Young Foundations Limited

The Daltons

Inspection report

Dalton le Dale
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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

Overall summary

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

We inspected The Daltons Home on 29 July 2014 and the 8 August 2014. The inspection was unannounced. Our last inspection took place on 7 and 10 January 2014 and we found the service was meeting all essential standards.

The Daltons is registered to provide accommodation and personal care for up to 6 young adults with learning disabilities. The service also accommodated a young person aged 17 during our inspection.

The home had a registered manager at the time of our inspection. 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.

Summary of findings

On the day of our visit people were engaged in meaningful activities which were educational and added to people's development. Staff supporting people had a good understanding of people's emotional, psychological and overall care needs. We saw staff using pictorial cards and visual timetables to support people with autism who did not verbally communicate. Where people were able to express there needs staff were engaging with people in a caring and respectful manner.

We looked at how people were kept safe and found the service employed sufficient staff with appropriate skills and competencies. Where people had difficulties in ensuring there own safety the service had implemented a range care plans and risk assessments as well as psychological treatments and therapies to ensure people remained safe. The service also used care and treatment plans to teach people how to remain safe.

Where people required additional support the service had access to a range of professionals such as psychologists and psychiatrists. People were also supported by staff who were knowledgeable about people's care needs and received in-depth training and supervision to ensure the had the correct skills to support people safely and effectively. We spoke with one health care professional who told us, "The service is about empowering young people to have ambitions and teaching them how to be independent".

People were well cared for and liked living at the Daltons with the exception of one person who expressed they were ready to live more independently. The service did have a plan in place to support the person to move on.

The management arrangements in the service were good. Young people and staff spoke highly of the registered manager and the organisation. One person told us "they are all brilliant, I have been here for years and I learn how to do things so I can live on my own."

We found the service was changing its model of care to a multidisciplinary team approach and although this was new staff were committed to the vision and values of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Some people were able to tell us they felt safe.

Staff working in The Daltons had been there for many years but we looked at the recruitment processes and checked the files of some staff to ensure staff were suitable to work with vulnerable people.

There were enough staff on duty to meet people's needs. People had core staff teams which meant only people who had detailed understanding of their needs worked with them.

Staff we spoke with knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks to people living in the home had been assessed through a multidisciplinary approach and people had care plans and psychological treatment plans.

Medicines were managed safely and people received their medication at the right times.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards.

We also found the home was clean and well maintained.

Is the service effective?

Good

The service was effective

We saw from the records staff had a detailed programme of training that was relevant to the roles they did. This contributed to ensuring people were appropriately cared for.

People's nutritional needs were met. People were engaged in preparing their own meals with staff support. The variety and choice provided was a well-balanced diet for people living in the home.

Records showed people had regular access to healthcare professionals, such as GPs, district nurses, and each person had a health action plan.

Is the service caring?

Good

The service was caring

People said staff were kind and friendly and supported them to be as independent as possible. Some people had advocates to support them with difficult decisions. This was arranged by the service where they identified people required external support.

Care plans were comprehensive and detailed and contained information about people's likes and dislikes. Staff were able to tell us in detail about the support people required.

The service had thought about and planned for how it could meet the needs of individual groups by considering equality and diversity as part of the service improvement and development.

Summary of findings

Is the service responsive?

Good

The service was responsive

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or advocate. We saw people's care plans had been reviewed on a monthly basis and a range of professionals were involved in the development of people's care plans to ensure people were supported to achieve positive outcomes.

People were actively engaged in a range of activities during our visit. Some were in small groups out in the community whilst others were spending time with staff on a one to one basis or occupying themselves.

People we spoke with told us the range of activities on offer was very good. People also told us they were encouraged to attend college and participate in educational studies that would help them gain employment.

We saw from the records complaints were responded to appropriately and people knew how to make a complaint. One person told us their complaint had been dealt with to their satisfaction.

Is the service well-led?

Good

The service was well led

The people we spoke with and staff were very positive about the registered manager and the changes that were being made. Staff told us they enjoyed working with the young people. This was evident given the staff had been insitu for many years.

Audits were carried out in relation to infection prevention and control, the environment and the medication systems as well as care planning and risk assessment. This helped the registered manager make sure the systems in place to keep people safe were working as they should be.

The Daltons

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors, a specialist advisor who was a clinical psychologist who specialised in learning disabilities 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.

Before the inspection we reviewed all the information we held about the home. This included information from the provider, and speaking with the local authority contracts and safeguarding teams.

On the day of our inspection we spoke with five people using the service and, 8 members of staff, the deputy registered manager and the registered manager .

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could express their views to us.

We toured the building including people's bedrooms, bathrooms and communal areas. We also spent time looking at records, which included five people's care records, four staff recruitment records and records relating to the management of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

Good

Is the service safe?

Our findings

The five people we spoke with told us they felt safe at the home. One person told us " I was bullied and hassled here a couple of times in the past but when I complained to the staff it was dealt with the same day and it's now sorted".

Staff we spoke with told us they had received training in safeguarding vulnerable adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes reporting serious concerns to external agencies such as the local authority safeguarding team and CQC. This showed us staff were aware of the systems in place to protect people and raise concerns. We saw examples of where incidents had been reported to CQC and other external authorities.

We looked at incident records from events which had occurred in the home and identified some incidents that compromised the safety of some individuals in the home due to their cognitive health conditions that often meant they were unable to assess levels of risk which could have serious consequences on them. The service had put in place protection plans to ensure individual safety based on the risks identified and had received input from courts and external authorities in developing the people's support plans which contributed to the systems of ensuring people's safety.

We were also able to see in staff meetings of where group supervision had taken place to discuss safeguarding people. This added to the values of protecting people from receiving unsafe or inappropriate care because it gave staff the opportunity to learn as a group on the importance of recognising potential harm and risks. Training records we looked at confirmed staff had received relevant training in protecting adults and children from the risk of abuse.

Where the service was responsible for managing the day to day finances for people we found the arrangements reduced the risk of people being subject to financial abuse. There was a running record of people's daily expenditure where they were not in control of their own money. The system in place reduced the risk of people being financially abused. Staff told us people had the option of leaving cash and bank cards in the safe if they wanted which added to people being protected against the risk of bank cards and money being lost or stolen.

We were told one person did not have any capacity regarding the management of their finances and this was managed by the person's local authority. However we did not find any assessments in place to verify the person did not have any mental capacity to manage their own money like other people living in the service. We brought this to the attention of the registered manager who told us they would engage with the person's social worker and complete the necessary assessments.

We looked at five care files and saw risk assessments had been completed in relation to being out in the community alone and using the internet to engage in relationships with strangers. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. For example, where people had been assessed as being at risk of engaging in sexual activity that may place them at risk of harm, there were appropriate plans in place to ensure people remained safe.

We saw records were kept to enable staff to monitor people's well-being. Staff told us when people had physical health problems they would contact the GP and where they experienced problems with mental health they would contact relevant health professionals.

We looked at the systems for the management of medicines at the service. The service used a monitored dosage system from a pharmacy and there were records to demonstrate that these were checked when the service received the medicines, and any discrepancies addressed promptly.

Medicines were being stored securely at the service. We looked at the medicine records of five people and found that where they had allergies to certain medicines this was recorded clearly on the person's records. We also found where people were prescribed "as and when required" medicines there was a clear protocol in place to ensure staff were aware of the circumstances the medicines should be administered.

Medicines were safely administered. We checked the medicines stock for five people and looked at their Medication Administration Records (MAR) and found that medicines were signed to reflect the prescriber's instructions. This meant people received their medicines appropriately.

Good

Is the service safe?

We looked at care records for one person who had been prescribed cream. There was a plan in place to ensure it was correctly applied and recorded correctly once it had been administered.

The service carried out regular daily audits which were documented at the end of each shift. The registered manager completed weekly audits to ensure that medicines had been administered properly and also to ensure that any errors or discrepancies could be addressed promptly.

Medicines were also looked at as part of the providers external audit. A recent audit in May 2014 confirmed no issues in relation to medication administration had been identified. The service also carried out competency assessments of staff to ensure training was effective and staff received regular updated training. This reduced the risk of people receiving medicines by unsafe practices.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw policies and procedures were in place and the registered manager was able to explain the procedure for submitting an application to the local authority.

The registered manager told us that in response to the recent supreme court judgement in respect of DoLS, they had made one DoLS applications for a person who lived at Daltons. They also told us some people were subject to Court of Protection Orders which we looked at. The registered manager told us where necessary best interest meetings had been arranged and we saw examples of where this had happened. At the time of our inspection none of the people living at the home were subject to a DoLS authorisation.

The staff who worked at The Daltons had been insitu for many years and no person had been recruited since our last inspection in January 2014. However we looked at the recruitment history and records of four staff members. We found that recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. Staff records confirmed they had received a check of any criminal history and references had been sought before starting work. This meant the risk to people who lived at the home was minimised because the service had ensured only suitable people had been recruited.

We looked at a random selection of staff rotas for three months prior to the inspection and saw staffing levels were consistent. The young people using the service told us “I do think that there are enough staff working here to make sure I feel safe”. The service did have a tool they used to assess staffing levels depending on people’s needs. The registered manager told us they were able to authorise additional staff if it was required.

Disciplinary procedures were in place and we discussed with the registered manager examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people kept safe.

During our tour of the building we observed there was an “easy read” fire evacuation plan displayed on the wall of the main stair landing telling people what they needed to do in the event of a fire. The registered manager showed us the Personal Emergency Evacuation Plan (PEEP) for people living at the Daltons. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. All the people at the Daltons were able to vacate themselves in the event of a fire. The service carried out weekly fire alarm tests and regular drills to ensure people were able to vacate the service safely in the event of a fire. The details of the tests were detailed in the providers monitoring reports which we looked at.

We also looked at how the building and equipment within it were maintained. We found the service kept clear records of maintenance required and where equipment such as washing machines required servicing these were done in accordance with the manufacturer's instructions.

We also toured the building looking at areas such as bathrooms and communal living and checked for the arrangements in place for infection control. We found the service was immaculate, all areas were clean. We observed staff using hand gels and soaps to minimise the risk of infection. The registered manager told us she did daily walk around to ensure the home was clean. We also saw the

Good

Is the service safe?

home had daily/weekly cleaning schedules and cleanliness was monitored as part of the providers external reviews of the service. The report we saw for April and May 2014 showed the home was clean and no issues identified.

Good

Is the service effective?

Our findings

Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. One person said, "I have been working at The Daltons for around 2 years, and have had loads of training. I have always been paid to attend training sessions and the training is delivered to small groups by real trainers" (i.e it is not computer based tick box training). The staff member also told us the induction pack at The Daltons includes a 'quick reference file' regarding each of the young people who live at The Daltons. We were told this pack also included a guide to communicating with each young person.

We were told by another person who had worked for the service since 2006 "my induction consisted of a handbook, shadowing other staff for about three weeks". The person told us they had worked in the service a long time and "There was always training available with new things being introduced". The staff member described how they had started training in Attachment Disorder and how essential they were finding it in relation to their role.

We looked at the staff training matrix and found staff had specialist training in areas such as Positive Behaviour Support and Autism. We also found staff had been enrolled on further specialist training such as Active Support and Attachment disorders. The training provided was relevant to the job roles people did but equally important in ensuring people's care and support needs were being appropriately met. Training was delivered by a clinical nurse specialist and psychologist.

Staff also confirmed they received supervision where they could discuss any issues on a one to one basis. The service kept a overall record of people's supervision which showed that it was completed monthly. We were also told by the registered manager people had yearly and half yearly appraisals where training and development was the general focus. The registered manager acknowledged that reflective practice supervisions was an area they needed to improve. It was explained to us that the new model of care incorporating a whole range of professionals will develop the supervision and appraisals making them more comprehensive and meaningful to staff.

We did observe one member of staff receiving reflective practice supervision on Attachment Disorders and found the style and information given was relevant and comprehensive to the person's job role.

We looked at five care plans and saw people's preferences in relation to their care was clearly documented in terms of activities they enjoyed such as going to theme parks, meeting new friends and going to college. There was also information regarding academic capability communication abilities and independence skills. We observed staff using specific communication methods such as visual prompts with one person throughout our visits and these were effective as the person responded to the staff member using their communication aids.

At breakfast time and lunch we saw staff taking time to ask a person using pictorial cards what they wanted for breakfast and lunch

At lunchtime we saw people preparing healthy meals such as sandwiches and salads. Staff told us there was always plenty of food choices on offer and people would decide on a daily basis what they wanted to eat. We observed staff join the young people for their meals and this created a vibrant meal time experience.

In the five care plans we looked at we saw people had been seen by a range of health care professionals, including, GPs, occupational therapists, speech and language therapists, specialist nurses, community mental health teams. Care staff we spoke with told us the staff were quick to respond if people's needs changed. We were able to see examples in one person's records that due to deterioration in their mental health they were receiving additional support.

We also found that each person had a Health Action Plan. This is a detailed plan which contains information about what a person needs to do to remain healthy. It plans for things such as eating healthy, having money, having a nice to place to live as well as focusing on psychological well-being of the person. Having such a plan in place is regarded as best practice when caring for people with learning disabilities due to the fact they are more at risk of developing health complaints.

Good

Is the service caring?

Our findings

We spent time observing the interactions between the staff and young people. We also spoke with the young people to understand their experience of care. One person told us they were "off to Beamish" with the staff and their boyfriend. The young person told us they regularly went out in the community and was never bored and "had plenty to do". The young person went on to describe having friends come to the Daltons for a visit and spending time with their peers, We asked the young person if they were treated appropriately by staff and were told "yes the staff are good".

We spoke with another person who told us "I do think that the staff understand the support I need to keep safe. I did feel involved in the plan that led to me coming here . I go to my 6 monthly reviews and join in with those, and yes they do follow up on what they said they would do in the meeting."

Another person told us "the staff are kind they seem to me to be doing a good job. The staff have always respected my privacy and dignity".

Another person told us "they are all brilliant, I have been here for years and I learn how to do things so I can live on my own."

When we looked in people's bedrooms we saw they had been personalised with pictures, and furnishings. Rooms were clean and tidy. People using the service told us they were able to decorate their rooms how they wished as long as there was "nothing offensive on the walls".

One person who had a birthday party planned told us about how the service hired a hot tub for their friends and other people who lived at the home. They told us about all the celebrations that were planned. The registered manager confirmed the arrangements to us which meant the young person was not only involved in the planning of their birthday party but the service had also considered an age appropriate and enjoyable activity.

On touring the home we found it was tastefully decorated and maintained. This appeared to have positively impacted upon people's behaviour.

Notice boards were well organised with pertinent and person friendly material. There was also mounted art work of two people using the service in the lounge which was a positive reflection of them. The appearance and well kept environment added to the promotion of dignity and respect for the young people.

We looked at the care plans for five people who lived at the home. They all contained information people's personal preferences likes and dislikes, aspirations and goals but these were not always written in a person centred manner. We spoke with the registered manager about this. They told us they had picked this issue up when the care plans had been audited and were trying to develop them in a more user friendly way and discussed with us about the development of a Care Programme Approach (CPA) which meant people would lead on their reviews and have more input to their care plan.

During our inspection one young person had a review of their placement with their social worker and other professionals. We were impressed with how the staff supported the young person to be active in the decision making. Where the young person was not confident to communicate their thoughts they wrote them down on paper and passed them to a member of staff who advocated their views to ensure they were being fully considered. The registered manager and other staff working in the home told us they actively attempted to ensure all young people were included in any decisions which affected them.

We spoke with one visiting professional during our visit who told us "The service is about empowering young people to have ambitions and teaching them how to be independent". This reflected what we found in relation to people having meaningful structured activities as well as individual goals and aspirations. We saw an example in one person's care records where they were receiving driving lessons by a private instructor.

Staff we spoke with were able to tell us about people's care needs and the support they provided to people. They demonstrated an in-depth knowledge and understanding of people's preferences and routines. An example of this was how they cared for people with autism. Staff were able to tell us about coping strategies for the person as well as sensory needs, and how the staff used psychological tools to measure the enjoyment of people's activities. This

Good

Is the service caring?

aspect of a people's care are detailed components which are contained within the National Institute of Clinical Excellence Guidance (NICE) for caring for people with autism.

We looked at the arrangements in place to support people to make difficult decisions where they may not have had anybody to represent them. The service engaged the services of an independent advocate to support people where they need additional support. One person accessed an advocate.

The registered manager told us as part of the future plan for the service they would be looking at mentoring and befriending services so the young people had role models outside of the usual staff team they work with.

We spoke with the registered manager about the arrangements in place to meet the needs of certain groups such as ethic minority or lesbian, gay and bisexual people. The home had researched local clubs and societies people could join if they needed support with sexual identity. Although the service had not completed any specific events prior to our inspection it was clear the service was fully inclusive of all groups and minorities and was committed to supporting people with sexual identity.

Good

Is the service responsive?

Our findings

Many people using the service had been there since early childhood and therefore the initial assessments were child focused. One person had been accommodated since our last inspection. The registered manager told us an assessment was completed before the person moved into the home to make sure staff could meet the person's care needs. In addition the person had a social worker and copy of the multi-disciplinary assessment (an assessment made by a team of health and social care professionals) was also in the care plan. We saw assessment information in the care file of the young person who recently came to live at the service and this was detailed and comprehensive.

We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support was being delivered. We found care plans and risk assessments were all up to date and included how risks and complex behaviour were managed.

The registered manager , clinical lead and the clinical psychologist told us they planned to change the way care plans were written due to implementing a new model of care which would be more multidisciplinary team led. The care plans would be more focused on supporting people to set goals and monitor progress through psychological treatments and therapies.

We asked people about accessing other professionals. One person told us "I do see other professionals, in fact only yesterday I went to the doctors and the staff both helped me to make the appointment and came with me". The person was prescribed medication for their illness.

We also saw where people were at risk of abusing substances the service had sought the professional help of psychologists to ensure the young people were aware of substance misuse and the impact it had on their lives and health.

We looked at the care records of one person who told us they wanted to move on into a supported living service. The registered manager and other health professionals had made contact with the person's social worker and had developed a pathway to enable them to progress with independent living skills which meant the service was supportive of people moving on to other services.

We looked at how complaints were managed. People using the service told us they knew how to make a complaint. One person told us if they felt worried they would talk to the staff. The young person told us they had spoken with staff before about the concerns they had and "things are good now".

The registered manager told us the home carried out regular meetings with people who use the service. We saw the minutes of the previous meetings held and found they contained information about trips, independence and relationships with peers. We found two people using the service were not involved in house meetings due to their communication difficulties. This had been identified in the providers audit in May 2014 and a plan was put in place to support inclusion of all the people regardless of their disabilities.

Good

Is the service well-led?

Our findings

The home had a registered manager who had been in post since October 2010.

The staff we spoke with told us the registered manager was excellent. They were very supportive. We spoke in detail with the registered manager and the clinical lead as well as the in-house psychologist during our inspection and found the organisation had developed a multi-disciplinary team (MDT) approach to caring for people using the service. We thought the approach was good and meaningful but did require some areas of improvement. For example we were concerned young people had been given a questionnaire regarding their sexual preferences without wider MDT consultation regarding as to why and how best to collect this information. Particularly given the personal histories of some of the people using the service.

We spoke with the registered manager about this and found although the intentions were good in that the questionnaires were being used to help the service support people with sexual identity there had not been sufficient thought about the impact this may have had on the young individuals. The registered manager told us they recognised their own shortfalls and was working with the wider clinical team within the service to develop further skills and knowledge. It was evident the registered manager was highly committed.

During our inspection we did find further evidence where improvements could be made to strengthening the MDT approach to care and found the home manger was not always actively engaging with MDT. For example the Psychologist reported her sessions with clients had been missed because alternative activities had been scheduled by the care staff team. On the day of our visit we observed psychology sessions had been cancelled in replacement of a trip out.

We did emphasise to the registered manager about the importance of people attending their appointments and it was important that everyone was working together. The registered manager acknowledged our concerns and explained they were finding it difficult to adjust to the new organisation style and required some additional support.

We spoke with the clinical lead for the service and psychologist who told us they were spending more time in the home supporting the registered manager in their role but equally supporting the wider staff team to ensure they were equipped with the skills and competencies to deliver the new model of care which had been implemented. The clinical lead told us the changes the organisation had made was clearly impacting on the expectations of the registered manager and the home required additional support and development for which a plan was in place.

The MDT team was small and compromised of autism specialists including a psychologist and a psychiatrist. There was no speech and language therapist or occupational therapist but we were told these posts were actively being recruited to. This meant the service had thought about the resources it required to ensure people received safe and appropriate care.

We looked at how the service engaged its staff and found staff meetings were held and gave staff the opportunity to feedback and be involved in the changes that were being proposed. All members of staff told us they were very positive about the changes that had been introduced. We saw minutes from the meeting held in May 2014 and June 2014 and saw the service development plan dated June 2014 which was slowly being introduced. Staff we spoke with were positive about the changes and remained enthusiastic about their roles.

We looked at how well organised the home was. The office was very well organised and run, messages on white boards were up to date, a training plan on the wall was very clear and up to date regarding staff training, there were certificates of competence on show everything was well thought out.

We found staff morale was good. The service had team building days for the staff. None of the staff we spoke with spoke negatively of the registered manager or organisation and welcomed the support from a range of professionals to ensure people received good quality care.

Staff received supervision which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or organisation.

There was a system of audits that included; the kitchen, environment, medication, infection control and equipment, care planning and incident monitoring. We saw

Good

Is the service well-led?

care plans and risk assessments were reviewed and amended to reflect people's changing care needs. The audits were carried out by a person external to the home but employed by the organisation.

Audits were completed unannounced by a member of the quality assurance team so the staff and registered manager were not aware when the provider intended to review the quality of the service. We saw Audits for April and May 2014 which highlighted some minor issues such as one person not receiving their monthly supervision and missing signature off an incident record. Overall the quality of the audits were comprehensive and where issues had been identified a plan was in place to put things right.

We did find May 2014 audit highlighted the requirement of new windows. The registered manager and staff had started to develop a plan to prevent as little disruption as possible to the young people using the service whilst the work was being carried out. During the time of our inspection new windows had not been fitted.

We saw there were systems in place to maintain, for example, the gas safety certificate, electrical wiring, hot water temperatures, legionella checks and testing of small electrical appliances.

Accidents and incident reports were recorded and securely stored in the office and audited by the registered manager and MDT team. This meant any trends would be identified and appropriate action would be taken to reduce any risks to people who lived in the home. We saw there had been very few accidents or incidents and ones which had occurred had been reported to relevant authorities including CQC.

The service referred to best practice guidance on the development of its service. For example there was evidence of NICE guidance in relation to autism clearly embedded in the service as well as Valuing People Now 2010. It was also clear the service had taken into account publish guidance titled Positive and Proactive Care: reducing the need for restrictive interventions because the service had developed a pathway for positive behavioural support for those who displayed behaviours which challenged.