

Walnuts Care Ltd

Walnuts Care

Inspection report

The Watling Way Centre
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Tel: 01908662288

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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

At the last comprehensive inspection on 4 February 2016 the service was rated Good.

At this announced inspection on 9 May 2018 we found the service remained Good in Safe, Effective and Responsive. The service had progressed to Outstanding in Caring and Well-led giving it an overall rating of Outstanding.

Walnuts Care provides a range of support services for families and young people living with Autism. Services include respite care, support with social activities and daily living skills. At the time of our visit there were 70 people using the service. Walnuts Care Ltd. (WCL) was set-up in association with The Walnuts School, a community, residential Special School in Milton Keynes for young people on the Autistic Spectrum, to provide care and support for younger adults once they leave school, in addition to respite for children.

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

There was a registered manager in post. 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.

People and relatives told us that they were supported by very kind, caring and compassionate staff that often went the extra mile to provide them with exceptional care. People were at the heart of the service, which was organised to suit their individual needs and aspirations. There were exceptional relationships between people, their families and members of staff. Relatives told us about the positive impact the service had on their lives and how things had changed for the better. Each person was treated as an individual and as a result, their care was tailored to meet their exact needs. People were supported to use a range of personalised communication methods and staff ensured communication was not a barrier to people achieving their goals and aspirations. Staff and relatives told us that people were supported to use their individual communication methods and tools to help reduce anxiety and have greater control about their care and lifestyle.

There was an extremely positive culture within the service and the management team provided strong leadership and led by example. The registered manager and the operational manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about people. Individualised care was central to the service's philosophy and staff demonstrated they understood and practiced this by talking to us about how they met people's care and support needs.

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role. There were systems in place to ensure people were protected from the spread of infections. People's medicines were managed safely and in line with best practice guidelines. If any accidents or incidents occurred lessons were learnt and action taken to reduce risk in future.

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. There were sufficient numbers of staff, with the correct skill mix to support people with their care. Staff received an induction process when they first commenced work at the service and in addition received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to access health appointments when required to make sure they received continuing healthcare that met their needs. 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.

Care plans provided staff with detailed information and guidance about people's likes, dislikes, preferences and guidance from any professionals involved in their care. People and their relatives were involved in planning all aspects of their care and support and were able to make changes to how their care was provided. Records were regularly reviewed to ensure care met people's current needs. This helped to provide staff with up to date information about how each person's support was to be delivered.

People, relatives and staff knew how to raise concerns and make a complaint if they needed to and there was a complaints procedure in place to enable people to raise complaints about the service.

The management and leadership within the service had a clear structure and the management team were knowledgeable about people's needs and key issues and challenges within the service. Staff felt supported and valued. There were systems in place to monitor the quality of the care provided and to ensure the values, aims and objectives of the service were met. The registered provider was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Outstanding ☆

The service was very caring

Everyone without exception praised the caring approach of staff at every level. People received kind and compassionate care and had maximum control over their lives. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised.

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and support. Staff went the extra mile to ensure people were supported to achieve their goals and aspirations.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The leadership, management and governance of the organisation assured the delivery of high quality, person-centred care. There was a culture of fairness, support and transparency. The staff understood the vision and values of the service and these made sure people were at the heart of the service.

Staff were highly motivated, they worked as a team and were dedicated to supporting people to maximise and achieve independence. Staff told us they were proud to work for the organisation and felt valued. They felt they could make suggestions about improving the service and these would be

listened to.□

Walnuts Care

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 checked 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 comprehensive inspection took place on 9 May 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in the office to assist us with our inspection. The inspection was carried out by one inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the office location on 9 May 2018 to see the management team, office staff; and to review care records and policies and procedures. On the day of our inspection young people who used the service were invited to visit us to have a chat about the care and support they received. This took place at the office location where there was a sensory room and activities for people to take part in. Parents either accompanied their family member or dropped in throughout the day to talk with us as well.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and considered this when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people using the service.

During this inspection, we spoke with five young people who used the service and five relatives. We also spoke with seven staff that included the registered manager and director, the operations manager and four care and support staff. □

We reviewed the care records of five people that used the service. These included their care plans, health and medication records, risk assessments and daily care records. We also looked at the recruitment records for four members of staff to see how the provider operated their recruitment procedures. Other records we examined related to the management of the service and included staff rotas, training and supervision records, quality audits and service user feedback.

Is the service safe?

Our findings

People continued to feel safe with the support they were receiving. One young person told us, "Yes I feel safe because I'm not alone. They [meaning staff] work out what I want. They talk to my parents." Another young person who was visiting the office said, "Yeah, I do feel safe. It's the fact that there are calming items and a sensory room, and iPads, and also carers. I've come here when I'm out with my carer in the holidays."

Relatives, without exception, were very complimentary and positive about the staff that supported their family member. One relative told us, "It's hard to hand your child over to someone else to look after but I have complete trust in [name of staff member]." A second relative informed us, "One of the reasons I wanted the service was that I totally trust the staff. They've always demonstrated that they are totally trustworthy, and [name of family member] has grown up with them."

Staff told us they were trained in procedures for safeguarding younger adults and children and we confirmed this by looking at the staff training records. One staff member told us, "We receive regular training about keeping people safe. I would have no hesitation in reporting any concerns I had. It's our priority to keep the young people we support safe." We saw that incidents had been reported to the relevant authorities as required.

Risks to people had been assessed and their safety monitored. One relative told us, "I have absolute faith in our carer that any risks are known and plans in place to prevent anything harmful happening to my [relative.] I trust them implicitly."

There were very detailed risk management plans to identify all the risks present within a young person's life. They were completed in a way that allowed people as much freedom as possible, and promoted their independence. These included accessing the community, environmental risks and behavioural plans. Risk assessments were reviewed on a regular basis or when there was a change in a person's individual circumstances. One staff member told us, "If we go out to a new place we will visit it first and complete a risk assessment. It's so important to get it all right because one hiccup could set [person] back months." Another member of staff told us, "We work very closely with people over a long period of time. As they reach their goals some of the risk assessments are no longer applicable or new risks might become apparent. It's forever changing."

People were supported by a regular group of staff who they were familiar with, this promoted consistency of care and promoted people's safety and well-being. Staff had a comprehensive insight into people's needs and their role in providing safe care. Each person had a primary carer as their main contact visiting them at home, taking them out to social events and liaising with family. The operations manager told us that staff contacted families directly to arrange days and times of their visits and these were always arranged when the young person and family requested. New staff members were always introduced by familiar staff. Importantly, a lot of the staff were teaching assistants at the attached school who already knew the young people they were supporting.

Records demonstrated that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service. We looked at staff files that showed all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work.

There were systems in place to ensure people received their medicines when they needed them. The service had policies and procedures in place to manage people's medicines when they were not able to. Where necessary there were risk assessments in place that recorded the level of support each person required and information in the person's care records. Records confirmed staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. There was guidance and policies that were accessible to staff about Infection Control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through supervisions or face to face meetings. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Is the service effective?

Our findings

We saw that families were involved in detailed pre-assessments before a young person started to receive support. Without exception, all the relatives we spoke with said that when their family members care was being planned at the start of the service they were 100% involved and staff spent a lot of time with them. This enabled the service to collate information about their preferences, what care they wanted/needed and how they wanted their care to be delivered. One relative told us, "Right from the start I said we want this and we need that. Everything I've said has been listened to. It's exactly what we get." There were processes in place to ensure that no discrimination took place, and people's cultural and life choices were respected. Particular attention was also paid to the compatibility of the young people and their support staff.

A relative spoke positively about the service's approach to introducing new staff to their family member. They told us, "If there is a new staff member they work alongside our regular carer until [name of person] gets to know them. They have to be the right match or it won't work. That is what I love about this service. They try to match the staff with the young people." Relatives said that this provided valuable opportunities for new relationships to be developed, with an emphasis on staff having the right approach and knowledge to have a positive impact on the support their family members received.

People received care from staff that knew people well, were knowledgeable and had received the training and support they needed. One person said, "The staff know how to help me. They sometimes get snacks for me that I like, and calm me down if I'm sad by reassuring me as well as the fact that they ask how I'm feeling - they say we can do 'this' for you to make it better." A relative commented, "The staff are tops. Excellent. [Name of person] has some very complex needs and I am totally confident that the staff know the best thing to do and how best to help [family member]."

Staff told us that their training was relevant to their role and equipped them with the skills they needed to care for the young people using the service. For example, we found that the service was licenced to provide 'Team Teach' behaviour support training to staff. This was designed to increase staff confidence and competence in responding to behaviours that could challenge others, whilst reducing the person's anxiety, risk and the use of restraint. Staff told us they found this training invaluable and one commented, "The training has given me the confidence to support other staff." We saw that Walnuts Care had a number of advanced tutors of Team Teach. The operations manager informed us that the accrediting body for Team Teach is the Institute of Conflict Management (ICM). They endorsed training programmes and trainers provide training programmes to local professionals.

Within the staff files we saw that staff had been provided with induction and on-going training that was relevant to the people they cared for. Staff told us that they received regular supervision and an annual appraisal of their performance. The operations manager confirmed this and we saw evidence in the staff files.

People were supported to maintain a healthy and balanced diet. One person told us, "Eating and drinking isn't a problem. I'm a food lover - it's important to me that I have a snack packed. My afternoon snacks are

more important to me than morning snacks. If I miss the morning one I will look forward to the afternoon one. My carer makes sure I have it."

A relative informed us, "Food and drink is fine, [relative] has no special diet but doesn't like to try many new things. However, cooking here with their carers has encouraged [relative] to try new things. They say to me 'We just cooked this and [person] ate it ... or they tried it'. There's still a way to go but it's improving!" Details of people's dietary likes and dislikes were recorded and where it had been identified that someone may be at risk of choking, or not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. We looked at people's records and saw that any specific dietary issues they had were recorded, as well as the support that they required, along with goals towards independence.

We were told by relatives that they co-ordinated the health care appointments and health care needs of their family members. However, the registered manager told us that staff would be available to support families with healthcare appointments if needed.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. There were no applications made for people using the service at the time of our visit.

Is the service caring?

Our findings

On the day of our inspection young people who used the service were invited to talk with us at the main office. In this building there was a sensory room and activities for people to take part in. We saw the registered manager and the operations manager interacted well with the young people using the service. One person discussed with the operations manager what film they would like to see and what cinema they would prefer to go to. Both managers talked about individuals and listed subjects of interest such as food, lifts, politics and other special interests that we could talk to them about to open-up conversation about the service. Without exception, all the young people and their relatives praised highly the staff for their kind and professional approach. One person told us, "I like going out with the staff, I might go train-spotting with them and I can teach them about trains." Another told us about the staff member that supported them and said, "I like [name of carer]. They are gentle and they are interested in me. They ask me what I want. They know me and are good to me."

Parents dropped in throughout the day to talk with us as well. Relatives told us that support from Walnuts Care was vital to them and their families. One said, "It's more of a friendship than respite - it's grown in strength." Another commented, "We've had the same carer for two or three years. [Name of person] is quite relaxed about it, and loves spending time with [name of staff member]. They build time up to do something special. We couldn't manage without it." Other relative comments included, "[Name of person] absolutely adores both (carers)." "The staff are nice, lovely, very kind, and we know each other by first names. They always phone with any query and are totally understanding. I can't fault any of them."

Feedback received from a health professional stated, 'Walnuts Care work in a very person-centred way and are always looking to improve a person's independent living skills. I have personally seen an improvement in the welfare of individuals since accessing the service.'

Relatives thought staff, "went the extra mile" to ensure people were happy and safe and we saw examples of this. In one instance, following a serious incident by a young person using the service, staff went out of their way to support the family. They put in shifts of up to 12 hours at a time so that [relatives] could get a real break. This was over and above the staff's normal working hours. We spoke with one relative who told us, "Without Walnuts Care our family would have fallen apart. I can't thank them enough and am so grateful they were there." Another example was where staff had worked closely with a family to support a young person using the service to sleep in their own bed. This had a big impact on the family and a relative commented that they were "able to sleep in their own bed for the first time in months."

Staff clearly valued their relationships with people using the service and their families. One staff member told us, "Its very family orientated. You build up such lovely relationships with families." Another said, "When I arrive to take [name of person] out they are waiting for me. I get a lovely welcome and its lovely to know they are happy to see me. I must be doing something right."

Care was be-spoke to each young person using the service. They told us they felt valued and were supported to lead meaningful lives. One young person said, "I like lifts at the train station and I like [name of train

company] trains which are more luxurious. Staff know I like these and I do get to go train spotting." Another person told us, "Staff are like family. We do cooking together like a family." Families reported improvements in their family members behaviour, their willingness to leave the house and in one case how staff supported a young person to have a haircut for the first time.

Feedback from a second health professional included, 'I have always found the staff to be person centred with all the people I have seen them support, when out and about in the community the staff always give people informed choices about where they are going and what they are doing.'

Relatives told us that staff were dedicated and had a genuine wish to help people achieve their potential. One relative said, "I know [name of carer] loves [name person] so much they go out of their way to support them. It has given [name of person] independence and confidence. Its more than a job to them." This approach was reflected in how staff supported people. For example, one young person told us, "[Name of staff] is a friend. I asked them not to wear a uniform because I don't want to be different. So now [name of staff] just wears their ordinary clothes. It's not like I'm being cared for its like going out with a friend and having fun."

We saw that the management of the service also went over and above their roles to ensure people were safe and received the care they needed. For example, the registered manager supported a family and their [relative] following a serious incident. The registered manager stayed with the young person whilst in police custody until emergency, out of County support could arrive.

Comments from relatives in the most recent satisfaction survey included, 'We have a fantastic carer who is worth their weight in gold.' Another read, "I am happy with the carers they are brilliant."

The staff team had a very strong, person-centred culture. People's personal likes, dislikes and preferences were assessed and recorded in their care plans. These included information about their interests and leisure needs. Staff spoke passionately about the people they cared for and were prepared to do all they could to make sure people were happy and well supported. People had a diverse range of interests and hobbies and the registered manager said that having staff with the right values and skills was essential. There was a thorough recruitment process that was followed to ensure staff recruited matched the values that were at the heart of the service. In addition, staff were individually matched to people using the service. For example, if they had the same interests, skills and personalities.

An equality, diversity and human rights approach to supporting people's privacy and dignity and treating them as individuals was embedded in the staff practice. During our inspection it was close to a particular religious festival. The provider had arranged for extra care sessions around the needs of two families where the adults would be fasting. Staff arranged to take the young people out in the early evening when Iftar (the night-time 'breakfast') was being prepared at home and when adults were at their most hungry.

Team meetings and regular supervisions served to remind staff of the need for privacy and respect, and an acknowledgement of people's diversity. There was mutual respect between staff and families and staff told us they worked hard to maintain people's dignity. This was further supported by the conversations we had with relatives of people using the service. One young person was asked by the operations manager if they wanted them to sit with them as we chatted. The young person said, "No, I want privacy" and this was respected by the operations manager. Without exception relatives told us that staff respected their family members privacy and dignity but they also treated the family as a whole with respect and dignity. One relative said, "The staff are very respectful to all of us in the family. They talk to [name of person] like a grown up and treat them with so much patience."

Staff were able to anticipate people's needs and recognise distress and discomfort at the earliest stage. One relative told us, "Our carers know [name of family member] very well. They know how to bring them back down from a stressful state - they don't let them become totally distraught but bring them to a better level. The staff are switched on absolutely." Staff were given clear guidelines about how to support people who may display certain behaviours whilst in public or communal areas, and how best to de-escalate that situation. Retaining a person's dignity was clearly a priority alongside their personal safety and that of others. One member of staff said, "We work closely with people to help them achieve their goals. If a person gets anxious we help them work through that."

The service was committed to supporting people with their diverse needs and staff had an excellent understanding of people's social and cultural diversity. For example, where staff often took young people to fast food outlets and cafes they ensured that the food was prepared in line with their cultural and religious beliefs. The registered manager informed us how they had supported specialist hearing tests for one young person, providing translations to the family and guiding them through the hospital registration process. At the time of our inspection almost half of the people using the service were from ethnic minority groups where English was not the first language in the household. Therefore, the registered manager made sure questions were raised within care plans about specific cultural or religious requirements.

The philosophy of the organisation as stated on their web site was, 'We value the young people we work with as individuals. Consideration of their needs is paramount. We promote children's rights, their abilities to maximise life's chances and the equality of opportunities.' One staff member told us, "Everyone is an individual. Most of the people we support have some form of autism, they are all different and they are all individuals. We value them all equally." This demonstrated that the values of the organisation were embedded into staff practice.

We saw that people could have access to an advocate and would be supported to make decisions about their care and support if it was required. However, at the time of our visit relatives advocated for their family members.

The service was exceptional at helping people to express their views so that staff and managers at all levels understand their preferences, wishes and choices. Many of the people using the service required routine and structure in their day to day lives. Staff were particularly sensitive to ensuring they arrived at the right times and that people knew what they were doing on the day. To make sure this happened we found the staff had taken innovative steps to meet people's information and communication needs. There was a vast array of communication plans and tools that were tailored to meet each person's communication needs. The service used social stories to support people with preparing and understanding a wide variety of tasks. We saw that visual timetables were handmade by the service to support people with basic understanding of objects and rooms, through to more complex procedures and routines that they would need to prepare for to avoid anxiety and stress. Many of the people using the service used a Picture Exchange Communication System (PECS). This allowed them to communicate using pictures by giving a person the picture of a desired item in exchange for that item. By doing so, the person was able to initiate communication.

A relative told us, "They [meaning staff] make every effort they can to understand what [name of person] says. They're always listening and prompting them and they use PECS which we've also got at home." We saw that every member of staff carried a small pack of the PECS pictures. This ensured they could communicate at any time without the person having to wait a time for a response.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a

locked cabinet in the office.

Is the service responsive?

Our findings

People's care and support was planned proactively and in partnership with them and their families. Without exception everyone we spoke with said that when a person's care was being planned at the start of the service, the registered manager and the operations manager spent a lot of time with them. This enabled the service to collate information about their preferences, what care they wanted/needed and how they wanted their care to be delivered. A relative told us that from that point the relationship between them was collaborative and the service operated an 'open door' policy. One relative told us, "As far as assessments go, I'm happy with the written plans and what they say about where [name of person] he can go to the next level - I'm more than happy with that."

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. We saw information about what was important to people and how their support needed to be delivered. One relative commented, "[Name of person] is most definitely at the centre of their care. The staff take their cue from [name of person.]" The service was extremely responsive to changes in people's care and support needs and amended the support people were given when required. This could fluctuate on a daily, weekly or long-term basis and staff showed an exceptional flexibility to respond to people's current needs. For example, staff had provided support at very short notice.

We also found that the service as a whole was sensitive to the needs of families. The service has turned one room of the premises into a family room. Families can visit the service and staff are available to provide support to the young person while the family can ask for advice, just enjoy a drink and a chat or discuss their relative's care if they are concerned.

People's interests were well documented and systems were in place to support people to attend social groups and leisure activities of their choice within their local community. One person told us how they liked to go on trips and another explained how they enjoyed going to different places to eat out. We saw that people attended activities of their choosing and were supported to try new activities and experiences.

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

People and relatives said they had no complaints about the service. They told us they felt confident to raise any concerns with the registered manager, or the operations manager. One person told us, "I don't have any complaints. I would talk to my [relative] who would make a complaint for me." A relative informed us, "There is very good communications with the managers and I would raise any concerns straight away without feeling uncomfortable about it."

The service had a policy on comments, compliments and complaints. This provided clear instructions on

what action people needed to take in the event of wishing to make a formal complaint. We saw that there had been no complaints in the previous twelve months.

Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures. The management told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints would be dealt with appropriately.

This service does not provide end of life care.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by an operations manager. Both were available to assist with the inspection.

People and relatives we spoke with had huge confidence in the staff and management team and one young person commented, "If I didn't have the service I wouldn't know who was looking after me. I always know who is looking after me." Another relative said, "This care is over and above just 1:1 assistance. It's so much more than that." Another commented, "This service has made my life so much easier. Our carer is so reliable I can count on [name of staff member]. I have peace of mind and know that [family member] is with someone I trust."

There was a clear management structure that passionately promoted a person-centred culture and commitment to promoting independence and personal achievements. One person told us, "I try to be as independent as much as I can. My carer helps me learn new things and I teach them things as well." A relative said, "It's an exceptional service and we are lucky enough to have it." The management team regularly worked directly with young people using the service in order to maintain skill levels and demonstrate that they retained the core values of the service.

We received extremely positive feedback from everyone we spoke with about the leadership and staff expressed a high degree of confidence in how the service was run. All the staff we spoke with said they felt comfortable to approach any one from the management team and all agreed they were good role models and were knowledgeable in their roles. For example, one member of staff explained how the operations manager regularly undertook care and was very knowledgeable about the people they provided support to. When they had encountered difficulties, the operations manager had been a good source of advice and support. A relative commented, "It's an excellent service and that is because the managers lead by example."

There was a very positive culture that ensured people were at the centre of everything the service did. Services and support were designed and delivered in a way that was collaborative, and mutually respectful of all. For example, care and support plans were co-designed and co-produced with individuals and their families ensuring that people's care preferences were understood and honoured by staff. One staff member told us, "We work in partnership with people and their families to get the best outcomes for our young people." A well-established staff team and clear communication meant that all staff understood their roles and effectively contributed to an exceptional team ethos. Staff felt valued and listened to and they told us that if there were any issues they were quickly sorted out

The management were clear about the behaviours and actions they needed to uphold, to provide excellent role models for staff. The registered manager told us, "As the manager, if I am not living the values of the service, I couldn't expect the broader team to." He continued, "I believe that the values of respect and giving one's, time are rewarded by commitment, loyalty and dedication from staff and will result in a revitalised approach to the job they do."

The provider had embedded core values in all roles within the service and informed us they tried to ensure these were constantly reinforced in staff practice. For example, one of the core values was in relation to respect and dignity. The registered manager informed us they had observed a new member of staff talking with a young person in a calm and respectful manner. He later complimented the staff member on their approach to reinforce the expected values of the service. The management team also promoted the values of the service within the staff team, through team meetings and one to one sessions with staff. The registered manager informed us that they tried to identify various areas of practice and focus on key processes and practices to reinforce values and behaviours. For example, in the recruitment process, how they evaluate whether or not potential employees exhibit the values or behaviours required.

The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. The operations manager told us, "There is very good team working and staff work in partnership with each other, young people and their families." We found that the staff team worked constructively toward developing and nurturing each partnership to improve the quality of the service. For example, staff had been proactive in starting a 'whatsapp' forum where they could share information, and where positive feedback from families and the management team was shared in order to show staff how much they are valued. In addition, staff used it to contact each other when organising activities which often led to people meeting up as a group and developing new friendships. A staff member explained, "We often meet up together when we are supporting people. It's a good way for the young people to meet up with friends, and staff get to catch up as well. We bounce ideas off each other and often come up with different places to go or discover different things to do."

We looked at the service training and development strategy. The service provided a comprehensive induction programme and staff development was a high priority. Staff told us they were proud to be part of the organisation, they said they were well supported and felt valued. All the staff said that if they felt they needed specific training or specialist training in an identified area they could find an appropriate training course and they would be supported to attend. One member of staff told us, "Our training is very very good. It gives me great confidence and I feel able to go out there and do my job well." A relative informed us, "Our carer has exceptional skills and a deep understanding of [name of person's] autism. They are always finding different and innovative places to take them and [name of person] gave [name of staff member] a cuddle. That was the first time they had done that."

The service had links with the local community and was closely associated to the Walnuts School which is a residential school for young people on the autistic spectrum. We found the provider went over and above their expected roles to give people the best experiences they could. For example, the service supports the school to operate a holiday play scheme during some school holidays. We received exceptional feedback from people and families about the play schemes. For example, "I felt confident and secure leaving [name of person] at play scheme." Another was, "Thank you to all of you who take time out of your breaks to organise a fun and fantastic scheme."

Walnuts Care and Milton Keynes College had also worked in conjunction to create Walnuts College. The college is on the same site as the office for Walnuts Care and is an educational provision for school leavers who have social, communication and interaction difficulties and who cannot access mainstream college. Young people work towards accredited qualifications that combine independence and daily living skills. We also saw that the service worked with other care agencies and organisations such as the local funding authority to share information and deliver joined up care and support.

There were arrangements in place to gather the views of people and relatives that used the service. Families were encouraged to drop-in at the service for a chat and to share any worries or concerns they might have.

Relatives told us they were able to discuss any issues or ideas with the staff and knew if they were unhappy about something it would be dealt with swiftly. One relative told us there was extremely good communication between them and the staff. We found the provider was committed to continuous improvement and saw that a new goal they had set was to implement a PEC friendly survey and a feedback tree. This was being worked on at the time of our visit.

There were systems in place to consistently monitor and improve the quality of the service. Regular audits were completed which reviewed people's care plans, documentations, accidents and incidents, staff files and staff training. The registered manager took action where improvements were identified and care plans and risk assessments were quickly updated to reflect people's current needs. Best practice was shared throughout the team, identifying what had worked well for each person, or what had not worked well. We found that the provider was in the process of initiating a 'mock inspection' every year to ensure they could continue to grow, develop and improve the service.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.