Tabs @ 42 Limited

Tabs@42

Inspection report

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Date of inspection visit:
23 March 2018
03 April 2018

Date of publication:
14 June 2018

Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

We carried out this announced inspection on 23 March and 03 April 2018. At our last inspection, on 25 February 2016 the service was rated Good. At this inspection, we found the service remained Good in Safe, Effective and Caring. The service had progressed to Outstanding in Responsive and Well-led giving it an overall rating of Outstanding.

Tabs @ 42 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.

This service provides accommodation and personal care for up to five adults. People living at the service have complex needs that include Autism spectrum disorder, learning and physical disabilities. It is situated in Northampton and the premises had been adapted to provide people with individual flats. The service also has a secluded garden.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.'

At the time of our inspection, two people were using the service.

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

The management team were highly committed to ensuring people lived fulfilling lives. The whole focus of peoples care was person centred and focused on promoting their independence and social inclusion. Staff and the management team were exceptional at empowering people to have as much control over their lives as possible and to achieve their maximum potential. The staff were passionate about the person-centred approach of the service and it was clear it was run with and for people. It was obvious that the culture within the service valued the uniqueness of all individuals.

The service had taken inventive steps to meet people's communication needs and we saw extensive communication plans and tools that were in use. These had been tailored to each individual and ensured effective communication took place. Staff empowered people with complex needs and behaviours to feel a part of their community, and to achieve their goals. People took part in activities at the service and in the wider community. Each person had a personalised pictorial activity plan and were supported to take part in activities of their choosing. Staff supported people by responding to their communication methods and

body language to understand if they were unhappy or dissatisfied with any elements of the service.

We found a progressive and highly positive staff team that placed people and their relatives firmly at the heart of their care. The service was led by a dedicated and passionate management team who had embedded a culture and ethos within the service that was open, encouraging and empowering. Staff were openly proud to work for the service and wanted it to be the very best it could be. Staff and the management team were very committed to their work and faced up to any challenges and used these to improve the support for people using the service.

Staff attended a variety of meetings that gave them an opportunity to share ideas, and exchange information about possible areas for improvements. Ideas for change were welcomed, 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, irrespective of their role, wanted standards of care to remain high and so used the outcome of audit checks and quality questionnaires to enable them to provide excellent quality care.

People continued to receive safe care. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff understood how to prevent and manage behaviours that the service may find challenging. Effective recruitment processes were in place and followed by the service and there were enough staff to meet people's needs. People received their medicines safely and as prescribed.

Staff were trained in infection control, and had the appropriate personal protective equipment to perform their roles safely. The service was clean and tidy, and regular cleaning took place to ensure the prevention of the spread of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. The care that people received continued to be effective and meet their needs. There were sufficient staff, with the correct skill mix, on duty to support people with their care. Staff received an induction process when they first commenced work at the service. In addition, they also received specialist on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and had built open and honest relationships with people and their relatives. They were knowledgeable about how best to communicate with people and to advocate for them and ensure their views were heard. Relatives spoke of the family atmosphere at the service and the genuine interest staff took in their family members. There was a strong culture within the service of treating people with dignity and

respect and staff spent time getting to know people and their specific needs before they provided them with care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remained good.

Is the service effective?

Good

The service remained good

Is the service caring?

Good

The service remained good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

The service had taken innovative steps to meet people's information and communication needs. Extensive communication plans and tools were available that were tailored to each person.

People's care was bespoke and based around their individual goals and their specific personal needs and aspirations. People with complex needs and behaviours that may challenge, were being empowered and enabled to feel a part of their community, and to achieve their goals and more.

People were supported by staff who carefully responded to their communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

The vision and values of the service were understood by staff and embedded in the way staff delivered care. The management team and staff had developed a strong and visible person centred culture and all staff we spoke with were fully supportive of this. Staff told us the management team were very knowledgeable, inspired a caring approach and led by example.

Management was pro-active in sourcing ideas by undertaking

their own research to further benefit the people living at the service. Without exception relatives and staff could not speak highly enough of the management team and the service people received. The systems and processes in place to quality check all areas of the service were detailed and robust. These allowed staff and management to deliver support to people le in a way that stood out and brought a level of excellence to the service.

Tabs@42

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 23 March and 3 April 2018 and was announced. One inspector carried out the inspection. We gave the service 48 hours' notice of the inspection, because Tabs @42 is a small residential care home and we needed to be sure the management, staff and people using the service would be in. On the first day of our inspection, we visited the service and on the second day, we spoke with relatives on the telephone.

Before the inspection, we reviewed the information we held about the service. This included 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 also looked at information provided by the local authority to obtain their views of the service.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We also spoke with the local authority who told us they had no concerns about the service.

There was one person at the service on the day of our visit. They were unable to engage in conversation with us about their care so we observed them being supported by staff. We also spoke with two relatives and six staff that included the manager, a team leader, an acting team leader, two care and support staff and the housekeeper. In addition, we spoke with a care manager who was involved in the care for one person using the service and a health professional.

We reviewed records relating to the care of the two people using the service and examined their care plans, risk assessments and medicines records. We also looked at records in relation to the management and quality assurance. This included three staff recruitment records, staff training and supervision records, staff

rota, quality audits and complaint records.

Good

Is the service safe?

Our findings

Relatives told us they had no concerns about the safety of their family members living at the service. One relative said, "[Name of relative] always has one staff to support them at all times at home. They have two staff when they go out. This helps to keep them safe." Another relative told us, "The physical layout of the kitchen in [name of relative] flat meets their needs and helps to keep them safe."

Staff felt that the people using the service were kept safe from avoidable harm. They understood their roles and responsibilities to safeguard people and were supported by up to date and clear policies and procedures. One staff member informed us, "We have had training in safeguarding and I would report any concerns I had straight away, without hesitation." All the staff we spoke with were aware of safeguarding procedures and records confirmed they had relevant and up to date training in this area." The management team were aware of their responsibility to report incidents of concern to the local authorities as required.

Risks to people had been assessed and their safety monitored. One relative told us, "I know [name of relative] has a risk assessment for when they go out. It helps staff to keep [name of relative] safe." There were detailed risk management plans to identify all the risks present within a person's life. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. These included accessing the community, environmental risks and behavioural plans. Risk assessments were reviewed on a regular basis or when there was a change in a person's individual circumstances. One staff member told us, "[Name of person] has a risk assessment for using the kitchen. It makes staff aware of the risks in the kitchen and we can add to it if anything changes."

Each person's support plan was personalised to them and detailed the behaviours they might need support to manage. They described what triggers a person may have and the best and least restrictive way to make sure people were kept safe. All the staff we spoke with felt that they were able to keep people as safe as possible, whilst also promoting people's independence.

Relatives and staff told us staffing levels were appropriate to meet people's needs. One relative said, "[Name of relative] has a one to one with a staff member at all times. There has never been an incident when this hasn't happened." Another relative commented, "The staffing is very good. In fact I would say it's brilliant and meets [name of relatives] needs." Staff also felt staffing levels were sufficient to meet people's needs and one told us, "The staffing here is very good. It's exceptional. The people we look after have one to one care and sometimes two staff will support them."

The staff rotas showed there were consistent staff teams for each individual. The manager told us, "We do try to match people with certain staff. For example, we try to make sure there are young staff with the same interests if possible, but also older staff to provide a more homely and domestic approach. That maybe someone who has experience of cooking and other life skills so they can support the person with those."

Records demonstrated that the service carried out safe and thorough recruitment procedures to ensure that all staff were suitable to be working at the service. We looked at staff files that showed staff employed had a

disclosure and barring service (DBS) security check, and had provided references and identification before starting any work.

There were robust systems in place to ensure medicines were stored and administered safely by trained staff. One relative told us that they felt their family member's medication was well managed, "There has never been any problems." The practice at the service was for two staff to support each person to take their medication. One member of staff would administer the medication and the other member of staff would observe. Staff confirmed this was the usual practice and one said, "We always do the medication in pairs. We use controlled medicines so it's essential to have two staff." We saw medication administration records (MAR) had been completed accurately after each person had received their medicine. In addition, staff were also required to update the registered manager each time medication was given so they could monitor and ensure people always had their medicines when they needed them.

Staff told us and records confirmed that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene. We spoke with the housekeeper who explained their cleaning schedules and what they would do in the event of an infection. There was guidance and policies that were accessible to staff about infection control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and reviewed by the registered manager. The service supported people with complex needs that changed regularly. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through team meetings and supervisions if required. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.
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Good

Is the service effective?

Our findings

The needs of people were assessed prior to them living at the service so that the support they needed could be identified. The pre-assessment started with an assessment that people's families and those who know the person best completed. This made sure there was accurate information about their past and present experiences, dreams aspirations and needs. We looked at the assessment for the person newest to the service. There was information about the healthcare professionals that needed to be involved in the persons care to ensure care was based on up to date legislation, standards and best practice. Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. This meant people's needs and choices were thoroughly assessed to help ensure they received effective care and support.

A relative told us about the assessment process that took place with their family member. They said, "[Name of relative] was in a different service before but needed to find a more suitable place to live. Everything fell into place nicely. Visits were arranged and some overnight stays as well. As a family, we were fully involved. We requested more visits before [name of relative] moved in and they facilitated that. The transition was planned very well and [name of relative] has settled in really well."

People received care from staff that were knowledgeable and had received the training and support they needed. One relative said, "In my opinion the staff are very well trained. They know how to look after [name of relative] who has some challenging needs, but they get it just right." Staff told us they felt well trained and supported. Staff told us and records confirmed they had completed induction training when they first commenced work at the service. They told us they had worked alongside, and shadowed more experienced members of staff, which had allowed them to get to know people before working independently. Staff told us the induction training was thorough and one staff member commented, "The induction was very good. I learned a lot."

Staff confirmed they received on-going and specialist training that was applicable to their roles. Staff told us about specific training in behaviour management that was called 'Positive Range of Options to Avoid Crisis and use Therapy and Strategies for Crisis Intervention and Prevention (PROACT-SCIP). This training focuses on positive approaches to behaviour when supporting individuals through a crisis in a sensitive and caring way. Staff told us they had found this training invaluable and one staff member told us, "I have become a trainer for the PROACT-SCIP training." Staff files we looked at confirmed that staff received the training they needed to support people and meet their needs. Staff were encouraged to increase and develop their skills and knowledge. The registered manager used team meetings and one-to-one meetings to support staff to identify areas where they would like to gain more experience. If staff felt they needed extra training this was provided.

People were supported to maintain a healthy and balanced diet. We saw that people were supported with pictorial menu plans and were given the structure and routine around food and mealtimes that they required. The staff all had a good knowledge of what people liked to eat, and were motivated to encourage people to eat healthily as much as possible to increase their overall wellbeing. Care plans documented

people's preferences and any requirements they had with food and drink.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people, and had good communication with professionals including social workers, reviewing officers and other healthcare professionals. We saw that input from other services and professionals was documented clearly in people's files.

Health and medical information was recorded in detail for each person. People were given the support they needed to make sure they were able to access health services. On the day of our visit one person was being supported to visit their GP. Support was tailored to each individual to ensure they were prepared and able to cope with a variety of situations and procedures that may cause them anxiety. Staff made social stories for people which showed pictures of the service people would be attending, for example the dentist. Social stories are a tool to help individuals on the autism spectrum better understand communication, interpersonal skills and processes. These would be used several weeks before the person attended the appointment and helped to lessen their anxieties. We saw that positive and successful experiences were had by people who required medical procedures and support.

People had their own individual flats or bedsits designed to support their privacy and dignity. They were personalised and decorated according to their wishes and needs. One relative said their family members flat provided a 'perfect environment' for them.

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 decisions 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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).The management team had a good understanding of the principles of the MCA and when to make an application. One person using this service had a DoLS in place and an application had been made for the other person.

Good

Is the service caring?

Our findings

Staff were passionate about providing a friendly and caring environment for the people using the service. They had detailed knowledge of the people they supported and had developed positive relationships with them. One relative said, "The staff have all been brilliant. When new staff are recruited, they are not just thrown in at the deep end. They shadow more experienced staff until they know how to care for [name of relative] properly." Another relative commented, "I think we have been lucky to find Tabs @ 42. We were in the right place at the right time." During our inspection, we saw that staff were kind and caring towards people and gave them the time they needed to communicate and complete the routines that were important to them.

We looked at the most recent comments received from relatives as part of the organisations satisfaction survey. One read, 'In our opinion staff go above and beyond their call of duty and give a first class service to [name of relative]. They treat them with the respect they rightly deserve and show us they care and love [name of relative] and that's priceless. No amount of words would be enough to show how grateful and humble we are. You will have a place in our hearts forever and for that we are forever grateful." Another read, "Staff will go the extra mile in order to support [name of relative].'

Staff told us that working on a one to one basis with people helped them to build up relationships and get to know the person as an individual and not someone who was just part of the service. One staff member told us, "We are like family." Another member of staff said, "We get to share so much and different experiences with the people we care for. You can't help but make a connection and bond in some way."

The continuous training and development staff received had embedded a culture within the staff team that placed people at the heart of all they did. It was obvious from our discussions that staff viewed the people they supported as family. The core staff team was established and some staff members had worked at the service for a number of years. We looked at feedback from the latest staff survey. One read, 'The residents are great with amazing personalities and working with them is a joy.' Another read, 'We provide a place for people to be themselves.'

The manager told us that they supported people to go on holidays; however, this could be very challenging and exhausting for the staff involved. Due to people's funding packages, it was not possible to offer any financial incentives or special arrangements to staff to support them on a holiday so the service asked for volunteers. We saw that five staff had volunteered for this and supported people on their holidays in their own time.

People were involved in every aspect of their care and support. For example, we saw that at the start of each day, people organised their day with staff using pictorial schedules, because their routines were extremely important. Staff clearly understood the times and areas in which people found stress and anxiety, and supported them with the structure they required to reduce this. One staff member told us they liked to arrive early so they could make sure the schedules were all in place. Staff knew when people were distressed and needed extra support. One relative said, "Staff understand [name of relative] and have worked closely with

them to get it right."

A care manager for one person using the service told us, "The staff know [name of person] inside out. They have put in place some really good structured routines that they respond to. They have made really good progress since they moved here."

We saw that people could have access to an advocate if they felt they were being discriminated against under the Equality Act, when making care and support decisions. No one was using the services of an advocate at the time of our visit.

The privacy and dignity of each person was respected by all staff. Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe. Staff were given clear guidelines about how to support people who may display certain behaviours whilst in public or communal areas, and how best to de-escalate that situation. Retaining a person's dignity was clearly a priority alongside their personal safety and that of others. Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

Outstanding ☆

Is the service responsive?

Our findings

Care was completely bespoke and tailored to meet the needs of each individual, and people and their relatives, where possible, were fully involved in their care. One relative told us, "Staff have an excellent understanding of [name of relative] and have a drive and passion to help them achieve as much as they can." Another relative commented, "Staff have put some really good strategies in place to help [name of relative] cope. They have enhanced communication with them and that has been really beneficial."

A staff member said, "We are always trying to think out of the box and see what else is possible. We all believe that these guys should be getting the most out of life. We never give up trying to make things better for them."

A health professional told us the service was exceptional at meeting people's needs and staff were passionate about providing the care and support people needed. These sentiments were echoed by staff who commented, "I feel really proud to work somewhere that gives the best care." Another told us, "This is the best job in the world. We are able to make a difference for people and that's real job satisfaction."

The provider completed a comprehensive assessment before a care package was agreed. These focused on what was important to each individual, their personal goals and wishes as well as obtaining information about their preferred lifestyles, their health needs, beliefs, hobbies and interests. The initial assessment formed the basis for the development of peoples care plans. Relatives told us that they and as far as possible their family members had been involved at every step in planning the care required. Relatives told us their family members were central to this process and felt listened to. Comments from relatives included, "Communication is very good and we are listened to. I receive a weekly phone call to update me on how [name of relative] is doing." Another told us, "I asked if [name of relative] could get some support to manage their weight. That was sorted out straight away and has been successful."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The service had taken innovative steps to meet people's information and communication needs. There was a vast array of communication plans and tools that were tailored to meet each person's communication needs. The service used social stories to support people with preparing and understanding a wide variety of tasks. We saw that pictorial schedules were handmade by the service to support people with basic understanding of objects and rooms, through to more complex procedures and routines that they would need to prepare for to avoid anxiety and stress. A staff member also demonstrated a device called Tech talk. A series of pictures were placed in the device alongside buttons for the person to press. The staff member held down the button and recorded very briefly the activity in the picture. We were told information needed to be short to ensure people could follow the instructions. This was then used to provide the person with a

visual and auditory schedule of tasks to be completed.

Staff we spoke with all told us of the importance of accessible information for the people they were supporting. One told us, "Communication is so important. If a person can't tell us what they want, it leads to frustration and anxiety. That's when people will start to display some challenging behaviours. Good communication can stop all that." A relative told us, "[Name of relative] is supported well with the pictorial schedules. They are designed for them specifically and help them through the most basic of tasks that they would otherwise find impossible. Staff know exactly how to use these tools." Staff we spoke with were all able to tell us examples of social stories and picture guides that they used daily to enable people to cope and understand.

One person used a Picture Exchange Communication System (PECS). This allowed them to communicate using pictures by giving a person the picture of a desired item in exchange for that item. By doing so, the person was able to initiate communication.

Staff completed PROACT-SCIP training in relation to managing people's behaviours. This training was not only to help people to manage their behaviours it was also to achieve choice, respect, community participation and dignity. Records we looked at showed that people had entered the service with behaviours that had challenged others and had resulted in them being unable to take part in numerous activities or visit new places of interest. This had a major impact on people's lives. We saw that staff had effectively worked with people to support them when managing their behaviours, using the techniques of the PROACT-SCIP training.

For example, one person had a history of displaying behaviours in shops that included physical aggression and damage to the environment. Staff that supported the person had been in post for several years and had received a lot of training in this area. The training enabled them to recognise typical and individual warning signs and equipped them with the skills to de-escalate the situation. The support the person had received had allowed them to continue to access the shops, which was listed in their care plan as an activity they particularly enjoyed.

A care manager who was involved in the care for one person told us, "They really think of anything they can to meet people's needs. [Name of person] has really been supported to settle in and is doing brilliantly."

The service had found inventive ways to support people to access the community and take part in activities they enjoyed. We saw that one person liked to visit the local shop daily as part of their routine, to purchase specific items. Some days they were too anxious to go into the shop. The service had liaised with the retailer who agreed that staff could take two of each item out of the shop to present to person if they were feeling anxious so they could make a choice. We saw that this had been effective for that person and had helped to build their confidence and promote their self-esteem, dignity and self-worth.

People's cultural needs were identified in their care plans. For example, if people wanted staff of a particular gender to meet their personal support needs the service could provide this. Staff liaised with people and their families to ensure that any needs relating to their religion or family traditions were met. One comment received from a relative in the most recent service satisfaction survey read, '[Name of relative] is very lucky to have such a diverse, flexible team working tirelessly around them to protect them and keep them safe. To us you are our extended family and without you we would have no life, no future."

Relatives told us people took part in activities at the service and in the wider community. Activities were chosen by each person and were personalised to meet their needs. One relative said their family member

took part in swimming, bowling and trampolining and visiting paces such as the zoo, cafes pubs and discos. Another relative commented, "[Name of relative] goes to school in the week. Staff support them to visit us on a regular basis and also support them to go out into the community. We thought visiting the gym would be a good idea and mentioned it. Now they go regularly." Both people using the service always had two staff to support them when accessing the community and activities of their choice. This ensured they were well supported and could be kept safe if they became anxious.

During our visit, we saw areas called workstations. There were six trays at each station and each tray had a customised work task designed to build skills in specific areas. For example, there were functional tasks such as threading, screwing, buttons, zips etc. that over time would help someone to learn to dress more independently. The manager informed us, "Even the most simple tasks helps to build on self- esteem and contribute to the overall structure that people living with Autism would benefit from. Staff record feedback to evaluate the person's performance so that we can adapt the difficulty of the tasks. All six trays are rotated every six weeks to make sure people had a variety of tasks that ensured continuous learning took place." This demonstrated continuous learning and a desire to help people develop their life skills.

The provider had a complaints procedure in place that was accessible to people's relatives. One relative told us, "I haven't had to make any complaints but I would if I needed to. I commented that the weekly phone call was not as detailed as I like and the following week I had the most detailed call I have ever had. They are very quick to sort things out."

We were told that people living at the service would find it very difficult to make a complaint. However, staff carefully responded to people's communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service. Staff told us they would raise any changes in behaviour or any concerns that a person may not be happy to the management team. We saw that the service had not received any complaints; however, there were systems in place to respond and investigate complaints when needed.

Outstanding ☆

Is the service well-led?

Our findings

There was an experienced registered manager and manager in post. The manager was available to assist with the inspection. The manager was visible within the service, approachable, and knowledgeable about all aspects of people and staff. There was an extremely positive culture that ensured people were at the centre of everything the service did. We found a clear management structure that passionately promoted a person-centred philosophy and commitment to promoting independence and social inclusion. Relatives told us the service provided high-quality person-centred care. One relative said, , "I am really very pleased with the service [name of relative] receives. They have benefitted so much and have also improved in every area of their life." A second relative said, "It is a bespoke service and meets all the needs of [name of relative]. Its individualised, well organised and the staff are second to none."

Relatives informed us that the management and staff ensured the service delivered consistent high-quality care. One relative said, "The management are passionate about getting it right. They are up to date with all current thinking and continuously looking at new ideas to make people's lives better." Another relative commented, "They have worked really hard with [name of relative] and they have made a difference. All the staff seem to have the same values and are very caring. That's down to good training and good management."

Staff spoke positively about the management at the service and felt they were able to approach anyone of them at any time for support and guidance. One member of staff said, "The management are very good and have an 'open door' policy. They are very knowledgeable and I have learned a lot from the manager. I have been supported to grow in confidence and develop my skills." Another member of staff told us, "They [meaning management] have supported me to complete my NVQ level 5 and I have become a trainer for the PROACT-SCIP training. The support you get is brilliant and they [meaning management] really value the staff."

There was a diverse range of staff from different countries, cultures and religions. We found exceptional equality and inclusion across the workforce. The service provided culturally appropriate foods to staff and they were supported where possible to take time off for religious holidays and festivals. We saw comments from the latest staff survey that read, 'Staff are made to feel valued, and are very well supported.' 'We are like a big family' 'There is a family feel to the staff team' and 'The management believe in me and see my potential.'

The manager informed us that they saw the service and the staff as problem solvers for the people they supported. One of the core values of the service was that they respected each individual persons diversity and strived to ensure there was consistency throughout the team. The manager told us this culture was owned by all the staff team. There was a low staff turnover and a relatively small team which had lead staff to frequently mention a family atmosphere in their recent feedback.
The manager also informed us that the organisations strategy was small but meaningful growth through specialisation. They were constantly working to up-skill the staff team and develop very specific tools to better support people living with Autism. A care manager told us, "The management are very knowledgeable

and the staff have obviously had good training. They all work well together as a team and there is very good communication."

The manager demonstrated their passion for the service and commitment to the people living there. They told us about one person who was living with an unusual and specific health condition. They wanted the staff team to have a better understanding of the condition so attempted to find some training for them. They discovered there were no training courses available for this particular condition and very little resources so the manager researched the condition and designed a training course. They asked a senior lecturer at the local university to have a look at the training package who in turn asked the manager to deliver the training to first and second year trainee nurses. The manager told us they were also going to provide training for nurses in relation to Autism and managing behaviours that can challenge others. One member of staff who worked at the service told us, "I had the training in [name of health condition]. I have a much better understanding now and can provide better support."

The service worked closely with other organisations and we saw that they had links to several national organisations. One of which delivered training for staff and they visited the service annually, to have a look around for any improvements that could be made to the environment and consider new ideas together. The manager told us they would get advice about any best practice guidance or changes to legislation from this organisation.

At the time of our visit, the manager was mentoring a staff member who was undertaking a master's degree in Autistic Spectrum Disorder. The staff member was undertaking research about alternative approaches to TEACHH (Treatment and Education of Autistic and related Communication Handicapped Children.) This approach organises the physical environment and develops schedules and work systems for people living with autism. This meant the service were proactive in looking for new developments in supporting people living with autism. The manager was also responsible for completing staff development plans. We examined one and found it looked at the staffs strengths and areas for development opportunities. The staff were encouraged to make comments about their development plans. The one we looked at contained a comment that read, 'I have an opportunity to shape operations and influence practice.'

There were numerous different forums where staff could have input into the service and were encouraged to have a voice. We saw there were PROACT-SCIP meetings held twice a year to discuss behavioural management plans and what was working and what was not working. Staff had regular team meetings and we saw that different learning sets were incorporated in to the staff meetings to ensure continuous learning, understanding of the role and good team working. Staff received regular supervisions and annual appraisals of their performance where they could discuss the support they needed and any training needs. Key worker meetings were held three monthly to ensure key workers kept up to date with paperwork, looked at positive risk taking strategies for the people they cared for, reviewed people's progress and any actions that needed to be taken. For example, we saw that one person required a referral to a wheel chair clinic and this had been competed.

The quality of care was regularly monitored. The service used an initiative with the local authority called Quality Checkers. This was where people and their relatives visited other organisations that provided similar care to undertake monitoring the quality of these services. We looked at the most recent Quality Checker report for November 2017.The outcomes in all areas were positive and one comment read, 'Really nice to see the manager had the personal qualities needed. We think this service is good and unusual for the manager to be so hands on, but lovely to see the genuine relationship they have with the residents.'

The service undertook a mock CQC inspection of the service annually. This looked at all areas of the service

to check it was safe, effective, caring, responsive and well-led. In addition, there was an established system of audits in place that was focused on people's quality of life as the desired outcome. These included such things as activities, work-task evaluation records, resident targets/goals, any physical interventions, medicines, daily notes and care plans and any accident and incidents. The registered manager also checked the audits and carried out their own to gain an overview of the service.
In addition to this we saw that each month the manager would meet with the directors for a manager's meeting and minutes of these were recorded. Actions from the previous meetings were addressed and the manager was accountable for updating the directors on progress. There was also a weekly meeting between the manager and the director to focus on business development and audit of the electronic records. The director carried out a monthly audit of record keeping. As a result of the managers meetings, demonstrable improvements had been made and there was a clear flow of actions highlighted with visible results. For example we saw changes had been made to the environment and the purchasing of new equipment. The manager told us that as a result of the director audit and weekly meetings the quality of record keeping had improved.

There were internal systems in place to report accidents and incidents and the management team and staff investigated and reviewed incidents and accidents. There was a real desire to 'get things right' so all incidents were recorded and any actions taken. The manager told us that following any incidents there was a review where staff involved were de-briefed on the incident. The manager told us support plans would be updated and if needed new strategies introduced.

The manager told us how important it was to learn lessons from events that had not gone well. They told us about one person who had been admitted to the service with two diagnoses. The provider had sourced and trained all staff so they were able to meet their needs and had prepared customised visual supports. The team shadowed staff who were, at the time providing the persons care and the manager arranged a series of person centred planning workshops to determine the best therapeutic measures to implement. However, it soon became apparent that the service could not meet the person's needs. The manager told us that the main reason for this appeared to be because they did not respond to the proven Autism Spectrum Disorder therapies and the person was required to move to another service. The management wanted to ensure this never happened again and discovered that there were similarities between the two diagnoses of the person. They contacted an organisation they worked closely with, who introduced the service to a tool called the Coventry grid, which was a diagnostic tool to highlight the sometimes very subtle differences between the two diagnoses and the ways in which they overlapped. As a result of lessons learned, the service now used the Coventry grid as part of their assessment procedure when there was a dual diagnosis. The manager said they hoped this would enable them to make more informed decisions about future placements.

The manager had notified CQC about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe.