement and the use of best practice guidelines to benefit people and staff. The service worked with relevant professionals and organisations to promote understanding.

**Outstanding**



# Alderwood LLA Ltd - Westfield

## 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 was planned to check 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 took place on 4 November 2015 and was unannounced. The inspection was undertaken by one inspector, so that the inspection process would not impact upon people's normal daily routines and activities.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

Prior to this inspection we also reviewed all the additional information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we observed how staff interacted and engaged with the person who used the service during individual tasks and activities.

We spoke with two people who used the service, and one relative. We spoke with four healthcare professionals, two care staff, the operational manager and two members of the administration and human resources staff. We also spoke with the local authority and clinical commissioning group to gain their feedback as to the care that people received.

We looked at two people's care records to see if their records were accurate and reflected their needs. We reviewed two staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits and health and safety checks.

# Is the service safe?

## Our findings

People felt safe and secure. One person said, “Yes, staff help to keep me safe.” They told us they felt able to talk to staff about any concerns they had in respect of their safety. When we asked another person if they felt safe, they smiled at us and touched our hand to show they felt secure. Through their body language they showed they were not worried about being in close proximity to staff. Relatives told us they had no concerns about the safety of their loved ones. One relative told us, “The staff all help to keep [Name of Person] really safe. They are looked after well which helps to keep them safe.”

Healthcare professionals also had no concerns about people’s safety. One told us, “Everything they do is designed to keep people safe, the care they give and how they support people, all helps.” They felt staff worked hard to maintain people’s safety, whilst enabling them to lead a fulfilling life.

Staff demonstrated their awareness of how to keep people safe and had received training on safeguarding procedures. One staff member told us, “I would always go to my manager and report anything if I was worried about it.” Another staff member told us, “We have a really good structure here for safeguarding. I know that if I reported something it would get dealt with but I also know I can contact the local authority or you [Care Quality Commission.]” Through our discussions and our review of the records, we established staff understood local safeguarding procedures and the different types of potential abuse that existed.

Staff told us that numbers of safeguarding referrals were relatively low because they had taken action to learn from past safeguarding outcomes. One staff member said, “We can all learn from things that have happened. It’s good to make sure we review our past practice so we can improve.” When a safeguarding matter had been investigated records showed that this was discussed at staff meetings so lessons could be learnt and action taken to avoid reoccurrence. Records showed the registered manager was aware of their responsibility to report allegations, and made relevant safeguarding referrals to the local authority and the Care Quality Commission (CQC) when appropriate.

Risks to people’s safety had been minimised through assessments, which identified potential risks. One relative

told us how their family member had been thoroughly risk assessed so they could engage in activities they enjoyed. They said, “All the risks have been well thought about.” Staff felt confident the risk assessments in place helped them support people safely, both within the service and in the community. One staff member said, “We know that we have checked as much as we can do to ensure people’s safety. They give us confidence so that we can help people to do what they want to do.” Another staff member told us, “We all take a risk; that is what life is about. If we can help people to do things, even if they have to take a risk, then we are doing a good job.” The registered manager told us the service had worked hard to ensure risk assessments were robust and detailed and tried to enable people to undertake positive risk taking, whilst remaining as independent as possible. For example, to support people to manage their own finances. Staff enabled people to define their own risks with individual support as required.

Staff spoke with us about risk assessments for one person, which included plans for reducing anxiety and distress. We found they detailed the circumstances that might trigger certain behaviours, ways to avoid such triggers and the action to be taken if the person became distressed. The ethos of the service was to enable people to define their own risks with individual support as required.

Staff told us accident and incident recording procedures were in place and showed us the registered manager had been made aware, and action taken where necessary. One staff member said, “The records are checked to make sure we don’t need to report them as a safeguarding.” Accident and incident forms were completed on the day of the incident occurring. We saw evidence of completed forms within the records and saw that an overview was produced to identify any changes that could be made to reduce the numbers of occurrences. This information was used to identify ways in which the risk of harm to people could be reduced.

The registered manager discussed with us how fire safety equipment was regularly checked and that fire drill procedure and evacuation plans were up to date. Staff had guidance on what to do in emergency situations and people had individual evacuation plans in place in case of the need to evacuate the service in an emergency. There was a continuity plan in place, which included information about the arrangements for major incidents, such as the loss of power and water.

## Is the service safe?

Staff were recruited safely into the service. The training manager told us staff employed by the service had been through a robust recruitment process before they started work. One staff member told us, “All the right checks are done before new staff start.” The provider ensured staff were suitable and safe to work with people who lived at the service. These recruitment checks completed included two reference checks, Disclosure and Barring Service (DBS) checks, visa checks and a full employment history review. Records showed relevant checks had been completed to ensure the applicant was suitable for the role to which they had been appointed, before they had started work.

There was sufficient staff to meet the needs of people and to keep them safe. A relative told us, “There is plenty of staff, more than enough to make sure [Name of Person] gets to do what they want to.” Staff considered there was enough of them to support people appropriately. One staff member said, “There is more than enough staff, we are not restricted and can always take people out. If we ever need anyone else, then we can always access the on- call person.” The registered manager explained that rotas were compiled for staff to work across two services, so if there were any staff shortages, staff could cover as they had a good working knowledge of people and their needs.

Staffing levels were reviewed on a regular basis, and adjusted if people’s needs changed. The staff rotas we reviewed confirmed the number of staff on duty was as detailed on record.

There were suitable arrangements in place for the safe administration and management of medicines. People were supported to take their medication in a safe manner. One person nodded when we asked if they received their medication when they needed it. Staff told us they took time to administer medication carefully as it was a very important part of their role. We observed that people were supported to have their medication in a calm and relaxed manner and were receptive towards staff when they were offered this. Staff had been trained to administer medication and their competency assessed as part of this process. We found that the service had a monitoring system in place to make sure medication stock levels were accurate. The amount of medication in stock corresponded correctly to Medication Administration Record (MAR) charts, which had been double signed by two staff members when medication was administered. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed. People received their medicines as prescribed, and medicines were stored and administered in line with current guidance and regulations.



# Is the service effective?

## Our findings

People felt confident staff had the skills to provide them with the care they needed. They told us they believed that staff knew how to support them well. Relatives were also more than satisfied with the care their family members received. One relative told us, “I am so relieved, they really do know what they are doing; each and every one of them. They all know what to do.” Staff told us that they understood people’s needs in a person centred way, because of the training they had received. One staff member told us, “Coming into this type of environment for the first time, it can be scary, but we are helped by being given the right skills.”

Staff received a significant amount of training which benefitted the way in which they delivered care to people. One staff member said, “Training is really very good, we get lots of it and it is all relevant to people’s needs. It helps to give us the knowledge we need to support people well.” Another staff member told us, “It really helps to have the refresher training; things change so at least we know we are up to date.” The operational manager said, “Training is an investment in staff. If we get that right then we can make sure people receive good quality care and are able to lead a fulfilling life.” Training was completed on a face to face basis, and covered a wide range of core training needs, along with more specific areas of training, including autism awareness, equality and diversity and safeguarding.

Autism based training prepared staff to help people with complex needs and challenging behaviours. One staff member told us, “The training I have had here is vastly different to other training I have had. It is autism focused which means we can really help people.” They discussed occasions when they had used their knowledge to de-escalate situations, supporting people to utilise a variety of relaxation techniques, which enabled them to work through their anxieties without the need for any further interventions. For example, there was a life skill plan to guide staff in how to deal with one person’s anxieties about accessing a new environment and leaving a family member. Staff were able to support this person to become accustomed to their new home and engage in a variety of activities, because of the skills they had gained from training. Using pictorial resources and verbal reasoning,

staff had enabled the person to build up to spending more time in the service. Staff considered this was a positive example of how they could use their knowledge to have a beneficial impact upon a person’s life.

A comprehensive induction programme was in place for all new staff. One staff member said, “I had some anxieties before I started but the induction really helped to give me confidence and the skills to manage.” They said it ensured they were equipped with the necessary skills to carry out their role and gave them the benefit of learning new skills. The training manager confirmed the provider had a robust induction programme, which covered the Care Certificate and core essential standards of basic care. The induction programme enabled staff to be assessed against a variety of competencies, which took them through until the conclusion of their probation period.

As part of the induction process, staff had been assigned a mentor for a period of six months, with whom they met on a monthly basis and who could offer support to them about any aspects they required. Staff were also given a buddy within the service, so they could benefit from working alongside a more skilled member of staff as additional support. Training records confirmed staff received a period of induction which had been delivered at their own pace, so as to enable them to feel supported in meeting people’s assessed needs.

Staff received regular supervision and appraisal. One staff member said, “We have regular supervisions but if we want an extra one then we only have to ask.” Staff said supervisions were useful, allowing them to discuss any training needs or concerns they might have about their performance. Supervision records confirmed staff had regular supervision and appraisal to identify and address any training and development needs.

People confirmed staff asked them for their consent before delivering care. One person told us that staff asked them about what they wanted to do and if sought their consent to receive support. A relative told us, “[Name of person] has so many choices now. Staff always ask what they want to do and make sure they are happy with their decision.” Staff also told us of ways in which they gained consent from people before providing care; for example, using non-verbal methods of communication, or by direct questioning, depending upon the person’s condition and level of anxiety. Our observations confirmed staff gained consent before providing people with support. For

## Is the service effective?

example, a member of staff asked one person, where they would like to talk with us and the person chose the dining room. They were then asked what activity they wanted to do and the person's decision was respected.

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. Staff told us that they were aware of the principles of the MCA. They explained that, if it was assessed that a person lacked mental capacity, they would work with their family and the whole team to make a decision for them, in their best interests. Any decisions made on the person's behalf were done so after consideration of what would be in their best interests. We found there were comprehensive decision making care plans in place which guided staff on how to support people to make decisions when best interest decisions had to be made. This was completed in accordance with the MCA.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought and gained authorisation from the appropriate authorities to lawfully deprive people of their liberty. Records showed that applications had been made in line with DoLS.

People were supported to have sufficient food and fluids. One person told us they enjoyed the food they had and

were supported to undertake shopping for menu ingredients and to choose their own menus. They were encouraged to participate in cooking their meals. We overheard this person tell staff that their breakfast was, "Smashing." Staff supported people to make healthy food choices and to have a balanced and varied dietary intake. One staff member told us how they had supported someone to have new taste experiences, to try food from other countries which they had enjoyed. Records showed that dietary and food preferences were detailed within care plans in a pictorial format to enhance people's understanding. People's weight was monitored where there was an identified risk in relation to their food intake. Staff reviewed this information on a regular basis and ensured referrals were made for timely intervention should this be required.

People were supported to access healthcare professionals to maintain their general health. Staff told us it was important they acted on any changes in people's condition so they could seek advice. One staff member said, "When people need to go to appointments then we help them."

The operational manager told us the provider had worked hard to maintain good relationships with a variety of health and social care professionals so this would benefit people's health. We spoke with one healthcare professional who had no concerns about the way in which the service referred people to them. They said the service worked hard to ensure people saw who they needed to, for example, psychiatrists and psychologists, the local learning disability and mental health team. This external support was used to ensure that the behavioural strategies implemented by the staff team, were suitable and appropriate. Health action plans were in place to help external professionals understand people's needs and detailed the action that had been taken.

# Is the service caring?

## Our findings

People told us they were well cared for and valued by the staff that supported them. One person told us they liked being at the service and thought that the staff were good to them. We asked them if staff were kind and they replied, “Yes, they are very kind. Staff look after me.” They also told us they liked having the same staff look after them and had got to know them well. When they were unsure about their response, we saw that they looked to staff for reassurance. This was offered instinctively by staff who worked hard to engage the person, keeping them occupied with a variety of activities of their choice. Conversation flowed freely, which enabled the person to talk to us about their likes and dislikes, what they had achieved since moving to the service and how much they had gained from the support they had received. From our conversation, we understood the real impact that the care and support given by staff had had for the person. It had opened up new opportunities for them, enabled them to meet new people and to undertake gain life skills, increasing their independence.

People showed by their facial expressions and relaxed body language that they felt well cared for. They smiled, laughed and gained comfort from being close to staff, seeking reassurance from them. We observed strong, affectionate relationships between staff and people, with moments of tenderness and compassion. One person was in the process of getting ready for the day. They were supported to prepare their breakfast at their own pace and engaged in jovial conversation with staff that supported them, talking about planned activities for the week and what they needed to do before they could go out.

On the day of our inspection, staff made sure people were settled and relaxed, before explaining who we were and asking if they wanted to meet us. Staff then introduced us to people if they had consented, letting the person take the lead and giving them time to express themselves. This philosophy worked and once staff had given them reassurance, people were happy to shake our hand, and allow us into their space to engage with them. This acceptance was only made possible by the close relationships staff had with people; the trust people had in staff enabled them to interact freely with us.

Relatives were extremely happy with how staff cared for their loved ones and spoke very highly of the care given. One relative told us, “I don’t know what we would have

done without them. They are 100% brilliant; I would give them an extra 100%. All the staff are fantastic; they go the extra mile and really do care. They have worked hard to introduce new staff in a structured way which has been good. In the past we have been let down but now, we are in a good place. Life has improved so much for [Name of Person] and us as well.” Relatives discussed the relationship their loved ones had built up with certain members of staff, which had enabled them to grow as a person, to flourish, be more trusting of new people and gain new life skills. We were told, “Life has definitely changed for the better. There are not the words to describe how good things are now. [Name of person] has so much more; they can enjoy so many more experiences, go out and do the things they like. They are like a different person, more settled, less anxious and frustrated.”

Relatives felt reassured that the care provided had given their loved one more confidence, enabled them to gain new life skills and made them feel worthwhile.

Healthcare professionals were extremely positive about the way in which people were treated by staff. They described staff as, “Kind, compassionate and dedicated in the way they go about things. They have the best interests of everybody they support at heart.” Healthcare professionals considered that staff helped people to have the best experiences they could in life. They said that the support people received was delivered with genuine warmth and compassion.

Staff worked hard to help motivate people and increase their skills and abilities within many areas, to give people a sense of value, self-worth and satisfaction. They focused on ensuring people built up strong relationships with members of staff, as they felt this enabled them to grow as a person, to flourish and gain new life skills. One staff member said, “The relationships we have with people work both ways, we help them but more importantly, they help us to be better people.” Another staff member told us, “Friendships grow between us all, that’s how we get to know people well. From that we can help them move forward.” Staff really wanted the best for the people who lived in the service.

People had an assigned keyworker who had been allocated to them based upon common interests with staff members. As a result of this, staff knew the people they supported really well. Staff told us their function was to take an interest in that person, developing a good knowledge of

## Is the service caring?

them and building up a trusting relationship. They had a good working knowledge of people as individuals, knowing what their personal likes and dislikes were and what experiences in life they wished to achieve. This information was confirmed when we reviewed people's care records.

Staff displayed high levels of motivation and dedication toward meeting people's individual needs. They had genuine relationships with people and spoke about them with warmth, showing they wanted the best possible outcome for them. For example, one staff member told us they were always looking for new ideas for trips out and activities to ensure that people achieved their dreams and aspirations. Another the staff members commented, "Helping people to make changes to their lives, it's a great feeling. When we look back and see how far they have come, it means so much." The registered manager said they had the right staff team in place to support people. They told us, "I think we have a great team of staff, the best. We all work together and I know they want the same as I do for people." Staff were driven by a common desire to give inclusive care to people in a loving and homely environment.

Relatives were impressed with the way in which staff communicated with their loved ones. One relative told us, "All the resources they have are great, they help [Name of person] to communicate, to say what they want to." Staff told us it was vital that they could communicate meaningfully and appropriately with people. They worked together with people and their family members, to compile an individual communication plan, which contained clear guidance for staff based upon the person's gestures, body language and sounds. Due to their anxiety levels about new situations, people had initially found it hard to venture into their new community. With the care, patience, understanding and support of staff using the individual communication plans, they had been able to do this in small stages, building up to going out to a variety of different places around the service and interacting more with new people. Through these examples we observed the real impact of the caring relationships that staff had developed with people when we reviewed their care records. It was evident that the skilled care and support and trusting relationships that had been forged, enabled people to achieve significant milestones and really progress in their life skills and abilities.

Staff supported us to communicate with people intuitively, through the use of visual resources and signs and gestures that people understood. We observed that people acknowledged their understanding of what had been said, and responded with a large smile and expression which indicated they were happy. When people became agitated, staff comforted them by speaking in a calm tone of voice, giving gentle reassurance through touch, which enabled them to relax and feel content. They were extremely patient and very supportive, involving people in conversation, with lots of meaningful chat taking place. Even when people were unable to participate verbally in communication, staff interacted with that person in accordance with the guidance in their care plans, for example, using sign language and visual images to enhance understanding.

People were constantly encouraged to make choices about every aspect of their daily routine, their daytime activities or what they would like to eat. Staff told us and we observed that they consulted people about their daily routines and activities and people were not made to do anything they did not want to. One staff member said, "Of course we ask people, why wouldn't we. They always have a choice." Care was very much centred on each person's wishes and needs rather than being task orientated and routine led.

Staff used a person centred approach and worked hard to ensure people's views were heard. For those who could not communicate, the registered manager told us the service used external advocates to support people when making important decisions. In most cases if people lacked the mental capacity to make particular decisions, their relatives, social worker and key worker were involved in making the decision in the person's best interests.

People acknowledged that staff treated them with respect and supported them to make choices. One relative said, "All the staff listen, they make sure people are respected and valued." Staff understood how to treat people with dignity and respect and supported them to maintain their privacy. One staff member told us, "Of course we listen to people and what they want. I would expect that to be done to me, so we should make sure people have their own voice as well."

Staff valued people's contributions in making decisions and choices about their own lives; this was evident in our observations where we saw that staff spoke with people in a polite, patient and caring manner and took notice of their

## Is the service caring?

views and feelings. When people needed support staff assisted them in a discrete and respectful manner. Staff

supported people with personal care to the extent they needed but encouraged people to be as independent as they were able to be. When personal care was provided it was in the privacy of people's own rooms.

# Is the service responsive?

## Our findings

People had their needs fully assessed before admission to the service. The operational manager explained the robust approach they took to assessing new admissions. The operational manager told us, “We want to make sure that we can support people before they come into us. It can take time but that is why our pre-assessment period is longer than most other services.” We saw there was a full two day pre-assessment of needs, where staff took time to spend the day with the person, understanding exactly what their care and support needs were, what their likes and dislikes were and what made that person tick. Staff told us once a pre-assessment of needs had been completed, that care plans and risk assessments would be compiled. Only once this pre-assessment of needs had been completed, would the service decide if they could meet that person’s needs.

For the two people at this service, we found that their transition process had taken place over a long period of time, designed to be delivered at the person’s pace. Staff had spent time working with them and their families, getting to know them. Working with them at different times of the day and night, by the time they were admitted to the service, the person knew the staff members that would support them and staff understood what people’s real needs were. Careful consideration was also given to which service was suitable for people’s needs and which staff would best help them along their transition period before admission took place. We found this approach was respected and valued by people, their families and health and social care professionals. One healthcare professional told us, “I have not known any other service spend so long completing a pre-assessment. It really is exceptional and is the reason they get such great results.”

People had a detailed plan identifying their background, preferences, communication and support needs. Staff told us each plan was tailored on an individual basis to address any identified areas of weakness and to play to each person’s strengths, ensuring growth and positive outcomes. We found each person’s care plan was in easy read format using pictures and short sentences to assist people to understand the content. We saw photographs of people in a variety of situations (for example, brushing their teeth or washing their face); in conjunction with pictorial images to support people’s understanding of the

information contained within their care plans. One person had a visual image of the library, which they understood meant they were going to visit the library to obtain some books they wanted.

People participated in the assessment and planning of their care through regular meetings with their key worker, using pictorial cues and their communication aids, to enable them to have their say. Each person’s key worker reviewed their care needs and preferences as part of a weekly key worker report and this information was sent to family members on a regular basis. Senior staff carried out monthly care plan reviews to ensure people’s care plans remained current and appropriate to people’s individual needs. Throughout our inspection we observed that staff supported people in accordance with their care plans.

Staff told us care plans were important documents and needed to be kept up to date so they remained reflective of people’s current needs. One staff member told us, “I think the care plans are very good here. They are full of information and really help new staff.” Another staff member said, “These care plans are very good, very detailed. I have worked in other places before and can tell you that these are a lot better.” Care plans had been written in a person centred way which reflected people’s individual preferences. Records indicated that a needs assessment for each person was completed regularly to ensure the support being provided was appropriate and remained reflective of their full care needs.

During the inspection we found numerous examples of people being taught daily living skills to promote their independence and increase their social engagement. This included intense support for people to become more confident in different social settings, such as college or work placements. The Adult Development Programme (ADP) was clearly defined in people’s records and enabled people to have robust and valuable learning opportunities. It broke vital life skills into easy steps and worked within core themes, which interlinked to provide measurable achievements for people. Staff told us that it ended in a major achievement for the individual person.

One of the people we met with had recently been introduced to accessing the kitchen to make do their laundry. With the input and support of staff, and the use of structured visual resources, the person had been able to build up to placing items in the washing machine. Staff worked with the person to ensure this was a skill they



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wished to develop, using pictorial images and visual resources and when they were sure this was something they wished to do, they worked to develop a suitable plan on how to achieve this. This process benefitted the person, by making them feel useful and engaged in something constructive and was based upon something of worth to them.

For another person, we found they had undergone a programme of life skills development, tailored to their individual needs. With continual support from caring and understanding, staff they had been able to access the local shops, choose a cake and then pay for it. They had also been able to access the local park, walk the dog and develop relationships with the other people in the provider services and the staff in the home. When we asked them if they enjoyed these activities, they smiled and touched our hand. People had also been supported to use local public transport as this increased their ability to be involved in the local community and taught them a useful life skill. They were encouraged to ask for their own bus tickets in accordance with their level of communication, and pay for them with their own money. These achievements had been made possible with the implementation of the ADP.

The service had strong links with resource centres for people with a learning disability and other local organisations. This included a weekly disco and social club, work experience opportunities in a tuck shop and links with a local library. Records showed that people enjoyed the ability to engage in these activities and we saw they had built up from having minor involvement in them to being more actively involved and engaged. One person enjoyed going fishing and doing gardening. They told us they loved to go visit places which had vehicles they could look at and visit the library to obtain books they could learn new information from. Photographs showed they really enjoyed these activities with support from staff. They always had a smile on their face in the photographs. Each activity undertaken was based upon people's preferences and was discussed with the person prior to them undertaking the activity. Staff told us by people taking small steps they were supported to work towards bigger and greater achievements.

The provider had its own horse project where people could attend if they wanted to, working to muck out the stables and groom the animals. The idea for the project came from the fact that people told staff they wanted to care for, and

look after something. All aspects were set at an appropriate pace for the person and people were given the chance to say if this was something they felt would be of value to them. We found that people used the different tasks to reduce their anxiety levels, for example, sweeping out stables gave people the opportunity to imagine cleaning out their frustrations. Feeding the horses gave people the opportunity to learn to love and care for something at their own pace. The project was based upon best practice guidelines for people with autism and was intertwined with the ADP, to work on increasing people's accessibility to new life experiences and accessing a variety of meaningful activities.

Staff told us that dogs caused extreme anxiety for some people whilst in the community. This would often prevent proper access to a full and varied range of activities for them to engage within. In the same way as the horse project had been borne from a desire to give people better access to activities, the dog programme came to be. It commenced with listening activities (dogs barking etc.) and social stories about dogs in general. The pace was then set by the individual to ensure they were confident and relaxed before moving on. The next stage would be to introduce a dog into the garden whilst the person observed from a window. The ultimate aim was to introduce people to taking part in a dog walking scheme. For some people, dog walking had become a regular part of their daily routine and we observed that people were really keen to go out and participate in this activity. Records showed that the ideas for this and the horse project had been fully discussed with people before they came to fruition, so everybody had a chance to give their feedback.

People were aware of the formal complaints procedure in the home, which was displayed within the service in an easy read format. A relative told us, "I have no complaints at all, none. If there was anything I know it would be dealt with straight way. Communication is so good." We observed people would tell a member of staff if they had anything to complain about, for example, if they did not like their food or choice of activity. Relatives said the registered manager always listened to their views and addressed any concerns immediately. The registered manager and staff told us they felt they were always visible and approachable which meant that small issues could be dealt with immediately; this was why they had a low rate of

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complaints. We saw there was an effective complaints system in place which enabled improvements to be made and that the registered manager responded appropriately to any complaints that had been made.





# Is the service well-led?

## Our findings

People knew who the registered manager was and we observed that they approached them to talk with them. They responded with warmth when they saw the registered manager, smiling and laughing. Everybody felt the registered manager led by example, to ensure people received the best support possible. They said that the registered manager commanded respect from their staff team and was passionate and dedicated to their job. They wanted to deliver high quality, person centred care to people who lived with autism, to make sure people had the best experiences in life that they could.

Staff told us the registered manager was very supportive of the people in the service and the staff who worked there. They said the registered manager was good at her job and was experienced, caring and approachable. One member of staff said “I love working here. I enjoy coming to work.” Another member of staff said “Everything about it is great. We always have help and support, we get the right training and people get great care.” Staff commented that the service was well-led, with on-going evaluation of all aspects of care in order to drive improvement. They told us that senior management had a visible presence which helped give them confidence they were doing a good job and made them feel really well supported.

People and relatives described the service in really positive and glowing terms. One person told us, “It’s a good service, yes.” Relatives were thankful for the care and support that was given. One said, “I cannot think of anywhere better, it has been lifesaving. From the beginning to now, everything has been great. All the staff are fantastic, brilliant. More places should be like this, care gets a bad press sometimes but here, it is really great.” Relatives spoke very positively of the registered manager and staff who gave them feedback on a regular basis and worked hard to deliver an open and transparent culture. They considered the service was extremely managed well and provided very high quality care.

One healthcare professional said all staff went the extra mile to make sure good things happened for people. They told us, “They really do care, as a service they are so good.” Another healthcare professional said, “I cannot think of anywhere else that gives care in the same way. They really understand people and their needs and won’t stop until they have achieved that.” Healthcare professionals

considered that by coming to the service, people had been given a second chance. We were told that very often people’s previous placements had not worked, and that by coming to the service, this had opened up a new lease of life for people and given them a wealth of opportunities.

The registered manager said the ethos within the service was to provide high quality, person centred care for people living with autism. The registered manager considered they had a really good staff team and that everyone pulled together to ensure the best of everything was given to people. Staff were always willing to help out and learn new skills, because this helped them to provide the best care and support they could to people. The operational manager told us, “We are always looking for ways to improve. We will take on board what your report tells us and anything you identify during the inspection and use it to help us.” Records confirmed that advice and input from local authorities, people and their relatives was valued and listened to. Where questionnaires had been completed by people and their relatives, the responses were taken into account. The provider and registered manager were fully committed to ensuring the service continually improved.

The service was well organised which enabled staff to respond to people’s needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner. Staff told us the staff team worked well together which helped them to provide good care for people and enabled them to feel supported within the work environment. They had regular staff meetings which gave them the opportunity to discuss any issues they had, about practice in general or about individual people and enabled staff to share ideas or ways to improve working lives. Staff were able to question the managers and raise concerns if required. Records showed regular staff meetings had been held for all staff. The minutes showed the manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The culture within the service was about open and transparent and focused on maintaining individuality and person centred care for people. Staff were passionate about maximising each person’s potential and independence. They wanted to equip people with skills for life regardless of whether they remained within the service or eventually moved on. To help this there was an inclusive culture, where people were involved in the running of the



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service. An example of this was their involvement in the selection process of new staff. As part of the interview process, shortlisted candidates were required to spend time with people, whose views were then sought. The registered manager told us that people were supported to sit in on interviews, so they could feel reassured that potential new staff were suitable for the service and so new staff could understand what people wanted from them. People were also supported to become involved in the local community. The service had links with resource centres for people with a learning disability, local leisure facilities and employers who offered work placements. The aim of this was to provide people with a solid foundation for gaining new life skills and to encourage their ongoing learning and development. It was hoped this would enable people to become more independent and possibly move on to live in supported living in the future.

There was a strong vision and set of values for the future of the service, which was clearly outlined within the provider statement of purpose and user guides. The values of the service were reinforced on a frequent basis through staff meetings, supervisions and day to day practice. Staff had the confidence to question their practice, to improve upon it, gain in confidence with on-going support and as a result, feel positive about the work they did. The feeling running amongst staff was that this was not just a job, but a calling, they had a genuine desire to care and support people in the best way they could do.

The registered manager told us they were consistently looking to drive improvement with the support of the provider. Staff were hugely proud of the awards that had been won by the service in the past, which included Investor in People, Marion Cornick Award for Innovative Practice and Northants Chamber Business Excellence Awards Training and Development Award. In the Provider information Return (PIR) they had detailed their commitment to providing a quality service and having a culture amongst staff which reflected the provider vision. This included them being open to challenge, friendly and caring, with a good attitude. The registered manager told us they wanted staff to, "Go that extra mile." It was evident the registered manager and other senior managers were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure this took place, we saw they worked closely with staff, working

in cooperation to achieve good quality care. On-going learning and development by the provider, registered manager and staff meant that people who lived at the service benefitted from new and innovative practice.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager had submitted appropriate notifications to the Care Quality Commission (CQC) in accordance with regulations.

Quality assurance systems were in place and used, along with feedback, to drive future improvement and make changes for the better. We saw there was a programme of regular audits which had been carried out on areas, including health and safety, infection control, catering and medication. There were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits, writing reports and identifying any possible areas for improvement. The provider reviewed all aspects of service delivery, in order to improve the quality of service being provided.

The provider was committed to promoting a person centred ethos for the people it supported. They wanted to ensure that people could develop social, communication and life skills and to make their own life choices. They were supportive of other services and involved in networking to promote best practice and share initiatives. We found they were accredited with the British Institute for Learning Disabilities which enabled them to access current information so they could deliver effective care and support based on best practice. For example, staff used a variety of assessment tools and techniques, they had adapted specially for use with autism, to enable people to achieve their maximum potential in both educational and life skills development. The provider also employed a behaviour coordinator to support people with autism and to train staff in service specific communication. We found that the provider participated in a number of other forums for exchanging information and ideas and providing people with best practice. They attended training seminars and events organised by external training providers and accessed online resources such as the Social Care



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Information and Learning Service and the Care Quality Commission's website. Alongside this, staff were often asked to support healthcare professionals and undertake external training to share their knowledge and understanding of autism care.

The provider ran a "Staff of the Month" award system, with photographs of each staff member who had previously won, displayed in the boardroom. Each month five staff members were chosen because of their individual qualities, for example, being helpful to colleagues or a good team player. This incentive gained staff an additional £100 in their wages if they were nominated. Staff could also receive a financial benefit for recommending the service as an employer to any of their friends and relatives. Staff also had the ability to work their way through a progression scheme of spine points. This equated to an incremental wage increase, if they undertook a range of training courses and worked shifts across different units within the provider organisation. The registered manager told us staff often asked to undertake different aspects of work to help them to progress and develop more quickly. This system enabled staff to feel motivated and positive about their work and to gain a wider range of skills and experience within the service.

To further cement a good working relationship within each of its services, the provider presented an award to the service which submitted the best idea for a project to benefit the people who lived there. The winning service was given a sum of money to work towards making this idea come true. Staff and people felt this gave them the ability to work towards making service improvements for people and to creating something really special, which really mattered to them.

The service was forward thinking and responded well to any anticipated future needs for people. There was an ethos of continual development and senior managers were open to suggestions from people, relatives, staff and health professionals who were involved in the service. We were told, "We want to get better, to continue to look after these brilliant people and give them the very best that we can." All resources were used effectively to ensure care could be delivered in a high quality manner. Staff focus remained on how they could continue to improve, so they could be the best they could and to enable people to have the best quality of life possible.