

Education and Services for People with Autism Limited

Ashleigh

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 14 March 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Ashleigh is a residential resource that is part of a specialist Further Education College for people with autism spectrum disorder and related conditions. 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 majority of people who live at the service are students at the college run by the organisation. They live in the service during term time and return home in the college holidays. The service also offers 2 adult social care placements and respite for one person.

The care home previously accommodated 18 people in one adapted building and was registered in 2011. At the time of inspection six people were using the service. The provider had recently applied to the Care Quality Commission and had re-registered to reduce the number of people who could be accommodated to a maximum of 10 people..

The provider was making changes to ensure the building complied to the model of care proposed from 2015 and 2016 guidance that people with learning disabilities and/or autism spectrum disorder which proposed smaller community based housing. The provider had reduced the numbers of people who could be accommodated at the service to 10 people. Building work was also taking place to create flats and bedsits for people who used the service. The care service had been developed and designed in line with best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism spectrum disorder using the service can live as ordinary a life as any citizen.

Due to their health conditions and complex needs not all of the people who used the service were able to share their views about the support they received.

At our last inspection in November 2015 we rated the service good. At this inspection we found the evidence supported the rating of outstanding as the caring and well-led domain exceeded the fundamental standards.

A registered manager was 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.

A chief executive was responsible for the running of the organisation. They supported the management team and represented their views during board meetings. Managers and staff across the organisation were

encouraged to continue their professional development in order to progress and provide the best outcomes for people to facilitate this.

The chief executive and registered manager had a clear vision for the organisation and service which put people at the heart of it.

People were extremely well-cared for, relaxed and comfortable. Staff knew the people they were supporting very well and we observed that care was provided with great patience and kindness. The service went to great lengths to ensure people's privacy and dignity were always respected. Everyone we spoke with complimented and praised the staff team and gave examples of the outstanding care that was delivered. Relative's comments included, "Ashleigh has been providing person-centred care long before it became a buzz word." "The care is outstanding." "Staff go the extra mile, the staff team is well-established and they are very professional and enthusiastic" and "Ashleigh is brilliant."

Staff were very well supported by the registered manager and senior management team. The registered manager had a clear vision for the service and its development. Staff were extremely knowledgeable about people's needs. They were enthusiastic and believed passionately in the ethos of the organisation.

Staff were highly skilled and knowledgeable about each person they cared for and they were extremely committed to making a positive difference to each person. There was clear evidence of collaborative working and excellent communication with other professionals in order to help people progress and become more independent.

The service was very flexible and adapted to people's changing needs and desires, enabling positive outcomes for all people. Records were well-personalised, up-to-date and accurately reflected people's care and support needs. Care was completely centred and tailored to each individual. Systems were in place to identify what each person wanted to achieve, and how best to support them to do this. Risk assessments were in place and they identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Positive behaviour support plans were in place that were the least restrictive to the person.

People were encouraged and supported to lead as fulfilled a life as possible. They were supported to foster their dreams and aspirations and there were several examples where staff supported people in different aspects of their lives.

People were appropriately supported in maintaining their health and they received their medicines in a safe way. They were provided with many opportunities to follow their interests and hobbies and they were introduced to new activities. They were all supported to contribute and to be part of the local community.

People were supported to have maximum control over their lives and staff supported them in the least restrictive way possible; policies and procedures supported this practice. All people were kept involved and encouraged to make decisions, whatever the level of need about their current and future living arrangements. They were involved in regular meetings about their care and the running of the home. Menus were planned with input from people, based on their personal preferences and choices.

Robust auditing and governance systems were in place to check the quality of care and to keep people safe. People were encouraged and supported to give to give their views about the service.

There was regular consultation with people. People had access to an advocate if required. A complaints

procedure was available. People and relatives told us they would feel confident to speak to staff about any concerns if they needed to.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were various opportunities for staff to receive training to meet people's care needs. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes being used when staff were employed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People told us they felt safe and secure with the service they received. A robust recruitment procedure for new staff was followed.

Staffing levels were sufficient to meet people's needs safely and staff were deployed flexibly.

There were systems in place to manage risks, respond to safeguarding matters and ensure medicines were appropriately handled.

Is the service effective?

Good 

The service was highly effective.

Staff were highly supported to meet people's needs through continuous, proactive and professional development of their skills. They had a very detailed knowledge of people's care and support needs.

People's rights were protected because there was evidence of best interest decision making, when decisions were made on behalf of people and when they were unable to give consent to their care and treatment.

There was evidence of collaborative working with staff and external professionals to support people's individual needs, goals and aspirations. Staff had an excellent working partnership with them.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People, relatives and care professionals without exception praised the caring approach of all the staff. During our inspection

we observed sensitive and friendly interactions.

People's dignity and privacy were respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

A range of information and support was provided to help people be involved in decision making about their daily living and future care and support needs.

Is the service responsive?

The service was responsive.

Care plans were person-centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and expressed confidence in the process.

Good 

Is the service well-led?

The service was consistently well-led.

The management team and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' health and care needs were met.

An ethos of involvement was encouraged amongst staff and people who used the service. Staff and people who used the service said communication was effective.

There were robust and effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

Outstanding 

Ashleigh

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 14 March 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with three people who lived at Ashleigh, four relatives, the registered manager, the assistant manager, six support workers, the chef, the administrator and a visiting professional. After the inspection we telephoned two relatives to collect their views about the care provided. We observed care and support in communal areas and looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for three people, recruitment, training and induction records for four staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Is the service safe?

Our findings

People who were using the service at the time of inspection had some complex needs which meant they did not all express their views about the service. Other people who used the service said they felt safe. Relative's also confirmed people were safe. One person told us, "I'm safe here." One relative commented, "[Name] is safe at Ashleigh. They trust staff." Another relative said, "[Name] is definitely safe at Ashleigh."

There were ample staff available to keep people safe and with the appropriate skills and knowledge to meet people's needs. There were four support staff on duty during the day and six support staff in the evening, the assistant manager told us this number increased to eight in the evening and all day at weekends when one person stayed for respite care. A relative commented, "Certainly, there are enough staff." Overnight staffing levels included two waking night staff and one person who slept on the premises. The assistant manager told us staffing levels were flexible and were increased or could be decreased in consultation with commissioners if people's needs changed. Additional support was provided by one member of catering staff, two domestic staff, one administrator, the assistant manager and registered manager.

The registered manager was aware of incidents that should be reported and the authorities and regulators who should be contacted. A log book was in place to record any safeguarding incidents that may need to be reported.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. One staff member commented, "I'd report any concerns to the senior on duty." All staff held relevant qualifications in safeguarding dependant on their role. The provider's PIR stated, 'The manager and assistant manager hold a level 3 Safeguarding qualification in both adults and children, the senior team all hold a level 3 Safeguarding children qualification and a level 2 safeguarding adults qualification and all shift leaders hold a level 2 qualification in both Safeguarding adults and Children. All other support staff are appropriately trained at level 1 in both children and adults.' Staff told us, and records confirmed they had completed this safeguarding training.

Procedures were followed to safeguard against financial abuse. Risk assessments were completed around finances and support plans were agreed with the person or their representative. Each person who was supported with financial transactions had a ledger to record them. Regular checks of the monies were carried out. These measures helped assure people that their money was being handled safely.

People's care records included detailed and informative risk assessments. The documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. These included environmental risks and any risks due to the health and support needs of the person such as for bathing, epilepsy and distressed behaviour. The risk assessments were also part of the person's support plan and there was a clear link between these plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring. At the same time they gave guidance for staff to support people to take risks

to help increase their independence.

A general written protocol was not in place for the use of any listening devices which were used to keep people safe, where they may be at risk from seizures or self harm when they chose to spend some time in their bedroom. The registered manager and staff were aware of their use balancing people's privacy and dignity. Information was contained within people's epilepsy guidelines and risk assessments were in place that reflected the use of listening devices. However, a general protocol about listening devices was not available for staff information. The registered manager told us that this would be addressed immediately.

People with complex needs and behaviours that may challenge, were being empowered and enabled to be a part of their community, and to achieve their goals. For example, the registered manager described a person who had previously been disruptive whilst travelling on public transport and who may abscond whilst out. They detailed the programme of actions that had been put in place with the agreement of the person and other agencies to support the person when they went out. They talked of the progress and success with the person and said, "The person now feels confident to use a mobile phone during outings to give updates about their trip and their well-being to the staff at Ashleigh, they will also ask assigned staff to confirm this on return."

Other positive behaviour support plans were in place for people who displayed distressed behaviour and they were regularly updated to ensure they provided accurate information. Staff followed positive support behavioural guidance specific to each person which advised distraction techniques and other measures to calm and help reassure the person and detailed records showed this was used with some success. Support plans contained detailed information to show staff what might trigger the distressed behaviour and what staff could do to support the person. They provided guidance for staff to give consistent support to people and help them recognise triggers and help de-escalate situations if people became distressed and challenging.

Staff had received positive behaviour support training following the British Institute of Learning Disabilities guidelines. One relative told us, "I observed an incident where a person was distressed and physically challenging. Staff managed the situation very calmly and professionally."

Where accidents or incidents had occurred these had been appropriately documented and investigated. The provider employed a behaviour nurse specialist who checked incident records and behaviour plans and offered advice and support. Where investigations found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

A system was in place for people to receive their medicines in a safe way. Medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

Medicines were stored securely. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. None were in use at the time of inspection. However, we advised that a loose leaf file was not suitable for the recording of controlled drugs. The registered manager informed us straight after the inspection that this had been addressed and a hard back book with numbered pages was now in place.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed

and all fire extinguishers had been regularly serviced. An up-to-date fire risk assessment was in place for the building. A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and comprehension. The plans were reviewed regularly to ensure they were up to date. These were used in the event of the building needing to be evacuated in an emergency.

Records showed that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with promptly.

Robust recruitment processes were in place to ensure staff were safe and suitable to work with vulnerable people. Recruitment files showed appropriate checks were completed before they started employment. The registered manager ensured an application form with a detailed employment history was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children.

Is the service effective?

Our findings

Care provided by Ashleigh staff was holistic and included support for all areas of assessed need. Comprehensive assessments were carried out to identify people's support needs. They included information about their medical conditions, dietary requirements, finances, safety, communication and other aspects of their daily lives. Support plans were developed from these assessments that focused upon the person becoming as independent as possible, whatever the level of need. For example, some people had become independent in travelling, doing voluntary work, laundry and domestic skills, they also learned about menu planning, budgeting and meal preparation. For example, one support plan recorded, 'I go food shopping and cook a meal once a week. I may plan a meal that does not require any culinary skills but staff should encourage me to make more complex dishes as I am able to make things like lasagne.' For another person support was provided to build up confidence to go outside into the garden and then out into the community.

Ashleigh staff were extremely successful in ensuring that people had transitions between services that were seamless, very positive and person-centred, whatever the level of need. Very effective systems were in place to ensure comprehensive information was passed on when people left the service and a comprehensive induction and collection of information took place when people started to use the service. Other successful transitions included assisting people into employment and into independent living. Communication was highly effective between professionals internally and external to the service to ensure people's needs were met as individually as possible and that the transition was a success.

The registered manager and a social care professional told us about the intensive transition work that had taken place with a person with complex needs before they moved to Ashleigh. This was to help them get used to the move and to become familiar with staff who would support them. The move took place at the person's pace. The social care professional commented, "The move was bespoke and person-centred. It took place in a gentle way. There was consistent staff so [Name] was not coping with more changes." We were told the transition took place at the person's pace. They visited the service each week to get used to it and stayed for a meal.

Staff told us they spent time with the person before they moved into Ashleigh shadowing staff from their previous placement to help ensure the person received care in they wanted and needed when they moved to Ashleigh. One staff member told us, "I visited and worked with staff where [Name] used to live so I learned more about them." The person's relative also commented, "[Name] is settling really well. Care is being provided at their pace."

A bespoke communication pack, devised by Ashleigh staff, of personalised information about Ashleigh was given to the person to look at before they moved in. It utilised photographs for the person to visualise. It contained a very limited amount of initial information to help the person process it and familiarise themselves with the concept of change. This information was increased, with more photographs added as the person became familiar with the concept of change and used to their new surroundings.

Staff respected people as young adults and their right to live a fulfilled life achieving their potential. Staff used innovative ways, structure and imagination to help maximise a person's life experiences, adapt to change and to lead a fulfilled life. The registered manager described the intensive work that had taken place with a person to help them to become used to travelling on public transport progressing to independent travel. Initially the dining room had been converted by staff into a bus to help familiarise the person with the concept and layout of a bus.

The registered manager gave us several examples of the successful transition of people from Ashleigh moving back into the community. For example, a person moved to a more independent living environment. Rehabilitative work had been done with the person, assisted by staff following support plans such as for laundry, cooking, budgeting and other skills to help the person prepare for living independently. For another person the registered manager told us, "[Name] is now working voluntarily at the local theatre one day a week as an usher. They attended an interview and were successful after impressing with their in-depth knowledge and passion around theatre. Theatre is something that they wish to have a career in." The person spoke with us and told us they were exited about their job. They said, "I love the theatre."

This person and their family were being supported around moving from Ashleigh to go back to their local area. We were told the person would live initially in a flat with their own personalised support and had applied for a supported internship programme within their chosen career. Work had been done to increase independent travel skills. The registered manager told us, "Currently [Name] is risk managed to independently travel home by train and is now independently taking the bus daily to and from college." They described how staff initially accompanied the person, this progressed to staff sitting in another carriage and then the person being supported to the platform after guard assistance had been arranged to support the person if necessary during their journey.

People's bedrooms were personalised and decorated according to people's tastes. As part of a person's transition to the service they were involved in choosing the colour and décor for their room whether it be the colour pink or to have a jungle themed room, people's wishes were respected. People were also consulted and asked their opinions about other areas of the environment that were being reconfigured. We heard various examples of how they were listened to. For example, they suggested an IT suite should be relocated to the ground floor from the top floor with doors leading into the garden. This also lead to plans being made for the large dining room bay windows to be converted to patio doors leading straight into the garden so it would be easier for people to access the garden and outside space.

A bike shed was also being considered to accommodate bicycles and some accessible four wheel, side-by-side cycles for people who needed some assistance as they cycled.

The organisation and service kept up-to-date with the latest research and development to ensure staff were trained to follow best practice. The organisation contributed to training programmes at Northumbria University in partnership with the Positive Behaviour Support Academy to help influence best practice. People within the service were supported by exceptionally well-trained and well-supported staff. All people, relatives and professionals we spoke with overwhelmingly praised the staff team. Staff told us they were very well trained to carry out their role and there were opportunities for personal development. One professional said, "Staff are working very positively and effectively with my client."

Relatives told us they were kept very involved and they were kept up-to-date with the progress and any changes in people's care and support needs. One relative commented, "I receive a progress e mail every time [Name] comes home from the service." Another relative commented, "I'm always kept informed." A third relative said, "Staff let me know how [Name]'s doing."

Students who used the service accessed college during the day. There were very effective systems in place to ensure communication was passed each day between residential and college staff. College staff escorted people from the service and supported them to return in the evening. A handover of information was observed between staff when people returned in the evening.

The organisation recognised that affording staff opportunities for personal development and continuous learning helped promote high quality care for people who used the service. Staff who held supervisory roles were offered opportunities to study for qualifications in leadership and management. One member of staff told us, "We can take on extra responsibilities and receive training before we do." Another staff member said, "There are lots of opportunities for training and for career progression."

There was an on-going comprehensive training programme in place to make sure staff had the skills and knowledge to support people. People who used the service also received opportunities for training. For example, in health and safety and adulthood. Relevant training was available for staff to enable them to provide continuously improving care for the people they supported. Training courses included mental health, Mental Capacity, sexual exploitation, sexuality and relationship training, communication, epilepsy, positive behaviour support, dyslexia awareness and autism spectrum condition so staff were clear about how to meet each person's individual needs. One staff member commented, "There are lots of training opportunities." Another staff member told us, "I've done management training."

The service was responsive to ensure staff received training in response to some people's needs to give them further insight and understanding. For example, sexuality and relationship training. The service supported people to develop personal relationships and had empathy for this important aspect of people's lives. Staff told us one person who wished to form a relationship had been supported to safely try different clubs, to see if they were suitable to them, to receive opportunities to meet people.

Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs and the right to live an ordinary life. Staff had received a variety of training courses including training about autism spectrum disorder and sensory awareness.

The staff training records showed staff were kept up-to-date with safe working practices. Staff told us when they began work at the service they completed a three week taught induction at head office and at the service they had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work. New staff studied for the Care Certificate for the first three weeks as part of their induction.

Staff received regular supervision from the management team, to discuss their work performance and training needs. One staff member told us, "We have individual and group supervision." Staff told us they could also approach the registered manager and other managers at any time to discuss any issues. They also said they received an annual appraisal to review their work performance.

Staff told us effective communication systems were in place to keep them up-to-date with people's changing needs. One staff member commented, "We're kept well-informed. Communication is excellent." Staff told us people's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. There was also a communication book that provided information about people, as well as the daily care entries in people's individual records.

People enjoyed a varied diet, there was a variety of choices of food available at the evening meal prepared

to people's individual tastes and preferences. Food looked appetising and was well presented. People were individually consulted as well as menus being discussed at house meetings. People were encouraged to follow healthy eating options and a weight reducing diet if appropriate. One relative commented, "[Name] has a good diet, menus are healthy." Another relative told us, "The cook is brilliant." People were involved in their menu planning and preparing drinks, snacks and meals. People's care records included information about their nutrition and food likes and dislikes and these provided guidance for staff to ensure people were provided with the appropriate support. The chef told us one person had specialist nutritional needs.

We observed the discreet support and encouragement that was provided to a person who had previously been resistive to eating. Kindly and patient interaction was observed with the staff members involved to anticipate the person's needs at mealtime to encourage them to eat. Staff were very aware of the person's food likes and dislikes and we saw they provided food to tempt the person. The person ate at their own speed with discreet encouragement. Much enthusiasm and happiness was evident amongst staff with the person when they finished their meal.

The registered manager and staff were committed to promoting people's health and wellbeing. Each person had a personalised health action plan which staff supported people to follow. This set out their specific health needs and provided guidance for staff about how to monitor and improve people's health. The registered manager actively supported staff to make sure people experienced good healthcare.

People were encouraged and supported to lead healthy and active lives regardless of their physical abilities. People were supported to walk, swim, cycle and keep fit. In some cases this had involved staff working closely with people to build their confidence and allow them to enjoy these activities.

Records showed people had access to other professionals and staff worked closely with them to ensure they received the required care and support. For example, GPs and district nursing services. The provider resourced their own psychiatric and behavioural support which enabled more prompt access to their services as required. Records and observations show there was a large amount of success in positive behaviour support programmes that were in place for some people. Examples were available that showed the reduction in agitation and need for staff intervention as people received consistent care and support that reassured them.

Detailed communication passports were developed for use when people attended hospital to ensure the necessary information was available if people were unable to communicate this themselves. This information was to ensure people's needs were met in the way the person wished and as individually as possible. .

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff were aware of the deprivation of liberty safeguards and they

knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We were informed by the registered manager six people were currently subject to such restrictions. The service was flexible and any restrictions in place to safeguard people were kept under review to check if they were still required. For example, with regard to restricted entry to the kitchen for a person's safety, independent travelling and limited use of technology.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Every effort was made by staff to involve people in every day decision making. Detailed support plans were in place that gave information about people's levels of comprehension and communication and the support required to help them be involved in making a decision.

Is the service caring?

Our findings

Some people who were using the service at the time of inspection had complex needs which meant they did not all express their views about the service. One relative's response in a recent provider survey stated, '[Name] always appears happy to attend Ashleigh, we feel this is clear evidence [Name] has a trusting and comfortable relationship with staff.' Other comments from relatives in the provider survey included, 'Ashleigh is a welcoming environment and staff are genuinely caring and approachable', 'Many staff at Ashleigh have been there for years. This is not only reassuring to [Name] but parents recognise the dedication of all staff to the young people at Ashleigh.' During the time we spent with people we saw they appeared very comfortable with staff. One person told us, "Staff are kind, yes they do listen to me."

Without exception those people who could comment and their relatives told us, they were treated with kindness and care. We saw several compliments had been received praising staff for their care and support to people. People were observed to be relaxed and comfortable with staff and they expressed satisfaction with the service. All the professionals and relatives we spoke with said they would recommend the service. A visiting professional told us, "An excellent person-centred plan is in place for [Name]. They're not having to deal with changes as the staff team is consistent." One relative commented, "The service is outstanding." Another relative told us, "Staff are enthusiastic and very professional." Other comments included, "It's lovely to see that [Name] is really settled and happy", "Staff are so kind and caring", "[Name] is happy and doing well", "[Name], staff member is fantastic."

Very positive and caring relationships had been developed with people. Staff interacted with people in a calm, kind, pleasant and friendly manner. The management team were motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with the rest of the staff team we spoke with. Staff understood their role not just to support people and provide care but to be an enabler with them. They supported people to become responsible in daily decision making in their own lives and to learn new skills, whatever the level of need.

The service was flexible and innovative in their approach to ensure people received support that helped them to develop as individuals. The assistant manager described an approach to help minimise the distress to a person who was resistive to personal care being carried out, where a previous care plan indicated four support staff were necessary to support the person. At Ashleigh, the person was supported in their bedroom rather than the bathroom, which they did not like, with fewer staff and the aid of an inflatable pool and several towels. The person was more relaxed and responsive to this and endured their hair being washed by a staff member. This showed the service worked at the pace of the individual and they were resourceful and adapted care to help the person build up trust to help their care and support needs to be met. The person's relatives and their care manager spoken with at inspection were delighted with the person's progress and gave many examples of how the person was starting to settle in and trust the staff approach with them. Their relative's comments included, "[Name] is slowly improving", "Their skin has improved, it looks fantastic, they have a good diet and they've let staff plait their hair, without any physical handling." The visiting professional told us, "There is an excellent plan in place with consistent staff."

During the day we observed the person preferred to spend time in their bedroom and their space was respected by staff. We observed the person did come from their bedroom later in the day to the dining room, when other people were not around. We were told there were plans when the person's confidence and trust had grown for the person to go into the garden and this would then progress to go out into the community at the person's pace.

Care was completely personalised to each person that used the service, and people and their relatives were fully involved in their care. Staff had an excellent understanding of all of the needs of the people they were supporting. People were actively encouraged and supported to maintain and build relationships with their friends and family. They were also supported to use the telephone to keep in touch.

At the same time the staff team took a lot of time to work with people to reduce their anxieties and to provide reassurance to help them become more confident and familiar with some change. For example, the assistant manager described how a person, who had chosen previously not to have contact with some family members had been supported to build up a gradual relationship at the person's pace, with family members and regular meetings now took place. We observed the person was involved and booked a taxi for their family when they left during the inspection.

The assistant manager told us, "Visits have been very successful and the person invited the family to visit over Christmas and this was facilitated by staff with a family meal. The person has also just celebrated their birthday at a local restaurant with their parents and staff. This took many hours of planning to ensure the person was comfortable and agreeable with the arrangements."

The provider employed their own occupational therapist and speech and language therapists who were heavily involved in developing and designing appropriate communication aids for people. They worked with Ashleigh staff and as a result innovative steps were taken to meet people's information and communication needs. The provider's PIR also stated, 'We have access to a multidisciplinary team to support Ashleigh in developing creative ways to help service user's understand the world around them, visual and sensory aids are used where appropriate, along with social stories and visual support such as communication mats.'

Extensive communication plans and tools were in place that were bespoke and tailored to each person. The registered manager told us, "For [Name] a written letter was used as a tool to assist their understanding as this is a medium they frequently use to problem solve along with the use of social stories in preparation for any health or significant appointments." This resulted in reduced anxiety for the person when they attended health care appointments.

Exceptional care was delivered to ensure that people were encouraged to make choices about their day-to-day lives and future living arrangements. This included using innovative communication practices such as pictures, signs and symbols as well as technology. Communication methods such as Picture Exchange Communication System (PECS), Makaton and other bespoke methods of communication were also used. Some people had applications programmed onto their individual I-pads to help make choices and express their views and communicate. We saw information was available in this format to help the person make choices with regard to for example, activities, outings, food and other areas of importance in a person's life.

Support plans detailed about people's comprehension. For example, one communication plan stated, 'I require simple, clear language and instructions with only two -three key words in a sentence to assist comprehension.' The information included signs of discomfort when people were unable to say for example, if they were in pain.

Care was very individual and helped the person develop. For example, a person who had previously refused to get on a plane with their family to go on a holiday abroad to visit other family. They were supported by staff to visit the airport for preparation and to familiarise themselves over a period of time. An autism holiday passport was devised and it included all information required to support and assist the person to relax including on arrival at the airport and when flying. The passport included pictorial information and routines that the person was familiar with. This resulted in a successful flight and holiday for the person. Due to the success we were told the person was to take a flight abroad again this year with their family.

The registered manager told us that the person's travel programme included the person's relatives taking part in the British Airways "Flying with Confidence" programme. Elements of the programme were tailored to the college residential and student group. This training was to be used by families and ESPA staff as part of a national training programme to increase staff awareness of the support available for people with autism when they travelled.

Staff we spoke with showed an in-depth knowledge and understanding of people's care, support needs and routines. Staff had excellent positive relations with people. Staff understood and interpreted people's non-verbal communication, which enabled people to engage more with those around them. Support plans also provided detailed information to inform staff how a person communicated. People showed that they valued their relationships with the staff team. We observed this through people's facial expressions and body language as they responded positively to staff who were supporting them.

Staff were not rushed in their interactions with people. They spent time with people individually, observing them discreetly or supporting them to engage if they were not involved in some activity. We observed people were involved and engaged in their care and support. For example, we observed a staff member followed a person's support plan which had agreed timed sessions with their electronic gadgets. They discreetly asked the person, how much time they had left to use it. This technique involved and reminded the person of their care and support plan and the time allocated for the use of the gadget, rather than waiting until the time had expired and the person had to finish using it abruptly.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The registered manager told us a formal advocacy service was available and was used when required.

Is the service responsive?

Our findings

Records showed pre-admission information had been provided by relatives and people who were to use the service. Support plans were developed from assessments that outlined people's needs were to be met. For example, with regard to nutrition, personal care, behaviour support, mobility and communication needs. Plans were detailed and provided guidance for staff. For example, one plan stated, 'I need staff to provide me with a visual reminder and also a verbal reminder the day before so I can make a plan.'

People's care was based around their individual goals and their specific personal needs and aspirations. Support plans provided instructions for staff to help people learn new skills and become more independent in aspects of daily living whatever their need. The support plans provided a description of the steps staff should take to meet the person's needs. This included choosing their menu. Some people were involved in preparing meals with the support and supervision of staff. People were involved in household tasks such as cleaning and laundry. One relative had commented in a provider survey, '[Name] is increasingly wanting to feel a bit more independent and I feel that staff always try to reason with [Name] to get the balance right rather than just make insensitive statements about rules.'

Records detailed people's social interests. For example, one person's social support plan stated, 'I love song writing, performing and reading. I enjoy technology, using the Wi-Fi and have a twenty minute session.' People were supported to become part of the local community. People said they were supported to follow their interests and hobbies. One person told us, "I like going out to the shops." Other comments included, '[Name] regularly goes on outings with staff and has clearly built a trusting relationship.' We observed another person was supported to go walking in the evening. Due to people's needs, structure was necessary and each person had a copy of their weekly timetable of evening activities they'd been involved in developing. Activities were individually planned and included, television time, going out for a drink, IT/using games consoles, going out for a meal, telephoning parents, shopping, going for a drive, laundry time, club night and video night.

People had a copy of their care and support plan in their bedroom in a format that they understood in order to encourage their involvement. Information in care records was up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, which enabled them to provide a personalised service. Family members told us they were kept informed and were invited to any meetings to discuss their relative's care. One relative commented, "I'm involved in reviews of [Name's] care."

Students studied an educational curriculum and gained qualifications in numeracy and literacy and other subjects at college. They also studied for the Duke of Edinburgh awards at the different levels. The registered manager told us some people stayed in touch after they left Ashleigh. They told us one of the people who had recently left Ashleigh had achieved the gold award and had been invited to a ceremony in London to receive their award.

People were supported to be independent and to gain daily living skills and educational qualifications. An

annual black tie awards event took place with people who use the service to celebrate their achievements whilst at college. They enjoyed a dinner dance as part of the evening and awards were distributed to people for achievement and diligence when they graduated from the college.

People and relatives said they knew how to complain. Relatives told us they knew who to speak with if they needed to. A complaints procedure was available and written in a way to help people understand if they did not read. A record of complaints was maintained. People told us they could talk to staff if they were worried and could raise any concerns.

Is the service well-led?

Our findings

The provider had applied to the Care Quality Commission and had reduced their occupancy from 18 people to 10 people in May 2018. The building was being adapted to create more individual flat and bedsit accommodation for people which aligned itself with best practice living arrangements for people with autism spectrum disorder and related conditions.

There was an ethos of continual improvement and keeping up-to-date with best practice across the ESPA organisation. For example, the provider was making changes to ensure the older, larger building complied to the model of care proposed from 2015 and 2016 guidance that people with learning disabilities and/or autism spectrum disorder which proposed smaller community based housing.

The provider told us, "All our plans for the service have taken into full consideration principles and best practice within 'Building the Right Support' and 'Registering the Right Support'. Ashleigh will become a smaller community based service for young people with autism and additional complex needs including behaviours that challenge and mental health needs. It will also be able to offer specialist support to more people leaving hospital as part of the Transforming Care Programme and to keep others living safely in the community to prevent hospital admissions."

Strategically the organisation was dynamic and innovative and ensured it kept up-to-date with best practice with regard to supporting people who lived with autism. The organisation contributed to local and national initiatives to influence up-to-date thinking about people who lived with autism. ESPA representatives contributed and were part of developing a workforce development programme for positive behaviour support with a local university and the Positive Behaviour Academy (PBS).

The ethos of positive behaviour management was intrinsic within the organisation and the belief that people behaved in a certain way for a reason. The organisation was committed to ensuring this was understood. Staff within the organisation were working in partnership with a local university and had contributed to the positive behaviour training programme. The provider told us, "ESPA has supported the work of the PBS Academy since its inception and taken part in a number of consultation events that have led to the new qualifications being launched." The behaviour specialist and some management staff in the organisation, including at Ashleigh were due to study for a university course in positive behaviour training and cascade this within the organisation. This learning would then be cascaded to support staff. The programme was being formally evaluated by the University to inform future learning and development.

Various stakeholders were tasked by the board and the chief executive with ensuring the organisation was meeting its objectives and that they were providing a safe and effective service for all people where they experienced the best outcomes.

ESPA was well-represented at provider forums across the region to ensure the work of the Charity and their strategic plans were aligned to commissioning needs and gaps in provision. ESPA was represented on partnership bodies to ensure it helped influence best practice about autism and in order to ensure the best

outcomes for people who used the service. ESPA had recently commissioned training from the national appropriate adult board to ensure staff were aware of procedures if any person became involved in the criminal justice system in order to help support them.

Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives of the organisation were discussed with people when they started to receive a service and with staff when they were employed. Staff were made aware of the rights of people with autism or a related condition and their right to live an "ordinary life."

Representatives from the organisation provided training to some local and national charities and organisations to help promote and educate about the rights and experiences of people who live with autism. Due to work carried out by Ashleigh staff to help reduce a person's fear of flying their programme had also contributed to a national training course for flight attendants called, 'Fear of Flying', to increase their awareness of where people may be fearful of flying.

All relatives, staff and professionals told us people were at the heart of the service. The chief executive and management team at Ashleigh showed their passion and commitment to ensure a person-centred culture whereby people who used the services were central to everything they did. The registered manager was an excellent role model who actively sought and acted on the views of people. Without exception people using the service, relatives and care workers all spoke very highly of the registered manager.

The organisation and registered manager promoted a very powerful and strong ethos of involvement and inclusion to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person-centred care, for each individual to receive care in the way they wanted. Great care was delivered to ensure that people were encouraged to make choices about their day to day lives. This included using innovative communication practices to help people make choices and express their views and communicate. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves.

Information was available in alternative formats other than the written word if people did not read. For example, the service user guide, complaints procedure, meeting minutes, menus and activities and orientation information was available in different forms to help ensure people were encouraged to retain control in their life and be involved in decision making.

Observation and inspection of records showed bespoke care packages were developed and provided to people at Ashleigh to help them lead a more fulfilled life following their dreams and aspirations. Care and support was offered at the pace of the person and recognised that each person was a unique individual with rights. People's successes as demonstrated throughout the report, were celebrated, whatever, the level of need as they achieved some independence in areas of daily living and autonomy. One relative commented, "All people achieve."

Ashleigh's development plan for 2017 to 2018 referred to the changing legislation and regulation and CQC's strategy document 'Raising Standards Putting People First' to drive improvement. The inspection findings showed that the organisation and Ashleigh demonstrated that they kept up-to-date with best practice, were responsive to legislative changes and were continually improving and put people first.

The registered manager, together with the provider recognised the vital role of well-motivated staff in ensuring people's care needs were met. The provider sent out a quarterly bulletin to keep staff informed of the organisational plans and how the organisation and staff team were performing against the business

plan.

The organisation communicated well with people who used all their services. A student committee was established by the chief executive and the college principal. Meeting minutes were accessible and showed it was a way to get feedback from people about the organisation's strategic and operational planning. It was an opportunity for people who used the service to be involved and help influence the running of the organisation. For example, recent minutes showed suggestion boxes were being introduced into all services so people could make suggestions and for any areas for improvement within Ashleigh and the college. Minutes showed people were informed that Ashleigh was carrying out building work to create flats and bedsitter accommodation within the building. They also showed people's suggestions at different services which had been actioned such as a water dispenser and a smoothy maker had been obtained at one service.

People were kept involved and consulted and were regularly asked their opinions about the running of Ashleigh and if it was meeting its aims. Meeting minutes also showed people's suggestions were actioned. Minutes showed not all people wanted to participate in group meetings so they were consulted individually. Areas discussed included menu planning, activities and outings, staffing, any changes in the décor and around the building. They were also encouraged to be aware of other people they lived with and were involved in purchasing presents for each other such as at Christmas. At a person's suggestion the service had become involved and was doing more work with recycling and planned to join a recycling project. Individual meetings also took place with people approximately two to three monthly to review their educational progress, care and support needs and aspirations.

Robust auditing and governance measures were in place to secure the safest outcomes for people. The organisation reflected critically at a strategic level and introduced initiatives from any incidents. With regard to safeguarding an external consultant was part of the strategic safeguarding committee which met over the year to review any lessons learned from safeguarding incidents. A health and safety consultant reviewed any national incidents that had taken place and any lessons learned were checked across the organisation.

The registered manager told us that recruiting staff with the right values helped ensure people received a good service. At Ashleigh the staff team was highly motivated and well-established. We found that there were high levels of satisfaction across the workforce. Staff told us they felt valued and the importance of their contribution to the service was recognised. Management and staff were actively encouraged to continue their professional development and leadership skills. Relatives and professionals all expressed confidence in the management of the service. One relative told us "There's a strong, experienced management team. The management team complement each other." Another relative commented, "There's a well-established staff team."

Without exception staff and relatives said they felt well-supported. They were very positive about the registered manager. Staff all told us the registered manager was approachable, accessible and visible within the service. They said they could speak to them, or would speak to a member of senior staff if they had any issues or concerns. One relative told us, "All the staff are very friendly and approachable." Another commented, "[Name], the registered manager is very helpful and tells you everything."

All staff told us there were opportunities for personal development and senior staff, including shift leaders had responsibility for a key area of the service. Staff received professional development training such as leadership and management courses at different levels dependent upon the staff role. The organisation, ESPA had been awarded the Investors in People award previously and was applying for revalidation at the time of inspection. The award is achieved if there is investment in staff and their training and development.

The registered manager and provider were passionate about staff development and believed strongly that a motivated, high achieving staff team resulted in quality and consistent care being delivered to people. One staff member told us, "I love coming to work." Another member of staff said, "I've worked here for years. I wouldn't stay if I didn't enjoy it."

The registered manager was aware of their responsibilities with regard to 'Duty of Candour.' This means to be open and transparent, to inform the relevant people if something occurs, investigate the incident and apologise to people if necessary. They told us and gave examples of how they were open and honest but they had not needed to use the Duty of Candour as an incident had not occurred.

Relevant policies and procedures were in place for the running of the service. The provider was responsive to ensure the organisation was well-run and acted upon advice and recommendations. For example, recommendations and findings from one inspection were implemented across the organisation where necessary.

The registered manager was undertaking further studying. They were due to finish studying for a degree course in health and social care professional practice act in June 2018. They told us their research and acquired knowledge was benefiting and would continue to benefit the service and the organisation. They told us they were planning to further develop the curriculum within the service from an educational aspect to improve outcomes for people to increase their learning and development opportunities.

Staff told us staff meetings took place every week and they were consulted about the running of the service. They told us they were listened to. Staff meetings kept staff informed of any changes and gave staff the opportunity to discuss any issues. Staff meetings also discussed any incidents that may have taken place. Reflective practice took place with staff to look at 'lessons learned' to reduce the likelihood of the same incident being repeated. For example, distressed behaviour management incidents.

The quality of service provision was monitored regularly by the provider in order to make improvements where necessary. Findings from the 2018 survey sent out to collect people and relatives views were extremely positive. Comments included, 'All people achieve', 'The staff/student ratio is good and within ESPA (Education and Services for People with Autism) guidelines', 'Many staff have been in post for many years and this enables them to build good relationships with students and families', 'ESPA maintains high standards' and 'Staff have an excellent understanding of Autism.' Aggregated results of the survey responses for 2018 showed Ashleigh was rated as outstanding by relatives and people in several areas. For example, 'I would recommend ESPA as service provider.'