

Autism & Aspergers Care Services Ltd

# Autism and Aspergers Care Services Ltd

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Autism and Aspergers Care Services Ltd is a residential care home providing personal care to three people. At the time of inspection, three people were living at the service. People had specialist needs related to Autism and behaviours that challenged.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. They were encouraged to take part in daily living tasks with support from staff in areas such as laundry, cleaning, cooking and hoovering.

People received support from staff who knew them very well as individuals. Staff turnover was low, and a relative and professionals who provided feedback told us this was due to consistency in the staff team. People's care and support needs were assessed and reviewed regularly. This enabled people to receive care that was person-centred and reflected their needs and choices.

People were supported to maintain their own interests. Staff supported people to take part in choosing activities to meet their individual needs and wishes. Two people loved to attend a fitness/dancing class and another person was supported to maintain their religious beliefs. Staff ensured people had regular opportunities to use cafes and restaurants and the organisations 'Trip club' ensured people had regular outings to places of interest to them.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

The registered manager had very good oversight of the service. Quality assurance systems were comprehensive and ensured all aspects of the running of the home were examined regularly, records were kept up to date and any actions resulting from audits were addressed swiftly.

Staff understood the risks associated with the people they supported. Risk assessments provided further guidance for staff about individual and environmental risks. People were supported to receive their

medicines safely.

Staff received training that helped them to deliver the care and support people needed. This included specialist training in autism and positive behavioural support to meet people's complex needs. They attended regular supervision meetings and told us they were very well supported by the registered manager. A staff member told us the registered manager, "Knows the way we work. We can turn to her if we have a problem."

People's health and well-being needs were met. Where appropriate, staff supported people to attend health appointments, such as the GP or dentist and appointments for specialist advice. People's nutritional needs were assessed. They ate a wide range of healthy, freshly cooked meals, drinks and snacks each day.

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. There was a detailed complaint procedure, and this was displayed so anyone wanting to raise a concern could do so.

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 last rating for this service was Good. (Published 4 February 2017).

The overall rating for the service has remained Good. This is based on the findings at this inspection.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Autism and Aspergers Care Services Ltd

## 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

Autism and Aspergers Care Services Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the 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.

#### During the inspection

We spoke with all three people living at the service. We also spoke with the registered manager and three support workers.

We reviewed a range of records. This included three people's care records and two people's medication records. 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 staff training, minutes of meetings and quality assurance records. We received feedback from three health and social care professionals and from one relative.

# 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

- People were relaxed and observed to be content in their surroundings. They told us they felt safe. A relative told us, 'We are very happy with the service and believe (Person) to be happy and safe.'
- Staff had a good understanding of how to make sure people were protected from harm or abuse.
- All staff had received training and knew how to recognise signs of abuse. It had not been assessed as necessary to make any referrals to the safeguarding team since our last inspection.

Assessing risk, safety monitoring and management

- There were guidelines in relation to the management of behaviours that challenged. People who displayed behaviours that challenged had positive behavioural support plans. These included advice for staff on how to support them giving advice about positive strategies to divert and distract from behaviours, early interventions that could be taken, how to deal with a crisis situation and how to support the person to recover from situations.
- Where there were known triggers to behaviours these were recorded. A staff member told us, "The PBS plans are clear, generally its really good as people feel safe with their routines and, as long as they are followed you can't go wrong."
- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the help they needed in an emergency. One person was able to tell us what they would do if the alarms sounded.
- Fire drills were held regularly. All staff were clearly able to describe the actions they would take if the alarms sounded. A staff member told us, "They all know what to do, the guys are amazing and are out in seconds." Another staff member told us there were plans to train two people to record what actions staff took when the alarms sounded. One person told us they were looking forward to this.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks such as legionella, gas safety and electrical appliance safety. Water temperatures were monitored regularly.
- A maintenance record was kept that showed when work was needed and when it had been addressed. This showed that maintenance tasks were addressed in a timely manner.

Staffing and recruitment

- There were enough staff to ensure people's needs could be met. People were funded to receive varying levels of staff support. For some this included one-to-one hours. These hours were clearly demonstrated

through rotas and daily records.

- There were on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.
- We did not look at recruitment checks on this occasion. Staff turnover was low, and no new staff had been employed since our last inspection.
- Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting. In line with the home's policy, DBS checks were renewed six yearly and a six-monthly check was carried out to check if there had been any changes to the previous check.

#### Using medicines safely

- There were safe procedures to ensure medicines were correctly ordered, stored, given and recorded appropriately. In addition to photos of each person on the medication administration record, there were photos on each medicine box and bottles included dates of opening.
- A stock control sheet was in use to count medicines to help identify any potential safety issues. A monthly audit was carried out to assess overall arrangements in relation to medicines management.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in use that described when they should be used and when PRN medicines were used, records stated if they had been effective.
- People's records stated how they preferred to receive their prescribed medicines. A new booklet was being introduced that gave more person-centred guidance for staff in this area. For example, one person liked set words to be used when staff supported them. Another person liked to observe staff preparing their medicines in the office but then liked to receive their medicines in their bedroom.
- Staff had received both online and face to face training in the management of medicines. In addition, they had been assessed in terms of competency before they were signed off to give medicines.
- People's medicines were reviewed regularly by healthcare professionals.

#### Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed regularly.
- Aprons and disposable gloves were available for staff use.

#### Learning lessons when things go wrong

- There were systems to ensure records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of an event reoccurring.
- Where appropriate, behaviour support plans and risk assessments had been amended as a result of incidents. For example, one person had slipped getting into the bath, they grabbed a staff member's arm, and this prevented them falling. Following further review, staff changed the way in which the person was supported into the bath and there had been no further incidents.
- As part of a recent fire drill, it had been identified that there were safety issues crossing a road to get to the evacuation point. As a result, the route to be taken was reviewed so that there was no need to cross a road.



# 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

- People's needs, and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time.
- One person moved to the service since the last inspection. Staff had obtained a wealth of information about the person and their needs before making a decision about admission. The registered manager also met with the person, their family and relevant professionals. They told us this had been crucial, not only to ensure they could meet the person's needs but to ensure the people already living at the home would be compatible. The registered manager told us they had already refused a number of people as they did not think they were suitable for the service.
- A relative told us, "I can say that the transition period of (Person's) move, from the initial first contact, planning and settling in was handled with the utmost sensitivity to (Person's) needs. All staff are and continue to be, supportive of (Person's) needs and interests."
- House meetings and resident focus meetings were held with people each month to check people were happy with the care provided and to ensure they had opportunities to share their views about a wide range of matters from activities, menus and environmental matters.

Staff support: induction, training, skills and experience

- The training programme confirmed staff received a wide variety of training. There was a mixture of online and classroom-based training. These included safeguarding, infection control, moving and handling, health and safety and infection control.
- Specialist training was also provided that reflected the complex needs of people who lived at 38 Den Hill. This included training on autism at various levels and positive behavioural support (PBS).
- We asked a staff member about recent training that had supported them in their role. They told us, "The PBS training is good for making us think. Knowing how people are when they are anxious, recognising their triggers, knowing when it is right to change the subject or walk away and come back later to talk to the person."
- The registered manager told us that as a result of training around communication they felt further work could be done to enhance one person's communication. They had realised that one person could read/recognise certain words and felt an electronic device might aid their communication. Professional advice was sought and in the interim the registered manager was advised to research electronic devices that they felt might be of benefit to the person. The registered manager had started this process.

- Observations of staff performance had been carried out once a month and these were discussed with staff in their supervision. Staff confirmed they received regular supervision. A staff member said, "I wouldn't wait for supervision if I had a problem though, we can phone or email. She is always available, we all get on really great."
- New staff completed the provider's induction process. However, apart from one staff member who had left and then returned there had been no staff changes for a long time. All staff had completed a health qualification at level two or above.

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

- People told us they liked the food they ate. There was a rotating menu. Each week the menu for the following week was discussed and people had opportunities to request any changes. Records confirmed people requested and received occasional changes. Shopping was done three times a week, so all produce remained fresh.
- People took turns to cook the main meal with staff support. Records confirmed people received a varied and well-balanced diet.
- Staff told us one person used to help themselves to food from the fridge but then when they were meant to have a particular food item and it was not there, this could cause behaviours. Staff helped the person to label foods in the fridge, who they belonged to and when they were for, in line with the menus. This simple task had eliminated the problem of running out of food. In addition, the person was supported to buy treats, and they chose when to have them.
- Staff received training on nutrition and hydration.

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

- Referrals had been made for specialist advice and support when needed. Records were kept of visits to see professionals and any changes in care were discussed with the staff team and recorded appropriately. A health professional told us they had no concerns and said, "I felt the processes they had were robust and I didn't have any recommendations to make in that respect."
- People were prompted and where appropriate, supported to look after their teeth. Two staff had received training in oral care. One person had a fear of going to the dentist. They were taken to a specialist who worked with people with learning disabilities. The first appointment the person sat in the chair and allowed the dentist to look in their mouth with a light, the second appointment the dentist was able to use a mirror and a light.
- One person did not like going to hospitals, but a health appointment was needed. Staff supported the person to visit the hospital café twice. The person needed reassurance they were not staying. The following week staff wrote in the person's calendar that they were going to the hospital and why. They reassured the person they would not miss work and encouraged the person to choose which staff they wanted to support them. This approach was effective.
- The health appointment was not effectively completed as the person did not fully understand what was expected of them and there were no clear findings. A further appointment had been arranged. However, since the appointment was made the registered manager had discovered that the hospital had a learning disability specialist who could support them for the appointment. Arrangements were being made to try to arrange for this person to become involved.

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

- People arranged their bedrooms as they wanted them with personalised objects, photographs and individual furniture, and bedrooms reflected their personalities. One person was given a weekly copy of the staff rota. They had a personalised board in their room and they put the names of staff on the board each

week.

- Communal spaces included a lounge area and the dining area was in the conservatory. One person's room had been completely redecorated before they moved in. They had chosen the colour schemes and seen it being painted. They had also chosen new furniture for the room.
- In the lounge, one person had a 'twiddle box' containing a range of objects they liked to use as reassurance when they were anxious or as a sensory activity.
- Two people had electronic devices for personal use. One person had recently got theirs for Christmas. Staff told us this had opened new opportunities for them having access to information about their various interests. The registered manager told us they had plans to introduce face time to help them communicate with relatives.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received eLearning training to ensure their knowledge and practice reflected the requirements set out in the MCA. They ensured that people were involved as much as possible in decisions about their care. They understood the process that needed to be followed when people were not able to make decisions. Where there was doubt about a person's ability to understand or give consent in certain situations then decision specific capacity assessments had been completed.
- Where appropriate, best interest meetings had been held to ensure an agreed outcome was reached on the approach to be used. In relation to one person, there were a number of areas related to health treatments where the person either complied with treatments or refused. The person's capacity to understand these treatments would have been completed in the past. The registered manager told us they were taking the most important issues first and would gradually work through each area with the person and with staff who knew them best to assess capacity. Records demonstrated the approach being taken.
- Only one person had been assessed as needing a DoLS authorisation and an application had been submitted for this. Records included detailed information about why any restrictions in place were needed.

# 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 good. At this inspection this key question has remained the same.

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 told us each of the people living at the service had very different needs. We asked how it was possible to meet differing needs given there was often only one staff member. A staff member told us, "One person is funded to receive a high number of one to one staff hours but they are at a day centre throughout the day and don't need staff support then, so we then have time for the others." Two people liked to spend short periods of time in the house on their own and this had been risk assessed.
- Staff supported people who took it in turns to cook the evening meal. People had their own rules about this time to ensure it was uninterrupted. A sign was put on the kitchen door to alert others that cooking was in progress and they should not interrupt. The sign was respected by everyone.
- One person liked to go to bed very early and whilst staff were working on supporting the person to delay bedtime, so that increased opportunities could be available to them, their views were respected, and any changes made were very gradual.
- One person had very strong opinions and at times liked to talk about subjects they were passionate about. They had difficulty understanding that others might be affected by their views or hold a different opinion. There was guidance for staff in dealing with these topics and how to support the person. The registered manager had offered the person one to one time to discuss these subjects, but the person did not feel this was necessary. They told us they had their own strategies, for example avoiding social media so they wouldn't hear fake news.
- People were cared for by staff who were caring and passionate about their role in the home. The registered manager told us staff bought people individual presents for Christmas and one staff member always brought back presents from holidays. We observed a staff member helping a person to prepare for their 'swoove' class (fitness/dance). Both were equally excited about the class and enjoyed practising dance moves together in advance. The person's enthusiasm and smiles demonstrated their love for the class and their affection and regard for the staff member supporting them.

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

- Residents' meetings were held weekly. A staff member said, "We ask their opinions and try to improve all the time." People were always asked if they wanted any changes whether this was in relation to menus, activities or anything else and the registered manager always followed up to check that any changes requested had been provided. If changes could not be provided, the reasons were explained.
- People were supported to maintain relationships that were important to them. One person liked to see

their girlfriend when they went to various activities. They told us they would like to invite them for dinner and the registered manager said this could easily be arranged.

- Internal reviews were held regularly and at these meetings people's goals were reviewed to make sure they were still relevant; their health and upcoming appointments were also discussed. As part of this process people were asked if they liked living at the service and if there was anything they wanted to change. When one person was asked this at review their comment was that they liked the staff and they liked getting a taxi to the house.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. A staff member told us, "I'm very aware of (Person's) dignity. I always ensure the door is closed when (Person) uses the toilet." We observed that staff knocked on people's doors and only entered when permission had been given.

- A relative told us, staff interacted well with their relative and cared for them to an excellent level. They said they had a full timetable of things to do, ranging from attending their day centre, to exercise classes, as well as being fully involved in the day to day activities in the house itself, taking part with cooking and cleaning and washing.

- People confirmed they took part in laundry, cleaning and cooking tasks and records showed the tasks people did and where appropriate, the level of help they needed to increase their skills and complete each task.

# 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 good. At this inspection this key question has remained the same.

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

- Each person using the service had care plans that identified and recorded their needs. Care plans were reviewed regularly, and when people's needs changed, and were up to date.
- People were supported to choose two to three goals to work on. One person had never been to a hairdresser, so they chose this as a goal. On the first occasion they went, the hairdresser recognised the person from a previous role they had in the past, so this was a very positive start to the experience. The person had been twice and each time they told the hairdresser what they wanted done. Another goal was to wash clothes. Records confirmed the progress made with this goal.
- Another person's long-term goal was to complete online shopping. The registered manager told us people were still supported to do regular shopping three times a week. However, a monthly online shop had been introduced for heavier objects. They had started supporting the person to learn how to check cupboards and write shopping lists and once achieved they would move on to the next step.
- A professional told us, "Whenever issues have risen we have been able to work together to resolve them quickly and effectively. I have seen a huge improvement in the behaviour of (Person) who resides at the service and I am sure that it is due to care and consistency that is provided by the staff team."
- One person had particular anxieties about routines and these could be triggers for behaviours that challenged if their, or other people's routines were not followed. This presented a challenge to staff but each time triggers were presented, staff looked at what could be done to minimise the risk of these reoccurring. For example, staff overestimated how long other people's activities would take so the person did not become anxious that they had not arrived home earlier.

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.

- Staff knew people well and how they communicated. Each person had their communication needs assessed and recorded to ensure all staff were able to communicate effectively with them.
- People used a variety of communication methods and tools and staff were skilled in understanding these. One person had their timetable in the colours of the England flag and key words only on it. Another used some Makaton, a form of sign language to assist the spoken word. They also had a board in their bedroom with a very wide range of PECS symbols. (PECS, a Picture Exchange Communication System)

- Each day they put together a strip of symbols to plan out their day and what they would be doing. This strip was then taken with them, so they would know what they were doing in order. Staff told us this was essential in ensuring the person's wellbeing.
- A professional told us, 'The service has been proactive and imaginative in their approaches to skill building and communication and have made changes where necessary to avoid triggers and desensitize where possible. The changes to (Person's) life have been amazing and (Person) continues to develop participation in community and social activities and to have positive relationships with peers and staff.'
- Training plans were designed to include visual support for people. For example, one person had a tick chart with key words to guide them on how to clean their bedroom, another had a visual prompt on the process of their medication routine. Where appropriate, documentation within care plans was in an easy read format to support communication.

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 were supported to carry out every day activities and to be part of the local community.
- Each person had a programme of the activities they enjoyed, these included, attending a day centre for varying numbers of days, walking, and regular trips to cafés and restaurants.
- Two people liked to go to 'Swoove,' a fitness dance group, one evening a week and one person liked to attend a disco that was held once a month. One person told us they liked to meet up with their girlfriend at these venues.
- One person told us they sometimes invited friends and family to the home. Another person said they went to one of two churches locally once a week. They also enjoyed trips to various cities to see cathedrals.
- As a result of requests made by people throughout the company, a 'trip club' was set up. The registered manager told us the club had been a, 'Major success with all residents from the company benefitting and forging new friendships.' A representative from each home attended the meetings and put forward ideas for trips. One person showed us research they had carried out in advance of the next meeting. They told us they enjoyed checking out train timetables and working out costs. When we asked what the best thing was about living at Den Hill they said, "The trip club."
- One person had specific religious needs and their care plan guided staff on the support they needed to meet these. A friend supported them to attend their local church and at home they had specific dietary restrictions and religious observances that staff ensured were observed.

Improving care quality in response to complaints or concerns

- No formal complaints had been received since the previous inspection.
- There was an easy read complaint procedure for people.
- The registered manager told us that everyone would be able to share a concern either verbally or through behaviour if they were unhappy. Generally, as long as their routines were followed people were happy. It was when things happened that were beyond staff control that people might become unsettled. Records confirmed that people did demonstrate their unhappiness at times in these types of situations. There was clear advice and guidance about how people expressed their views and emotions.
- Staff told us they would have no hesitation in speaking with the registered manager if they had any concerns. A relative told us, 'Communication is good. We are very happy with the service.'

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

- There was a registered manager in post. She was also the registered manager of another two services within the organisation and she divided her time between each service.
- There was a handover between each shift that ensured there was time to discuss any changes to people's care and support needs. A full check was carried out in relation to people's finances and medicines. A check also was made to ensure health and safety tasks had also been carried out. This system ensured accountability and responsibility.
- Staff meetings were held weekly. At each meeting staff discussed any action points that had been raised at resident's meetings. For example, two people had chosen to take part in the fire drill process in relation to staff performance. One chose to set the alarm with the registered manager's support and another to record how long it took staff to evacuate. Policies on relationships, religion and belief and the residents house meeting policy had been discussed. Records demonstrated staff shared their views and were kept up to date. Actions points were delegated, and staff signed when completed.
- A professional told us, "The service appears to be very well led and they have approached (team) for information and advice where appropriate." A staff member told us, (Manager) Knows us and the way we work. I wish all bosses were like that. We can turn to her if we have a problem. Another professional told us the registered manager, "and all the staff team are always very pleasant to work with and I would highly recommend this service."

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

- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required.
- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents. Notifications were submitted to the CQC, as required. The previous CQC rating was prominently displayed in the home and on the provider's website.



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

- Surveys were carried out to hear the views of people, relatives and staff. All were carried out anonymously, and responses were wholly positive. One relative commented, 'Thank you for all that you do.'
- Staff told us people were well known in their local area. One person was still fairly new to the area, but they were gradually getting to know local cafes and restaurants and liked shopping locally.
- Staff told us their views were listened to. A staff member told us, "We have meetings every Thursday, so we can raise any problems we have or make suggestions for changes. They said the registered manager is, "Always on the end of the phone and on call, although I've never had to call."

Continuous learning and improving care

- A detailed monthly quality assurance system ensured the smooth running of the service. As part of this process the registered manager carried out a series of audits and checks in a number of areas. The system was designed to check records, but also to make observations and check the views of people and staff.
- Comprehensive checks included records related to care plans, staff files, finances, meetings, training, incidents, the environment, complaints and compliments. Audits were carried out in relation to health and safety, infection control and medicines. At the end of each audit, an 'Action and Improvement plan' was drawn up that identified any actions, how they would be achieved and by whom and these were signed on completion.
- The registered manager told us a copy of all quality monitoring was sent to the provider each month, so they were kept fully up to date with the running of the home.
- Within the past year, in addition to ongoing training, the registered manager and a staff member had received training in oral care. The registered manager had also attended additional training on dying, death & bereavement, extremism and radicalisation awareness, stroke and supporting individuals with profound & multiple learning disabilities. Each course had increased awareness and assisted in planning future work for example, in relation to looking at communication tools for one person.

Working in partnership with others

- The home had signed up to, 'Stopping the over medication of people with a learning disability, autism or both,' (STOMP).
- The registered manager told us they attended the registered manager's network. They said this was a valuable resource and an opportunity to meet with other managers to hear and share problems but also to discuss and share ideas of innovative practices.
- A health professional told us the registered manager and "Staff at Den Hill provide an excellent service for the people that live there." They also said the registered manager and "All the staff team are always very pleasant to work with and I would highly recommend this service."