

The Kent Autistic Trust

The Kent Autistic Trust - 9 Perrys Close

Inspection report

9 Perry's Close
Faversham
Kent
ME13 7BX

Tel: 01634405168
Website: www.kentautistic.com

Date of inspection visit:
13 February 2018

Date of publication:
01 May 2018

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

The inspection took place on 13 February 2018. The inspection was unannounced.

At our previous inspection on 06 January 2016, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to properly manage medicines. We asked the provider to take action and meet the regulation.

The provider sent us an action plan on 15 March 2016. The action plan detailed that they had already made changes and were meeting the regulation.

Kent Autistic Trust – 9 Perry's Close 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 accommodates six people with an autistic spectrum condition in one purpose built building. There were five people living at the service when we inspected.

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.

The management of the service was overseen by a board of trustees for The Kent Autistic Trust. Trustees and the chief executive officer for the trust visited the service regularly.

There was a registered manager in place. 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.

Medicines practice at the service had improved. People received their medicines when they should and medicines were handled safely.

The service provided good quality person centred care and support to people enabling them to live as fulfilled and meaningful lives as possible.

Staff and people received additional support and guidance from the provider's positive behaviour support team which also consisted of a speech and language therapist and occupational therapist. Strategies were in place to manage any incidents of heightened anxiety and behaviours that others may find challenging.

People and their relatives had opportunities to give feedback about the service in a variety of ways. People were enabled to feedback about their service through weekly house meetings and their annual review meetings. Relatives were positive about the service received.

The provider had sustained good practice, development and improvement at the service. The provider had achieved accreditation and continued to work in partnership with organisations to develop best practice within the service.

The provider had a strong set of values that were embedded into each staff member's practice and the way the service was managed. Staff were committed and proud of the service. The provider and registered manager used effective systems to continually monitor and improve the quality of the service.

Staff knew how to protect people from the risk of abuse or harm. Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare.

People had been supported within the service in a person centred manner to understand death and dying to support them to understand about the sad loss of a friend and housemate. People were supported to celebrate the person's life and to remember the person.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 support this practice.

People were supported to eat and drink enough to meet their needs. People were enabled to make themselves drinks and snacks when they wanted them. People received the support they needed to stay healthy and to access healthcare services.

Staff respected people's privacy and dignity. Interactions between staff and people were caring and kind. Staff were patient, compassionate and they demonstrated affection and warmth in their discussions with people.

Care plans detailed people's preferred routines, their wishes and preferences. They detailed what people were able to do for themselves and what support was required from staff to aid their independence wherever possible. People were supported to achieve their goals and aspirations. People were involved in review meetings.

The provider operated safe and robust recruitment and selection procedures to make sure staff were suitable and safe to work with people. There were suitable numbers of staff to safely meet people's needs. Staff received regular training and supervision to help them to meet people's needs effectively.

Further information is in the detailed findings below.

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.

There were enough staff employed to ensure people received the care they needed and in a safe way. Effective recruitment procedures and practices were in place and were being followed.

Potential risks to people and staff were identified and action taken to minimise their impact.

Medicines were managed safely. People received their prescribed medicines at the right times.

Staff knew how to recognise any potential abuse and so help keep people safe.

The service was clean and practices were in place to minimise the spread of any infection. The service was well maintained.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well led.

Good ●

The Kent Autistic Trust - 9 Perrys Close

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 13 February 2018. It was unannounced.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

Some people were unable to tell us about their experiences, so we observed care and support in communal areas. We telephoned one relative to ask for feedback about the service which is provided for their loved ones. We spoke with seven staff, which included support workers, team leaders, the registered manager, the visiting service quality compliance manager and the business development manager.

We requested information by email from local authority care managers and commissioners who were health and social care professionals involved in the service and an advocate involved with the service. We also contacted Healthwatch to obtain feedback about their experience of the service. There is a local

Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We looked at the provider's records. These included two people's care records, which included care plans, health records, risk assessments daily care records and medicines records for all five people living at the service. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including audits and reports. The information we requested was sent to us in a timely manner.

Our findings

At our last inspection on 06 January 2016, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to properly manage medicines. We asked the provider to take action and meet the regulation. The provider sent us an action plan on 15 March 2016, the action plan detailed that they had already made changes and were meeting the regulation.

At this inspection, we found that medicines management had improved. Staff were trained to follow the arrangements in place to ensure people received their prescribed medicines. Medicines were stored safely and securely. Staff continued to receive training, including refresher training in medicines administration. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and ensure appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. There was a good system in place to ensure people had access to emergency medicines when they needed it. Staff working with people who were diagnosed with epilepsy carried emergency medicines when working with people in the community. Regular checks were made of medicines in stock. The medicines records and stock were audited on a weekly and monthly basis. The registered manager explained how they had recently shared with staff important information about a medicines device alert which affected medicines that were in stock. They responded to the alert according to the instructions.

We observed that people felt safe with staff. Staff asked questions about people's day and helped them to see and understand what was happening next. Staff understood people and knew when people needed their own space. For example, one person was unable to use the kitchen and dining room when there were other people in there. If the person entered the kitchen/diner, staff would immediately leave the room. This enabled the person to relax and be able to eat their food. A relative told us, "He [family member] seems happy, he likes the staff".

We observed that people continued to be protected from abuse or harm. Since our last inspection, seven out of nine staff had received refresher training in safeguarding adults and two staff had been scheduled to update their knowledge through undertaking an online refresher. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had

access to the updated local authority safeguarding policy, protocol and procedure dated September 2017. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns about people's care.

Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and had a good understanding of people's different behaviours. For example, one person's care records detailed that they only coped with minimal eye contact and staff should engage using low voices and tone whilst providing lots of praise. Staff consistently used this approach with the person throughout the day which enabled the person to complete self-care tasks, meals, drinks and community activities which met their needs.

Staff continued to maintain an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. All staff we spoke with told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the service in detail, such as signs and indicators that a person may show if they are happy or sad. Staff spoke with us at the start of the inspection and they detailed how people communicate and words would indicate an end to a sentence. People's support plans confirmed this. This meant that people could be confident of receiving care and support from staff who knew their needs. Staff and people continued to get support from the positive behaviour support (PBS) team. This enabled staff to work with people in a more effective way and ensured that support was consistent. One person had received high levels of support from the PBS team. This had had a positive outcome as the person was more settled and there had been a decrease in the amount of incidents. The provider had employed an occupational therapist (OT). The registered manager explained that they were in the process of referring one person to the OT to support one person in relation to noise intolerance.

The risk assessments continued to promote and protect people's safety in a positive way. Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as accessing the community, interaction with others, travelling in vehicles, communication, fire, money, spending time alone, eating and drinking and risks associated with medical conditions, such as epilepsy. We observed staff following risk assessments to help keep people safe. For example, discreetly observing one person through windows leading from the lounge area to the kitchen whilst they ate in case the person had a seizure and choked on their food. Staff also supported a person through using a monitor; this enabled them to check on the person by listening for noises which would indicate they were having a seizure. The risk assessments were detailed and clear. They included preventative actions that needed to be taken to minimise risks as well as clear instructions for staff to detail how to support people safely. The assessments outlined what people could do on their own and when they required assistance. Risk assessments were reviewed and were updated regularly or when there was a change in a person's health. A relative explained how they were involved in risk assessments. They said "We talk about risks such as avoiding swimming in the summer [because their family member does not cope with crowds]".

Each person had a personal emergency evacuation plan (PEEP) in place which detailed how staff should help them evacuate in the event of a fire. Fire alarms had been regularly tested and fire drills had taken place. The last fire alarm test had been completed 10 February 2018. Staff had a good understanding of the fire procedures and how to evacuate people safely. The service had an out of hour's policy and arrangements were in place for staff to gain management support. This was for emergencies outside of

normal hours, or at weekends or bank holidays. Risks associated with the premises continued to be well managed. The building had undergone necessary checks and was well maintained. Since we last inspected the service, the kitchen had been replaced and communal areas had been decorated. Gas and electrical installations were documented and up to date as were portable electrical appliances, call bell systems, fire alarm systems, water hygiene checks and water temperature checks.

The provider and registered manager continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. Additional support staff were on shift to support community activities. The staffing numbers enabled people to carry out activities and receive support relevant to their own needs. We observed when people were in the service, staff were visibly present and providing appropriate support and assistance when this was needed. We observed that the service was calm. Staff were not rushed and took things at people's individual pace.

The home was clean and tidy, it smelt fresh. Staff supported people to carry out cleaning tasks in their rooms and staff undertook communal cleaning tasks. Staff had access to appropriate personal protective equipment such as gloves and aprons to minimise the risk of cross infection. People were supported to be involved with the laundry. Some people brought their laundry to the laundry room and filled the machine and were supported to programme the machine. Others needed more support. There were clear procedures in place to deal with soiled laundry, which all staff knew about. Washing machines washed soiled clothing at the required temperature to ensure it was clean and hygienic.

Our findings

We observed that people were supported to have as much choice and control over their lives as they wished. People's decisions and choices were respected by staff.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were in place.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals had been involved to make sure decisions were made in their best interests. Staff had received training in MCA 2005 and DoLS and they understood their responsibilities under the Act. One staff member said, "Four people have a DoLS, we don't see it as a restriction, they are supported to leave the premises, have full choices of what to do, eat, wear and buy. DoLS just maintains safety, as people are not aware of road safety". Staff supported people to make choices through a variety of methods. People were able to say what they wanted. One staff member said, "We always ask people what they want to do, give a choice of two things and show them the options". We observed people making their own choices and decisions, for example entering the kitchen and making themselves hot and cold drinks. The registered manager had effective systems in place to monitor and track applications and authorisations.

Staff continued to undertake mandatory training and refresher trainings in topics and subjects relevant to their roles. New staff had undertaken an induction which included training, completion of the Care Certificate and shadowing experienced staff. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. One new staff member had completed their care certificate and one staff member was currently working on theirs. Provider's mandatory training included; first aid, epilepsy, infection control, medicines administration, food hygiene, health and safety, fire awareness, moving and handling, autism, nutrition, equality and diversity and end of life care. Staff were supported and encouraged to complete work based qualifications. All staff

received regular supervision (one to one meeting) and an annual appraisal of their work performance. Staff told us they felt well supported by the registered manager. One staff member said, "I had a supervision a few months ago. It used to be quite regular. [Registered manager] is always there, the office door is always open". Another staff member told us, "I get good support from [Registered manager], he's always there. He listens and takes on feedback".

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and food intolerances. No one had any food requirements based on religious or cultural needs. A relative told us that the staff promoted healthy eating, which had enabled their family member to make wiser choices about the portion sizes and types of snacks. They had noticed this when their family member was visiting them. There was helpful information in the kitchen about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. People made clear choices about their meals and drinks. One person who spent a lot of time in their bedroom was prompted on a regular basis by staff to have a drink to maintain their hydration. We observed staff writing on the board in the dining room the choices of meals available (following the menu plan people had come up with). People then selected which meal they had chosen. One person who had forgotten to select which meal they would like before going off to activities in the community got a staff member to call the service so they could add their name to the board. One person wrote their own name under the choices. Staff told us how people were involved with menu planning each week and people were supported to shop for the food a weekly basis within the local community. Records evidenced that people were supported to do this. During the inspection, the staff made pancakes to help people celebrate Shrove Tuesday. People chose what fillings and toppings they would like.

The kitchen was clean and there were sufficient quantities of food available. Food was stored safely and was still within the expiry date. Fridge and freezer temperatures had been monitored and recorded to ensure they were working correctly.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. Records showed that people had been supported with appointments to dentists, hospitals, opticians, consultants and advice had been sought from 111 (the emergency NHS helpline) when people had been unwell. Records also showed the outcomes and any actions that were needed to support people with these effectively. People's individual health action plans set out for staff how their specific healthcare needs should be met. A relative said, "They [staff] liaise regarding health needs". They gave an example of when their family member needed to see a GP because of a health issue, which had been dealt with effectively.

There were plans in place to improve the external areas of the service to enable people to utilise the back garden and get involved with gardening. The current outside space consisted of a steep bank which people were not able to use. The plans in place were to create a levelled seating area and raised beds to enable plants and vegetables to grow. One person in particular was a keen gardener. The registered manager planned to work with people to get involved in a local event 'Faversham in bloom'.



Our findings

Some people were unable to verbally tell us about their experiences of living in the home. We observed that people were relaxed with staff. Staff communicated with people in a way they understood. Staff knew people very well, they picked up on any changes to a person's behaviour which was out of the ordinary and shared information with other staff involved in the person's care to make them aware.

A relative told us that staff were kind and caring towards their family member. They said, "They are very, very respectful to him. They do a good job, they are very caring".

The registered manager ensured people's individual records provided up to date information for staff on how to meet people's care and support needs. This helped staff understand what people wanted or needed in terms of their care and support. Behaviour support plans were also kept up to date and relevant to enable staff to work with people in a consistent manner.

We observed positive interactions between people and staff. People were at ease and comfortable in each staff member's presence. Staff who regularly visited the home such as the visiting service quality compliance manager and the business development manager were also well known by people. We observed them interacting well with people. Staff were kind, considerate and respectful. Staff made time to chat with people about their day.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. Staff were mindful not to enter people's bedrooms whilst they were not there. Staff knocked on doors and checked with people to make sure they could go in. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care. One staff member explained how a person sometimes opened their bedroom door or left their bedroom without clothes on. They explained that they prompted the person to put on pyjamas or a dressing gown and to close the door to protect their dignity, taking care not to embarrass the person. Staff were mindful of people's privacy and confidentiality. Conversations of a sensitive nature were held in private. Records were stored securely.

When talking about their roles and duties, staff spoke about people respectfully. Staff told us, "I make sure I do a good job, I listen to people and let them know I'm listening. Provide praise"; "Let them [people] know you are there"; "I think everything is great, I really enjoy working here" and "Everyone deserves to feel special".

There was a relaxed and homely atmosphere. There was lots of laughter and friendly chatter. People had free movement around the service and could choose where to sit and spend their recreational time. Staff were respectful of people's preferred places to sit and explained to us that we should sit in certain places to minimise distress to people. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people chose to spend their time sitting in the dining room. People's bedrooms were furnished and decorated to meet their own likes and wishes.

People were supported on a weekly basis to have a meeting. They came together with staff to discuss plans for the coming week, such as menus, shopping and trips and activities people wanted. These meetings were informal and had not been recorded. The registered manager planned to make records of these to evidence how people had been involved and to show how people's choices and requests had been listened to.

People were supported and encouraged to be as independent as possible. Staff helped people maintain their routines and understand what was going to happen next. We observed a staff member prompting a person to get ready to go out on a trip into the community, the person collected their shoes and placed them by the door and got ready to go out at their own pace. They were not hurried or rushed in any way.

Advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Some people's relatives advocated for them. One person had an advocate who supported them at their last review. One person had a local authority appointed officer to deal with their finances.

People continued to be supported to engage with people that mattered to them such as friends and family members. People were supported to visit relatives on a regular basis. One person was supported to travel hundreds of miles on a round trip to see their relatives on a regular basis. One relative explained that their family member was visiting them on the day we spoke with them. Staff explained that they gave people and their relative's space to spend time with each other when relatives visited the service. People were supported to use video chat on mobile phones and electronic tablets to engage with their family members, one person had a mobile phone.



Our findings

People were supported by staff in a person centred manner which meant that each person received support that was individual to them. Staff recognised when people had carried out their routines, identifying they were ready to move on to the next part of their day. Staff enabled people to take their day at their own pace. People were not rushed.

People had very detailed care plans in place, which reflected their current needs. Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. The care plans listed people's hopes and dreams and detailed how staff could help them achieve these. One person wished to go on holiday to Euro Disney with staff support. The staff team had enabled the person to realise their dream by supporting the person to apply for and gain a passport. They then had a day trip to France to support the person with experiencing the different language, money and food. The registered manager explained that the person was planning their trip to Euro Disney with staff for later on 2018. People were supported to go on holiday with their friends and also their families. The registered manager explained that in 2017 people went on holiday in England. Some people went to Dorset and some went to Suffolk and Norfolk. One person told us, "Went to west country on holiday last year. Went to London at Christmas, had a good time".

People's preferred personal care routines were detailed incorporating their preferences and skills as to what they could do for themselves, such as being able to choose the clothes they want to wear by being given the choice of two items. The plans contained information about how people communicated and things that would make them anxious. All staff knew people well and made sure that people were supported to have a good day. We observed staff communicating with people in their preferred manner. People had positive support and behavioural strategies in place. We observed staff following guidance within the care plans when supporting or communicating with people. Staff were aware of how they should support people in a positive way.

Staff across the organisation communicated effectively to ensure that they provided consistent care and support which met each person's needs. Daily records were shared by staff working in the home and day service staff on a day to day basis, so there was one working document. Day service staff were able to read about how people's evening, night and morning had been and were able to adapt people's day in response. The same worked for the staff working at 9 Perry's Close so they were able to see what people had achieved during the day and how people had been, which enabled them to work in a consistent and person centred manner. The business development manager showed us the electronic system which had been designed to

further improve the organisations records. This was still in pilot stage but was nearly ready to be used across the organisation. This would mean that staff would be able to make electronic records of people's care and support. The electronic system was also designed to make care planning, reviews and goal planning far more outcome focussed. Actions from meetings and reviews would be added to a goal plan which would enable staff to record how they had supported the person to work towards achieving their goal. The new electronic system would also enable the registered managers and senior managers within the organisation to audit and check accident and incident data as well as other records such as medicines, health and safety and fire. This would aid auditing and analysis of information but also help in quickly finding documents and records.

People had regular review meetings with staff, their relatives and care manager. This enabled people to provide feedback about the service provided. Reviews were centred around the person. The reviews were outcome focused and looked at what was working and what was not and why this might be; how the person would like to change this and any choices and changes the person may have. Staff supported people to put together photographs and videos to show in their reviews to detail what they had been involved with and what activities they had taken part in. Reviews were held in the service. Sometimes people chose not to participate with some elements of the meeting. However, people always took pride in showing their relatives and guests their photographs of what they had achieved in the past year.

People had been supported in a person centred manner when another person who lived at the service passed away. Staff supported people individually to tell them about the death and help them understand. Staff continued to support people to understand about death and dying in a way each person understood. The service had researched material to support people and had purchased a book 'Autism and loss' which they had used and was available to help people. The registered manager told us plans were in place to work on updating the end of life care policy for the service to look at people's preferences, wishes and wants. The registered manager told us, "We talk about [person] a lot, we still celebrated his birthday, we had a party and put pictures of him up". Another staff member shared how the person had received amazing support at the end of their life, from the support of the staff around them and paramedics to having their favourite items with them, right up to and including their final exit from the service. A relative told us that staff had supported their family member in understanding that their friend and housemate had passed away. The relative said, "There is a nice photo of [person] in [family member's] room. They visited the crematorium and they held a goodbye party to celebrate his life. They let a balloon off which was a lovely touch".

The foundations of positive behaviour support is in understanding why the individual exhibits challenging behaviour ('triggers'), and addresses the issues to prevent further episodes of challenging behaviour. This assessment is also known as a functional behavioural assessment, and is used to create an individualised support plan. Positive behaviour support aims, through positive methods, to teach the individual new behaviours and enable them to achieve what they want to achieve. We found this approach was embedded into staff practice and had resulted in less incidents of challenging behaviour and people had a better quality of life as a result. The provider's positive behaviour support team trained staff, but also worked with them at the service to develop strategy guidance to support people. This included working with the day service staff and relatives to ensure people had a consistent approach and the strategies put in place were properly embedded to ensure the best outcomes for the person. The positive behaviour support (PBS) team consistently supported the staff team through providing advice, guidance in staff meetings and when it was required and through training. The PBS team reviewed all accident and incident records to establish patterns or indicators that they could work on to support people further. The registered manager explained that the PBS team had worked hard with one person, the level of support from the PBS team was now reducing as the person was much more settled and there had been a decreased level of incidents.

People had opportunities to mix with others and learn new skills, so they were not socially isolated. People chose whether to attend the provider's day centre facilities or whether to utilise support from staff in their own home to undertake activities within the service. From the day service people were supported to make use of ordinary community resources such as the library, shops, leisure services, horse riding, bowling and walking groups. This was a facility available to people who lived within this service and other services owned by the provider and people from the local community which was open Monday to Friday. Some people enjoyed going to an evening social club on a weekly basis. One person enjoyed massage and relaxation sessions. A masseur visited the service to provide the person their massage during the inspection. Records evidenced this was a regular part of the person's activity plan. They clearly enjoyed the experience. Photographs showed people taking part in a variety of activities they enjoyed. They were smiling in the photographs and showing they were happy.

Relatives and people had the information they needed to make a complaint should they need to. Complaints information was readily available in the service in an accessible format. There had been no formal complaints since the last inspection.

Our findings

People were relaxed in their home and moved around the service seeking out staff and the registered manager when they wanted to. We observed that people felt comfortable to enter the office and ask the registered manager questions. The registered manager had a clear presence in the service; people and staff knew him well. A relative told us, "It is much better run with [registered manager]. He is very caring". The registered manager spent time on shift on occasions and supported people to keep in contact with their relatives.

The provider's vision and values for the service detailed that they 'ensure that each person gets the right balance of support that they need to be as successful as possible in all areas of their life provide opportunities that encourage people to grow, take risks and learn the skills they need'. The provider's vision and values were deeply embedded in the service and it was clear that the provider, management team and staff were passionate about providing good quality care and support to people and their families. Daily records evidenced that staff were supporting people in all areas of their life as required. We observed that staff supported people to live as independently as possible, enabling people to be active members of their local community, to take risks, try new things and develop new skills. People were very happy, relaxed and well supported.

There was a new registered manager in post who was supported by team leaders. 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. Although the registered manager was new they had worked at the service for a number of years in different roles. The registered manager provided clear day to day leadership and together with the team leaders coached and led the staff team by example.

The registered manager met with other registered managers in regular management meetings and spent time in other services owned by the provider to share good practice and learning. The registered manager told us they felt well supported by the organisation and detailed that the senior managers had an open door policy. The registered manager detailed how they had been supported by the previous registered manager and senior managers to learn the job role and be supported and inducted. The registered manager shared that their manager had been "A good mentor" during this period. The registered manager also told us, "I feel confident about the support I get from head office, I feel well supported". They were able to call, email and visit the management team at the provider's offices when they needed to. The management team visited

the service frequently to carry out audits, visits and provide the registered manager with supervision meetings. There had been a management team structure change since we last inspected the service. A head of care role had been developed, to provide coordinated support for all of the registered services.

The registered manager and the provider engaged with other providers and registered managers at forums held by the local authority and external organisations. This enabled them to network with others and to share and receive information and news about good practice and innovation.

The registered manager and staff received consistent support from the positive behaviour support team, senior managers and the provider. There was a strong emphasis on continually striving to improve. Senior managers including the chief executive officer visited services and knew people and were involved in helping them to live fulfilled lives.

The provider sent out surveys annually to relatives following people's review meetings to gain feedback. The service had received a written compliment from a relative about their loved one's care and support. They detailed how they had noticed 'The mutual respect between staff and residents and that it was apparent that nobody was only working at Perry's for the money they earned, they are obviously a dedicated team'. They also shared how that they never seen their loved one 'So happy interacting with the staff'. Relatives received communications from the provider informing them how they intended to make further improvements to the service and they were invited to the provider's annual general conference to hear about and be part of the plans for the coming year. People, relatives and staff were encouraged to provide feedback about good news, ideas, concerns or bad experiences.

Staff told us that the registered manager was approachable and friendly and listened to their views and ideas. Staff understood their roles and responsibilities and felt they were very well supported. There were systems in place to monitor that staff received up to date training, had regular team meetings, supervision and appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. In addition to team meetings there was a general service meeting, when staff, the positive behaviour support team, a speech and language therapist, occupational therapist and day centre staff all came together to share information. Staff knew the senior management team. Senior managers delivered training at staff's induction and knew each member of staff. This effective team work meant staff worked together to develop their practice and provide continually improving support for people.

In keeping with the provider's mission, 'to provide expertise and experience in supporting people with autism', there was a family support team based at the provider's head office. This was an independent team funded by a lottery grant. Families of people with autism and the general public could access this team for advice and guidance and receive help with form filling or be signposted to appropriate services, both internally and externally. The provider produced a six monthly newsletter. The newsletter celebrated achievements of people and staff and also kept people up to date with news, events and future developments.

Since the last inspection, the provider had sustained good practice and improvements over time and had achieved recognised accreditation from the National Autistic Society (NAS) in April 2016. The NAS inspection included observations of care and practice in five of the provider's services including 9 Perry's Close. The reviewers carried out interviews with people and staff and reviewed documentation as well as carrying out observations. The overall feedback from the inspection was very positive. The NAS accreditation report stated, 'Quality of the delivery of service at Kent Autistic Trust reflects on the emotional well-being of the individuals who live there. Staff enjoyed working there and they really work hard with lot of empathy and

understanding of individual needs of the people they support to make a difference in the life of another human being'. Staff demonstrated this commitment and empathy during the inspection and in a video that the provider had put together detailing the ethos of the Kent Autistic Trust. This video included people, staff, parents and senior management and detailed what the trust meant for them. Staff we spoke with during the inspection all shared how much they enjoyed working with people at the service; some staff became emotional and tearful when we talked about the sad loss of the person who had passed away. Staff genuinely missed the person. It was evident that people felt comfortable with staff and enjoyed their company.

The service worked in partnership with other organisations, such as the Institute for Applied Behaviour Analysis, Autism Alliance, and Kent Integrated Care Alliance to make sure they were following current best practice, to drive improvements and provide a high quality service. All managers had received training in positive behavioural support and further training from the provider's own positive behaviour support team to look at root cause analysis of behaviours rather than just the behaviour and had the skills to deliver their mission statement. The staff team knew people well and this was reflected in people's behaviour. We observed that people were calm, happy and relaxed.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included weekly checks on medicine systems and records. A medicines audit which had been undertaken on the 09 January 2018 identified actions minor issues. These had been dealt with in a timely manner. For example, one issue was that one person's prescribed Duac cream had not been dated on opening. This had been identified by staff and the prescribed cream had been returned to the pharmacy. Safer food better business by the Food Standards Agency was used to audit food management, such as water temperatures and food and fridge freezers and ensure people remained safe. The Environmental Health Officer had visited and the service had a five star rating (the highest). People were supported to live in a safe and well maintained environment. A health and safety, fire and infection control audit was undertaken every quarter. The provider had employed a housing manager to enable registered managers in all of the services to focus on people's care and support needs and continued improvement, rather than getting caught up with repairs and general maintenance. The housing manager liaised with the landlords of the buildings and contractors to enable the registered manager to focus on monitoring and developing the service.

The service quality compliance manager undertook quality assurance visits and reports were available. These visits mirrored the inspection process looking at the five domains of safe, effective, caring, responsive and well led. Reports showed this was a very thorough audit and action was taken to address any shortfalls identified, for example, the audit carried out on 09 January 2018 identified that fire drill records should include the length of time it took to evacuate during the fire drill and any actions required as a result. The action plan evidenced that this action had been met. The audit identified that some first aid box checks had found that there were items within the boxes which were out of date. The out of date items had been immediately removed and replacement stock ordered. The service quality compliance manager had noted observations and feedback from spending time with people and from cross referencing observations with people's care plans.

Trustees also visited the service so they are able to check personally that the service was running effectively. Two trustee visits had taken place in 2017. The last one had taken place on 22 August 2017. The report of the visit showed positive feedback about the service and how staff supported people with gaining skills and independence. One comment seen in the report stated, 'One person in particular has gained a lot of confidence whilst living here and not only helps with the cooking but finds recipes to use as well. Another helps prepare the puddings and a third will do washing-up etc. People are encouraged to help with their

washing as well. All good life skills'.

A monthly report covering all areas of working was also sent to senior managers, to enable them to be kept up to date and monitor the service effectively.

People had access to easy read information, such as information about keeping safe, maintaining good health and how to complain to help them understand how to provide feedback about the service they received. The management team were committed to ensuring that communication met people's individual needs.

Staff had access to policies and procedures. These were reviewed and kept up to date by the provider. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC in a timely manner about important events such as deaths and DoLS authorisations had occurred since the last inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area and on their website.