

The Kent Autistic Trust

The Kent Autistic Trust - 30 The Close

Inspection report

30 The Close
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Ratings

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

Summary of findings

Overall summary

About the service:

The Kent Autistic Trust – 30 The Close is a small care home for up to six people with learning disabilities and/or autistic spectrum disorder aged 18 years and over. There were four people living at the service at the time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; staff recognised that people had the capacity to make day to day choices and supported them to do so. People were encouraged to be independent. People were engaging in the community, for example using their local community to utilise ordinary community resources, shops, access leisure activities and to access day services and recreational activities to ensure they had a good day. People were also supported to take holidays.

The provider and staff were very responsive and worked continuously to make improvements to the service and provide people with high quality care. The provider and staff demonstrated a detailed knowledge of the people they supported and over time had developed trusting relationships with them, so that people felt safe receiving support. The provider had been responsive to people's needs and had supported people with understanding and processing the death of loved ones in a way they understood. Staff had recognised that people were unhappy in some situations and had supported them to make positive changes to their environment which resulted in people being happy. People were happy and smiling, relatives were very happy with the service. One relative said, "We are very happy. He is very happy and they take good care of him."

The service was well-led. The management team knew people very well, the registered manager spent time on shift working with people and staff. The management team carried out the appropriate checks to ensure that the quality of the service was continuously reviewed, improved and evolved to meet people's changing needs. The provider promoted an open culture and was a visible presence in the service, staff felt supported by the provider and the registered manager, they felt listened to and valued. Relatives were surveyed for their views and felt these were acted upon. 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.

Staff were well trained and received consistent support and guidance. For people, this meant that they were always placed at the heart of decisions about the way in which they received support. Support plans guided staff in the support they provided to people in accordance with their needs and preferences. People were provided with individualised care and support as well as activities both in the service and in the community to keep them occupied and stimulated. A relative told us, "Staff are experienced and have a good knowledge of autism."

People received a safe service and were protected from harm, staff had a detailed understanding of individual risks and danger for each person. Staff understood the measures in place to keep people safe. People were supported by enough staff with the right skills and knowledge to understand their needs and provide support in a person-centred way. The provider took care in their selection of staff, and all required checks helped ensure they were recruited safely.

People were involved in food shopping, planning their menu and where possible the preparation of food and cooking. People were encouraged and supported to be as independent as possible. People were supported to access routine and specialist healthcare appointments when they needed to.

The service continued to provide effective and safe support to people living with a learning disability and or autism. People were provided with good support to communicate, staff knew people well and understood their communication. People were supported to manage their emotions and had positive behaviour support strategies in place. Relatives told us that they had seen a positive change in their loved ones. People were supported to feedback on their experiences and contribute to planning their own support in ways which were suitable for their communication needs. For example, through using pictures, stories, signing and electronic communication.

Staff treated people with dignity and respected their privacy. Staff communicated well with relatives and welcomed them into the service, and sought their feedback about the service, which relatives felt was listened to and acted upon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service met the characteristics of Good in all areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The service was rated Good at the last inspection on 06 September 2016 (the report was published on 28 October 2016).

Why we inspected:

This inspection was a scheduled inspection based on previous rating.

Follow up:

We will visit the service again in the future to check if there are changes to the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Kent Autistic Trust - 30 The Close

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The Kent Autistic Trust – 30 The Close is a care home without nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at 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.

People were not able to verbally express their experiences of living at the service. We observed staff interactions with people and observed care and support in communal areas. We spoke with three people's relatives.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. 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. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. One local authority team told us that they had not been to the service to check standards of care for two years. We received positive feedback from one health and social care professional.

We spoke with nine staff including; specialist support workers, a night support worker, a senior support worker, the registered manager, other local managers, the quality and compliance manager, the nominated individual for the provider, the regional manager and a member of the provider's positive behaviour support team.

We looked at two people's personal records, support plans and people's medicines charts, risk assessments, staff rotas, staff schedules, two staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for copies of the quality audits and surveys. These were received in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place to protect people from the risk of abuse.
- Staff continued to know how to spot signs of abuse and mistreatment. Staff received regular safeguarding training.
- Staff had confidence in the management team and provider to appropriately deal with concerns. All staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member told us they had confidence in reporting concerns and that if any concerns were reported they would be dealt with appropriately by the registered manager.

Assessing risk, safety monitoring and management

- Support plans contained in depth risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's complex needs.
- Risk assessments gave clear, structured guidance to staff detailing how to safely work with people. The risk assessments had been regularly reviewed and updated. We observed staff following the risk assessments and guidance, for example; respecting people's space whilst they carried out their rituals and routines which enabled people to remain calm and in control.
- Relatives told us that their loved ones were supported to maintain their safety. Comments included, "She is supervised and can now make her own tea safely"; "I think he's safe, he's been there a long time" and "They keep him safe."
- Risk assessments identified triggers to people becoming anxious or upset such as loud noises, children or dogs. Staff knew about these triggers and gave examples of how they supported people to be active members of their communities by avoiding key times and places.
- The safety of the environment was risk assessed and hazards managed by the management team. For example, electrics, gas, fire, infection control, legionella, food hygiene, medicines, fixtures, fittings and equipment, as well as security of the premises.
- A health and social care professional told us, "At the time of my visit, the home was clean and appeared well maintained. The bedroom that I saw was clean and personalised to the persons taste."

Staffing and recruitment

- There continued to be enough staff to keep people safe. Staffing was matched to people's assessed needs. Two staff were deployed on shift during the day and one member of staff was deployed to work during the night. The registered manager was able to deploy more staff as and when people's needs changed.
- Staffing was arranged flexibly and where people needed one to one or two to one support this was provided.
- The service had access to regular bank staff through the provider. Risk assessments were undertaken to

identify who could not be supported by new or unfamiliar staff to ensure that bank staff were used safely.

- Staff continued to be recruited safely. For example, Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- Medicines continued to be managed safely. Medicines were securely stored and kept at the correct temperature to ensure their efficiency. The provider had invested in a small air conditioning unit to keep temperatures of medicines storage areas down in hot weather.
- Medicine administration records (MARS) were complete and accurate and people received their medicines as prescribed.
- Medicines practice had changed since the last inspection. People no longer had medicines dispensed by a pharmacist into a compliance aid. Medicines were contained within their boxes and blister packs. Staff worked together to check that the right medicines were being given to the right people at the right time. One staff member signed to show that they had checked the label and MAR and the other staff member signed to show they had administered the medicine.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed.
- Medicines were checked and audited frequently.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections where necessary.
- People were supported and encouraged to keep their bedrooms clean and tidy. Staff undertook cleaning tasks in communal areas. The service smelt clean and fresh and looked tidy and well maintained.
- People were supported and encouraged to take their own laundry in their laundry bin to the washing machine and put this on. This meant there were good systems in place to minimise the risk of healthcare related infections.

Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.
- The provider had developed a digital file sharing system which enabled staff to share accident and incident records with the management team and the positive behaviour support (PBS) team in a timelier manner.
- Records evidenced that there had been no accidents and incidents in 2019. Previous records showed that follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and expressing their sexuality. Assessments were reviewed and redone when people's needs changed.
- There had not been any new people who had moved to the service since our last inspection. However, the service had offered respite care to people. The registered manager told us that one person had stayed at the service for respite care on a number of occasions. This had worked particularly well as the person knew all the people living in the service from attending day services in the community with them.
- A transition to the service for new people was arranged at a pace to suit the person.

Staff support: induction, training, skills and experience

- Staff continued to receive induction, training, support and supervision to carry out their roles. The registered manager had provided one-to-one support to staff who had individual training needs, and had facilitated video learning for staff who preferred this
- Training records evidenced that staff completed the provider's mandatory training as well as additional training, such as diabetes training.
- Staff we spoke with had good knowledge and understanding of their role and how to support people effectively.
- The registered manager had up-skilled and developed staff amongst the existing team to ensure that staff had opportunities for progression and new challenges.
- The provider was taking part in a leadership and organisational development programme. The programme was being run for senior and registered managers as well as deputy managers with the goal of developing and embedding leadership skills and behaviour, and to enable managers to empower staff to get the best out of their skills and abilities.
- One staff member said, "One thing I like about The Trust [The Kent Autistic Trust] we do get the training we need. It is good to refresh your brain" and "We can ask for training and are offered the opportunity to progress. We can do qualifications if we want to."

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

- People were supported to eat and drink to maintain a balanced diet and good health. People were involved in going shopping, planning the menu and where possible the preparation of food and cooking.

- Staff understood people's food likes and dislikes. They had gathered information from people, their relatives and previous placements to inform their understanding of how to meet people's nutritional needs. One person signed to say that they had eaten chicken for dinner. When asked if they liked the dinner they made sounds which indicated they were happy.
- Staff supported people to create pictorial and visual menus to help people plan which meals they are going to make and eat.
- People were supported to eat a healthy diet to meet their needs. Staff explained how they kept one person safe from eating things which would increase their blood sugar levels and make them unwell. The person was diagnosed with diabetes which was managed by diet and through medicines. Staff locked their own bags containing their meals and snacks away as the person was known to take food from bags. The person's relative said, "They do manage his diabetes, they know the food he can have, it is ok to have a treat sometimes."
- A health and social care professional told us, "Person receives good guidance on healthy options for food and was encouraged to have sugar free drinks."

Staff working with other agencies to provide consistent, effective, timely care

- People had hospital passports in place. These are documents people can take with them when they go to hospital and provide useful information for healthcare staff. Passports included information such as how the person expresses that they are in pain, how they take their medicines and information about how the person engaged with healthcare previously.
- People also had communication passports. This included information on what people's signs sounds and gestures meant and what people could understand. These documents could be used by healthcare staff to aid communication.
- Staff had worked alongside people, their relatives and health and social care professionals within the community learning disability teams, to provide support when people needed additional help to undertake medical tests and appointments.
- A health and social care professional said, "There were up to date risk assessments in place and a very detailed hospital passport was also in place for the person I visited that day."

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

- The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.
- People's bedrooms were decorated to their own tastes.
- The garden was secure and well maintained. We observed people moving around the service freely and using the garden to relax in. One person spent time in the garden sitting on a swing seat.
- Relatives told us, "It is a stable environment which is what people with autism need"; "We are happy with his bedroom and bathroom and the day services" and "It is well maintained."

Supporting people to live healthier lives, access healthcare services and support

- Staff continued to support people very well with their health needs.
- Relatives confirmed people's health needs were well met. Relatives told us, "They manage his health, they notice things, I sometimes notice things and report them to the staff and they deal with it"; "They keep in contact re health issues, there hasn't really been any just routine stuff like GP and dentist appointments"; "They seem to keep his teeth, health and weight under control" and "They monitor his health."
- Staff had a good understanding of people's health needs. They supported people to attend regular health appointments and check-ups and liaised with the GP for referrals to other health professionals.
- Information about people's health needs and their preferences for support was shared with healthcare staff when people were admitted to hospital to enable people to be supported in accordance with their

needs and wishes.

- Staff provided support to people during any hospital stays to alleviate any distress they may experience from their unfamiliar surroundings.
- The registered manager detailed how the staff team had supported one person to have dental surgery under general anaesthetic. The staff worked with the provider's Positive Behaviour Support (PBS) team to create social stories with the person about having a tooth out. Social stories are used to support people with autistic spectrum disorders to praise, educate and detail what to expect in a situation and why. Members of the staff team carried out visits to the hospital and took photographs of the theatre, the equipment, nurses and the rooms and even went as far as photographing the clothes that staff would need to wear when they met the person in the recovery room. The registered manager shared that the planned surgery went so well that the person did not even need medicines to calm them. The person's relatives also shared how well the surgery had gone.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear. We observed people choosing where they wanted to go, what they wanted to eat and what they wanted support with. Staff were respectful of people's choices and decisions. The registered manager had a good understanding of DoLS and systems were in place to ensure conditions were met.
- One person had been supported to make a decision about whether or not to have some cancer screening. Staff worked with a communication specialist to impart the information about the investigation to the person in a way that they would be able to process and weigh up, and in a timescale and environment that suited the person. The person then communicated their wishes to their GP as to whether or not they wanted to undergo the investigation.
- Where people did not have the capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests. For example, there were clear records evidencing decision making processes for the person requiring dental surgery.
- The service had CCTV in place in communal spaces. The nominated individual for the service explained that they had undertaken best interests' meetings and discussions with people and their relatives about this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people being treated with kindness and compassion. Staff responded quickly to people's requests. Staff frequently spoke with people and when they did so it was in a patient, calm and friendly way. Staff maintained eye contact with people, sat down next to them at the table when talking with them, and bent down to interact when appropriate.
- Relatives told us staff were kind, caring and friendly. One relative said, "Staff are lovely, warm and chatty." Another relative told us, "All staff are very nice, there's a good mix of male and female staff." Another relative said, "All staff are kind and caring and treat her well."
- Staff had considered people's diversity needs and taken action to improve people's lives. For example, staff utilised their autism training to adapt to each person's sensory needs. One person moved about the service following their rituals and routines. Staff knew not to disturb the person whilst they were involved in this and prompted us and others to wait for them to finish their rituals upstairs before using the stairs.
- A person liked their own space and did not like to sit with others, the person chose to eat their meals in the conservatory at a small table. All staff and other people living at the service respected this and left the person to eat their meals in peace.

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

- People were supported to express their views in a way which suited them. People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support. Keyworkers used social stories, pictures and objects of reference to discuss people's support with them and enable people to express their views.
- People had support from relatives to advocate for them where they needed them. Advocacy information was available for people. One person had an advocate who visited them regularly.
- Where people used Makaton or personal signs to communicate, there was information about these signs in people's support plans. There was also a large pictorial display of Makaton signs in a file in the lounge which staff used. We saw staff and people used signs, gestures and sounds to communicate regularly throughout the day.
- There was clear pictorial information in the hallway of the service to detail which staff were on duty, what was happening in the day, which helped keep people well informed about what to expect.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff treated people with dignity and respect. We observed other people interacting with staff and smiling.
- Staff respected people's privacy. Staff did not enter people's rooms without knocking first and being invited in. Staff detailed how they supported people with their personal care in a dignified manner to ensure

the person's privacy was maintained, such as making sure doors and curtains were closed.

- Staff responded discreetly to maintain one person's privacy. The person was observed by staff laying on the sofa in the lounge with their hands in their trousers. The staff member discreetly chatted to the person and reassured them they should be doing that in their bedroom.
- People's records were stored securely to protect their privacy. Records passed electronically between the different services within the organisation (such as between day services and people's living services) were password protected.
- People were supported to maintain important relationships. People were supported to stay in touch with their relatives. People were supported to visit their relatives. One relative said, "He comes home here very happy, with a lovely big smile and always happy to go back to his home at the end of the visit. He prefers to come here rather than us visit him there."
- People were encouraged to maintain their independence. Support plans included information about how much a person could do for themselves. One relative told us, "He is supported to do things, they [people] take it in turns to set the table."
- Special occasions were celebrated with people, including their birthdays. One person had just celebrated their birthday. Staff had supported the person to go to the beach for the day and have a meal out, they had a meal and cake and visits from relative as well as a visit to see another relative. The birthday cake was decorated with a train and track as they loved trains.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's support plans were person centred and addressed people's individual needs, wishes and preferences. They included information about people's preferred routines, method of communication, behaviour triggers and strategies for supporting this proactively, their social inclusion and interests and the important people in their lives. Records showed that evaluation of people's care support and reviews with people and their relatives took place regularly. One relative told us, "We have annual reviews."
- Staff understood people's information and communication needs. These were identified, recorded, and highlighted in support plans and shared appropriately with other professionals involved in people's care. People were provided with information in formats that they could understand such as staff using objects of reference, or short verbal prompts, signs that the person used and was familiar with. Staff used approaches recognised with responding to the needs of people with autism to give visual clues to organise the tasks to help people understand and be involved in their day. A health and social care professional told us, "People are supported in an outcome focused way."
- Staff demonstrated the principles of person centred care that recognised and responded to people's needs. The registered manager told us in their provider information return that one person demonstrated that they were upset by increased noise levels in the street outside their bedroom by increased and prolonged obsessive compulsive behaviour. Staff responded by suggesting to the person that they could move to a quieter room in a way that the person would understand, accept and respond to on their own terms with a programme of careful transition. A trusted member of staff introduced the person to the room in stages, arranging for them to have their hair cut in the room so that they could experience the change in the environment. They then encouraged them to use the en-suite shower room, and supported them to choose decoration and furnishing. The person demonstrated that they were much happier in this room through their body language and behaviour, and then through a significant reduction in obsessive compulsive behaviour.
- Another person has a known behaviour of running off when they are anxious and when they are not sure about what is happening or what to expect. They love going out to open spaces and having the freedom to roam around, and this has a positive effect on their anxiety and wellbeing. Rather than avoiding going to places where they might run off, staff have taken the proactive approach and have used this as a way to support the person to reduce and self-manage their anxiety, and therefore reduce the risk of wanting to run off. This has been achieved with the right planning in place and by staff who know the person well. The staff working at the service and the staff working with the person at the provider's day service have a consistent approach with supporting the person with this. The registered manager told us, "This was particularly useful over the past year when another tenant was going through a crisis period. This could have had a more significant impact on the individual had staff not employed this strategy of proactive risk management. The individual responded to what was going on by going out into the garden, and so staff encouraged this but ensured that it was a safe environment by taking steps to make sure that the person wouldn't find himself

on the road outside without a member of staff, and responded to his non-verbal communication that he wanted to 'escape' by accompanying him for long walks and trips out to open spaces."

- People took part in a wide range of activities to meet their needs. People were fully involved with daily activities. For example, preparing meals and snacks, cooking, shopping, cleaning and laundry tasks. People were supported by staff to attend activities and events in the community. People's care records evidenced that they were supported to participate in activities that ensured that they had a good day. Activities included, shopping, trampolining, aromatherapy, swimming, fitness class, dance, golf, bowling, badminton and walks. People's daily records evidenced that people enjoyed the activities. For example, one person's record showed that they had been smiling and laughing which indicated that they were happy.
- A relative told us, "She is encouraged to do activities, also attends a day service." Another relative said, "He has a good social life better than mine." A health and social care professional told us, "People have a lot of choice and control on varied activities and leisure pursuits and are encouraged to try new things."
- The registered manager told us in the provider information return, "Staff at The Close have been proactive in raising people's profile and presence in the community and addressing potential discrimination. For example, people go to local pubs for drinks and local cafes and restaurants for meals. There is a regular trip to [nightclub name] in Gillingham on Monday for an evening specifically for people with disabilities to meet, dance, and socialise. People go the Dickens festival and Christmas events in Rochester, sports centres, and sports and charity events such as Race for Life."
- People were supported to go on holidays. A relative told us, "They are working with [person] and us to plan his holiday for later in the year, they are going to Suffolk he loves it there and there are plenty of activities."

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand. The complaints leaflets and posters were available in the hallway of the service.
- There had been no complaints about the service.
- We observed that people and staff had a good rapport; people felt comfortable to approach staff and ask questions. Staff recognised where people needed reassurance. One person frequently said the name of the place they were going that day. Staff confirmed that yes that was correct and repeated the name.
- Staff told us how they would recognise if people who were unable to verbally communicate were unhappy. They explained that people's behaviour may change, people may become withdrawn or act differently. This would alert staff, who all confirmed they would report this and explore the reasons for this.
- Relatives told us, "We can tell he is happy and relaxed as he is not screaming"; "We have no concerns" and "If he was unhappy you'd know it [they described the sounds their loved one might make and things they may do to cause self-injury]. I've got no complaints."

End of life care and support

- The service was not supporting anyone at the end of their life; the people receiving support were younger adults.
- Staff had supported people with understanding what happens at the end of life. For example, one person had been supported to understand a parent had died. The staff used social stories to prepare the person what to expect. The person was central to planning the funeral and chose the flowers, colours and ribbons. They were supported by staff to attend the funeral. Staff had put together a memory book of photographs of the person and their relative which the person could keep and look at.
- Another person had been supported by putting together a social story to help them understand what happened following the death of a parent. PBS staff shared how this social story was reviewed and amended in time because the person had misunderstood that they could visit their parents in heaven. The

story was amended to show that heaven is a place you could not visit when you were alive. The person was supported to remember their parents now through lighting a candle and thinking about them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider and registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- Relatives told us their loved ones received high quality care and support. One relative said, "They look after him very well. They tell us what is happening. It is well led." Another relative told us, "We would rate the service 10 out of 10." Another relative said, "She is settled, and we would not wish to change it. It is a stable environment which is what people with autism need."
- There was an open and transparent culture within the service.
- People approached the registered manager and wider management team during the inspection. The management team knew people well and there was regular communication with people.
- Relatives were involved in people's care. Where things went wrong or there were incidents, relatives were informed as appropriate.
- There were established processes and procedures in place to ensure people received care and support they wanted.

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

- The registered manager continued to meet with other managers in regular 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 continued to have an open-door policy. A staff member confirmed, "We always have people there for us, we can ring any of the managers." Another staff member said, "We can talk to [registered manager], I feel we are there for each other, trust is important. I do feel well supported."
- There were systems in place to check the quality of the service including reviewing support plans, incidents, medicines, maintenance and health and safety. Where actions were needed these were recorded and completed in a timely manner. The systems to check the quality of the service were deeply embedded and robust.
- There were regular audits on behalf of the provider to check that quality systems were effective.
- The registered managers had informed CQC of significant events that happen within the service, as required.
- Policies and procedures had been amended and reviewed since the last inspection to provide updated guidance and support to staff.

- The registered manager continued to gain support from the provider and the senior management team.
- There was an on call system in place for staff which meant they could access management support 24 hours a day when required.
- Trustees continued to visit the service so they could check personally that the service was running effectively. Records were retained of these visits. We viewed the record of the visit which took place in March 2018. The trustee that carried out the visit had commented about the décor and garden. We observed that the actions that had been in progress at that time had been completed.

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

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People were asked for feedback through surveys. The management team were actively working with the provider's speech and language team to review and revise the surveys, so each individual has a survey which they would be able to fully understand.
- Compliments had been received from people's relatives, thanking staff for making a difference. One compliment received read, 'The whole family would like to send our most sincere thanks to each and every one of you that had a hand in enriching [person's] life when he was living at The Close.'
- People, relatives, visitors and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the hallway and on the provider's website.
- Staff meetings had taken place regularly. Staff told us they felt listened to and supported by the registered manager. One staff member said, "I feel able to discuss things in supervisions and in staff meetings. We have handovers too. At staff meetings we can discuss anything."

Continuous learning and improving care

- The provider has continued to learn, develop and improve services to meet people's changing needs.
- The positive behaviour support (PBS) team demonstrated awareness of national reviews of practice within mental health services through 'The Reducing Restrictive Practice (RRP)'. RRP is part of an NHS and CQC improvement programme. The team were reviewing training, strategies and practice to learn from the programme.
- The registered manager and the provider continued to engage 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 service continues to work in partnership with other organisations, such as the Institute for Applied Behaviour Analysis, Autism Alliance, and Kent Integrated Care Alliance to make sure current best practice is followed, to drive improvements and provide a high quality service. The management team (from the registered manager through to senior managers) ensured that continuous review and innovation took place within the service to ensure that learning was gained from these partnerships. This has enabled them to create arrangements to meet people's changing needs and to meet planned future needs of people referred to the service.
- The provider continued to hold a recognised accreditation from the National Autistic Society (NAS) which was awarded in April 2016. Since the last inspection the provider had also won an Autism Award in 2018 for Outstanding Family Support. This was awarded by the NAS. The family support team provides a free service providing confidential support, a listening ear, reliable information, practical advice, intervention and emotional support, to families, carers and individuals affected by autism including those that do not qualify for funding. The relatives of people living at the service had not recently been supported by the family support team. However, they told us they had worked closely with The Kent Autistic Trust to develop and

design services when their loved ones moved into The Close and had support and information over the years to provide advice, guidance and support.

- The Kent Autistic Trust have recently been recognised nationally by the Parliamentary Review for their contribution to the care sector. The Parliamentary Review is a guide to industry best practice, which demonstrates how sector leaders have responded to challenges in the political and economic environment.

Working in partnership with others

- The service works in partnership with people, their relatives and health and social care professionals to ensure people have the best outcomes. For example, subtle changes had been made to support to meet people's changing needs, staff were very knowledgeable about people's behaviour and sounds and knew when people were acting in their normal manner. Staff picked up when people were not acting in their usual manner and reviewed what might be happening for the person. Staff worked with each other to review what might be happening and sought views of others such as relatives, staff working in other parts of the organisation as well as the PBS team.

- The PBS team were working with a psychologist from the Tizard Centre, University of Kent on a project to recognise and respond to the impact of incidents on the psychological welfare of staff, and put strategies in place to support staff after an event. As well as proactively improving staff resilience, stress management, and self-care.

- A health and social care professional told us, "The manager has always communicated well by email and by phone. The manager appears very competent and organised and appeared to know her support staff well."

- Staff demonstrated that they also worked in partnership with the provider's support team of speech and language therapy, occupational therapy and positive behaviour support. This enabled staff to gain a holistic view of people's support needs and created clear guidelines and pathways to working with people to live the life they want. For example, people had sensory profiles in place which detailed whether people were particularly sensitive to certain sounds, tastes or smells and this enabled staff to work in specific ways with people to minimise the risk of increased anxiety around certain situations.

- The service worked very closely with the provider's day services to enable people to have flexible support and consistency of support. The day service staff visited the service during the inspection to detail how they worked together.

- The service also worked closely with the provider's supported living services, staff continued to maintain contact with one person who had moved out of the service into their own flat.