

Alderwood L.L.A. Limited

Alderwood 2- Hillcrest 2

Inspection report

14 Hillcrest Avenue
Northampton
Northamptonshire
NN3 2AB

Tel: 01604376197

Date of inspection visit:
06 November 2018

Date of publication:
08 January 2019

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?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 6th November 2018 and was the first inspection of the service since they registered with CQC in November 2017.

Alderwood 2- Hillcrest 2 is a small residential care home registered to provide care for up to six people with learning disabilities and autism. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of the inspection there were three people living in the home.

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

The service has a Registered Manager. 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 living at Alderwood 2- Hillcrest 2 had a range of complex care needs and required a high level of support with daily living inside and outside the home. We met all three people during our visit and were able to observe interactions that evidenced their daily routines and plans.

People were supported and encouraged to lead a fulfilling life and have choice and control over their care, environment and activities. People felt a part of their community, and could take pride in their achievements.

There was a very positive and empowering culture within the service. The management team provided strong leadership and led by example. Relatives, staff and other agencies were very positive about the leadership of the service. They described the registered manager as "an asset", "supportive," and "positive."

We observed positive and compassionate interactions between staff and the people they supported. Staff said they loved their work and were passionate about providing high standards of care. The provider inspired staff to provide an exceptional quality service.

Risks in relation to people's care were assessed, understood and managed well. Staff worked hard to manage risks, whilst not restricting people's opportunities. People were encouraged to lead active lives and were supported to participate in community life as much as possible.

Personalised care was central to the homes philosophy and staff demonstrated they understood this when talking about how they met peoples personalised care and support needs. People's care records and support arrangements were highly bespoke, which ensured care was tailored to meet their individual and diverse needs. We saw people were enabled to live a happy rewarding life, to feel safe, enabled to try new opportunities, achieve goals and reach their potential.

Systems were in place to identify what each person wanted to achieve, and how best to support them to do this. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People's safety was paramount in the service. People were supported to understand how to keep safe. Training for peoples on safety topics such as, keeping safe in the community, bullying and hate crime, sexual health and relationships was delivered.

Professionals involved in people's care confirmed that the service was attentive to people's needs and had been able to meet People's complexities of need where other services had been unsuccessful. Staff were innovative in finding ways to ensure that a person received the medical treatment that they needed and they had taken inventive steps in complying with the accessible information standard.

The service is involved in the development of a national initiative to try and prevent the over medication of people with learning disabilities, autism or both and this attitude was embedded within the service. The provider has been awarded for educating the wider community about positive approaches to autism, and for the on-going investment into the strong development within their staff team by external bodies.

Staff understood abuse and the safeguarding procedures that should be followed to report abuse. Safeguarding procedures were followed correctly and alerts made when required.

The staff recruitment procedures ensured that appropriate pre-employment checks and disclosure barring checks were carried out to ensure only appropriate staff worked at the service. Accurate staffing levels were in place.

Staff induction training and mentoring was extensive and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to complete their roles to a high standard.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service and provided inclusive care.

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

There were appropriate safeguarding mechanisms in place and staff knew how to identify and report signs of abuse.

There were enough staff to meet People's needs, and staff were recruited safely

Accidents and Incidents were correctly logged and analysed to ensure staff learnt from and reduced the risks of repeated incidents.

Is the service effective?

Good ●

The service was effective

People's needs and choices were assessed and support delivered in line with current legislation and good practice.

The staff all had the skills and training to provide good quality person centred care

People were supported to access healthcare and live healthier lives

Is the service caring?

Good ●

The service was caring

People's received respectful and compassionate care

Staff were committed to ensuring people remained as independent as possible.

Staff knew people well and used a variety of methods to enable people to be involved and have a say, no matter how complex their needs.

Is the service responsive?

Good ●

The service was responsive

Peoples care and support was always based around specific needs and goals.

People with complex needs were supported to be part of their community

People were provided with a range of meaningful activities that were individual to their hobbies and interests.

Is the service well-led?

Outstanding ☆

The service was extremely well led.

The management assured the delivery of person-centred care and governance was well-embedded into the running of the service.

The management team were very approachable and supportive, toward people, relatives and staff helping them to reach their full potential.

The management team developed and implemented innovative ways of involving people in developing high quality, outstanding practice.

People and staff from all equality groups were consistently involved in high levels of constructive engagement.

Staff showed a commitment to the values of the organisation which included putting the individual at the centre of everything they do.

Alderwood 2- Hillcrest 2

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.

The inspection was carried out by two Inspectors on the 6th November 2018.

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day and needed to know we would be visiting and that the registered manager and staff would be available.

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

People living at Alderwood 2- Hillcrest 2 had some communication difficulties due to their learning disability and/or mental health. However, we were supported by staff to spend time with people, observing their daily routines, and observing any support being provided. This helped us gain a better understanding of people and the care they received at Alderwood 2- Hillcrest 2.

We spoke with three relatives of people who used the service, four members of care staff, the registered manager, the operational manager, the director, the training and human resources manager, and the staff mentoring lead.

We looked at three peoples care records to ensure they were reflective of their needs, three staff files, and

other documents relating to the management of the service, these included, daily monitoring forms, positive behaviour support plans and medicine administration records.

Is the service safe?

Our findings

The atmosphere was calm and people looked comfortable in the presence of staff. A relative told us "The methods used by staff are clear, concise and work, the staff have supported [name of Person] to transform. [name] is now really enjoying life."

There were enough suitability trained staff on shift to ensure people were safe and had sufficient support to be as independent as possible. Care plans evidenced the staffing needs and outcomes wanted for each person. A relative told us "Staff are lovely, nothing is too much trouble and they are the best asset."

Within people's care plans we saw evidence that people with behaviours that may harm themselves or others are kept safe. Guidelines and procedures were robust in outlining any risk and detailing the strategies in place to reduce these behaviours and keep people safe. For example, one person had sensory clothes to reduce the risk of them stripping off their clothes in public. Staff ensured that sensory clothes were always available to the person and there were visual tools in place to help reduce any anxiety.

Each person had a named keyworker who they chose based on how well they got on and similar interests. Keyworkers conducted keyworker meetings where they discussed with the person and the registered manager what had gone well, what they wanted to achieve and how staff could support them achieve their goals.

The service had effective safeguarding systems and policies in place. Staff had a good understanding of abuse and knew what to do to make sure people were protected. Staff training was up to date and relevant to the service.

A safeguarding concern that was still active at the time of inspection had been investigated by the local Authority and recommendations had been put in place and the provider had demonstrated that they had learnt from the incident. The provider had reviewed and changed their policies and procedures to reduce the risk of further incidents and ensured all staff were aware of the changes.

The service supported people with complex needs and behaviours that could put them and others at risk of harm. Staff were involved in completing individualised comprehensive risk assessments which include daily activities, outings and environmental concerns. Staff demonstrated they understood triggers, response techniques and motivators for each person using the service.

We saw evidence of regular staff meetings and daily shift handovers that detailed risks, changes to care plans that could affect how a person is supported. Staff told us "I would be confident in raising any concerns to the management and that they would deal with it."

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service checks were completed and references were obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The provider had taken appropriate

action to ensure staff at the service were suitable to provide care.

People received appropriate support with their medicines. We looked at people's medication charts and this evidenced that staff managed medicines consistently and safely. There were daily medication audits completed and staff had safe systems in place to support people with their medicines if they were spending time away from the home.

People were protected from illness and infection. The home looked and smelled clean, staff were observed wearing Personal Protective Equipment (PPE) such as disposable aprons and gloves. The household cleaning equipment was colour coded appropriately. All staff had received infection control training and understood their roles and responsibilities. Infection control audits were carried out regularly.

The registered manager completed audits and collated the information gained to understand and reduce any further risks or near misses.

We saw evidence of regular meetings with the Registered manager, Director and other senior managers within the company detailing reviews and lessons learnt when occurrences happen.

Is the service effective?

Our findings

People's needs were assessed before they moved in to ensure effective care and outcomes were delivered. We saw evidence that assessments were reviewed regularly and that any change in need or behaviour was promptly analysed and changes made to the way in which staff supported the person were implemented immediately.

Relatives confirmed that they were involved in the pre-assessment process of the placement and that the transition was personalised to people needs. A relative told us "[Name of person] was angry, aggressive and unmanageable before coming here [Alderwood 2- Hillcrest 2]. Many places rejected them but here they have everything they could want."

Assessments were thorough so that the service could be sure that staff had the skills required to meet people's needs. People were asked about protected characteristics such as religion and sexuality and about their life history so far, they were asked about what they wanted to achieve in the future, this was documented in their care plans and staff worked with people to achieve their goals.

Assessments were centred around people's needs. People were supported to access healthcare professionals appropriately. All interactions with healthcare professionals and social care professionals were recorded in a log which showed when, why and what the outcome of the interaction was. Staff recognised when healthcare situations could cause anxiety and worked with people to help reduce this. For example, staff had worked with one person and the community dentist to help them adjust to the environment so they could access dental care safely and regularly.

Within a nine-month period two people who had previously been in hospital for long term admissions progressed into one of the providers supported living services, this was achieved through developing their life skills and independence. The staff supported each service user with community de-sensitisation and appropriate socialisation to help overcome institutionalised behaviours.

The provider excelled with their training strategies to ensure external healthcare professionals had a good awareness of the impact of autism. The service had offered and completed bespoke training to all relevant professionals involved including local GP and dental surgeries to teach professionals about the impact of autism to the person, which meant that people received care from professionals that had a good understanding of the support they required whilst managing their healthcare conditions.

A staff member said, "They really emphasise in training to develop staff so we can provide the best service for the service users." We saw evidence that agency staff had the same training as Alderwood 2- Hillcrest 2 staff and that the service had decided with two agencies to supply regular staff who knew the service well.

The manager told us that all people who use the service can access training- we saw evidence of people training others in Yoga, People having training in 'keeping safe', 'forms of Abuse' and fire safety.

Staff told us they had a good induction and "excellent" training with ongoing support from managers. All records showed that staff had completed all training the provider deemed as mandatory as well as specialised training for the people they supported such as supporting people with autism, alternative communication needs and learning disability training. Due to the complex needs of people living at the home, all staff were 'PROACT-SCIP' trained (which stands for Positive Range of Options to Avoid Crisis using Therapy and Strategies for Crisis Intervention and Prevention, the philosophy of PROACT-SCIPr-UK focussed on person centred planning, empowering and assisting people to maintain self-control. This is a training technique designed to support people at times of anxiety in the least restrictive way).

The manager also understood and adhered to the 'STOMP' initiative which is aimed at stopping over medicating people with a learning disability, autism or both with psychotropic medicines.

All people had a health Action plan (HAP) which detailed their choices and preferences in relation to the actions required to meet their health needs.

People were supported to have a healthy and balanced diet. A relative told us "[name of person] has choice and control over their meals, however they are encouraged and supported to eat healthy and have treats occasionally." The staff had a good working knowledge of the people they supported and their preferences. All the staff we spoke to understood peoples cultural and religious needs and ensured these were met. Cupboards had visual aids on them to support people to be as independent as possible. People who were non-verbal used a choice board whereby they choose the picture from the choice board i.e. type of food they want to eat to ensure maximum control over their lives.

The building and garden were specifically adapted and designed to ensure that the environment offered plenty of personal space. The environment was in good repair and people who lived there were involved in the decoration. There were pictures on the wall but to ensure safety they were bolted on discreetly. All cupboards and drawers were labelled to encourage people to be as independent as possible. All bedrooms were specific to the people and painted in a colour of their choice.

The garden was secure and well maintained with a summer house, the summer house was used for people to have space and quiet time if required.

The service had a dedicated maintenance person, we saw evidence of regular environmental audits and work being completed within a timely manner.

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. We found people's mental capacity had been assessed and people were empowered to be as independent as possible. When necessary, DoLS had been applied for and at the time of inspection.

The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then their best interests would be considered.

Consent forms were all signed and dated appropriately, and provided easy read explanations as to what information the service held and what people were consenting for.

Is the service caring?

Our findings

People were supported by kind and compassionate staff who understood their needs.

Staff told us "I'm proud to see the progress of people here.", "Staff are here to support the people who live here, not do everything for them"

One staff said, "I love my job, it's a happy home, there are good procedures in place so staff know what they're doing and we can work anywhere in the company."

A relative told us "There is a clear line of who to speak to for any specific reason, I know [Name of person]'s keyworker and the organisation are committed to supporting [Name of person]. I am very happy with the care provided."

We observed staff working with people. Staff were patient, kind and gentle, talking in a low voice as per people's preference. They encouraged people to do what they could manage themselves and helped when help was required.

Relatives told us that staff were extremely helpful and dedicated to the people using the service. One relative said "they (staff) have turned their life around."

Staff kept close to people but maintained an appropriate distance, and gave space when required. Staff were witnessed following a person's schedule and showed them pictures when transitioning to another activity. We observed staff responding to people discreetly and with kindness. Staff knew people very well and picked up on subtle changes in people's demeanour.

Staff followed guidelines on how to support people, the focus was always on maintaining people's dignity and being respectful whilst ensuring the safety of people and others. For example, people who may compromise their own dignity by inappropriately touching themselves whilst in public were supported with private time and visual aids to remind them when this may be appropriate.

Every month the registered manager gained feedback from the people who use the service on topics which include; how staff are treating you, the environment and activities offered, then completed an action plan of any issues raised. We saw evidence of these actions being completed in a timely manner.

One person fed back 'I'm very happy at the moment, I would like to get in the garden a bit more but not whilst the weather is this bad. Would like you to take me cinema one day again I really enjoyed that'. We saw evidence of actions needed to support people with this. Another person said 'Thanks for fixing my toilet, don't know how it got blocked though. I like the new house'

People were supported to understand their sexuality. The care plans we looked at all had a section regarding 'Sexual awareness and Intimate care' this outlined the people's needs and preferences to ensure their dignity was respected and that staff understood all their needs. The care plan also had a picture to

support people to understand the intimate care the staff may need to complete.

Relationships for people with staff and families was clearly documented showing who was important to them and how/when they could contact them. All people had a 'Circle of Support' in their care plans which gave staff the information needed to support them to maintain relationships with others outside of the service.

Is the service responsive?

Our findings

People were consistently provided with highly personalised, tailored care and were supported to live active and fulfilling lives. Staff took the time to ensure every small detail of the care and support provided met the person's individual needs and wishes.

People had a named keyworker and care and support was responsive in meeting needs. Staff had an excellent understanding of everyone who used the service.

It was evident that people were placed at the centre of all care and that they were involved in the service and how staff supported them. This was evidenced through observations, records, speaking with relatives and professionals.

Relatives we spoke with also praised the service highly. One relative said, "The care is excellent." A professional who works with the service said, "They are flexible and give good quality support, we work collectively together to ensure the best outcome for people."

The staff demonstrated a good awareness and understanding of people they supported with complex needs. Staff could explain how people may present differently with behaviours and anxieties and how this could affect their wellbeing. Staff tailored care and support to each person's specific needs, this approach meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community. One staff member stated, "The priority is meeting the care and educational needs of the young people, these needs are met each day by detailed organisation of staff, activities, resources and behaviour support."

Alderwood 2 Hillcrest 2 have an on call behaviour team who can offer support to staff when behaviours of high concern may arise. The management and behaviour team have scheduled weekly meetings to discuss any new behaviours being presented and to feedback on the effectiveness of existing tools in place.

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. The service was exceptional in designing accessible information for the people that used the service, this included, easy read, pictorial, audial and specific photos for personalised information.

Throughout the home we saw information was produced in an accessible format including the use of pictures and photos. Care plan were detailed and person centred and all individualised, they had an 'easy read' care plan to support people to understand the information written about them.

The provider supported people with complex communication needs with the use of specially designed and

manufactured tools. These helped people to have choice and control over their lives and to be able to make decisions and communicate effectively with others. One health professional we talked to said, "The service is second to none in their quest to supporting people to communicate and manage their behaviours."

People were supported with individually designed tools to help improve their independence and personal progress. For example, one person used balls to help reduce their anxiety whilst they moved from one room to another. Another person had a visual tool to help remind them not to pull the clothes of staff and those that benefitted from support understanding what would happen now and next had those in place and staff made good use of them. Staff regularly praised people for their progress and used 'well done' signs to recognise when they had made achievements.

The provider had a bespoke approach to supporting people with education, leisure and employment. The system, ADP (Adult Development Programme) enables people to access employment and community activities. We saw that people held jobs that had made a big impact on their lives and accessed community activities that supported them to learn new and relevant skills and coping mechanisms.

People were supported to meet specific goals and targets on a daily basis. Staff used a 'target plan of the day', this involved between four and seven specific, realistic targets to meet that day; for example, one person had to 'access local area', 'wash up after dinner', 'attend a walk with peers' 'follow visual guide booklet whilst completing a structured walk' and 'use public transport'. Staff told us that the people "got very excited when they completed tasks as staff would praise them and they felt a sense of achievement". We saw people being praised regularly when they tried to do puzzles or achieve a target.

Staff also supported people at home to learn other skills such as cooking, counting and making tea, and we saw pictures of people performing activities they had previously not done for themselves and now did regularly.

Staff used innovative and creative methods to ensure people had the care they required. For example, when one person refused to access healthcare, the service designed an audio booklet of 'sounds of the surgery' to support them to get used to the sounds and reduce their anxiety around this. The staff completed this work over a period of time to help the person adjust to the sounds. They also worked closely with the health care professional to share relevant information and to support communication between the healthcare professional and the person. This had been successful and the person could now access the service and has their health needs met as required.

Another person struggled with travelling on public transport, which was impacting on accessing the community. The service created the sensory experience of travelling on a bus by capturing the sounds, scents and busy environments of a typical bus journey. Each sensory experience was introduced at separate stages to allow the person to adapt and ensure they did not have a sensory overload. After practising this within their own home a risk assessment was completed and the person can now access the local bus with their staff support.

People's care plans were completed with extremely detailed information. All care plans had sections for communication, behaviour, medication, health needs, intimate care, diagnostic information, culture, religion, leisure/work/education needs, health action plans and targets. Within these sections the people's preferences, likes, dislikes, triggers, communication and staff guidance ran through them. They had been devised and reviewed in consultation with the individual. The staff we spoke with understood the needs and preferences of each person, so that they had as much choice as possible. Staff interacted positively,

inclusively and in line with each person's care plans.

The registered manager told us that staffing numbers were organised to allow people to participate in activities off site. We saw that staff went off site with people to participate in activities of their choice. The staffing levels meant the activities could be individualised and meet people's preferences and there were high levels of engagement throughout the day.

Information about how to raise a complaint was available in written and easy-read versions. This was displayed for people and their visitors.

One formal complaint had been filed since the service started which had a negative impact on the person and their well being. The complaint led into a safeguarding adults investigation conducted by the local authority. This was not resolved to the complainant's satisfaction, however, the complaint was investigated thoroughly and recommendations from the local authority safeguarding team were implemented by the provider. This had been used as a learning opportunity to develop and reiterate policies to staff members by the provider.

Relatives of people using the service we spoke with told us they had not needed to complain however they were confident that the management would resolve any concerns. One relative said, "I know management would be detailed in their investigations to get a positive outcome for all involved."

Staff and management explained to us how they learnt from people and their behaviours to adapt to the way staff support them. The management team reviewed behaviour charts, incident/accident records and handover sheets and used them to identify improved ways of supporting each person. The information from these was collated centrally then discussed with all involved on how to improve services and care.

The registered manager explained how staff were involved in making links with the local community and local groups that people could benefit from. This included; a local transgender group, mosque, leisure facilities, health and wellbeing providers and employers who offer work placements. They could show that by utilising these links people had better outcomes which included finding appropriate jobs, accessing cultural and religious settings and accessing a variety of leisure activities. These included activities such as using the gym, swimming, bowling and horse riding.

Is the service well-led?

Our findings

There was a really strong management presence within the service. The registered manager was very knowledgeable and approachable about staff and people who lived in the service. A relative told us, "[Registered Manager name] is excellent" and "The management here are a strength to the team and an asset to the company."

The managers were compassionate towards staff, supported their wellbeing and invested in them. Staff we spoke with told us, without exception, that the service was exceptionally well-led and they felt they were a valued member of the team. They spoke with extreme high regard for the management team and opportunities they were given to progress within their roles. One staff member told us, "I love my job, it's a happy home."

Staff were passionate about empowering people to live full and happy lives. People were achieving their goals and this was celebrated. Staff reflected the provider's philosophy that "teaching and learning will take place in all manner of circumstances and will as such be part of structured daily life". Monthly service manager meetings were held to give people an additional opportunity to inform management of any issues they may have. These included maintenance, staff, activities and changes to the environment. The registered manager also used these meetings as an opportunity to find out the awareness and knowledge of people around certain topics such as their medication, fire safety and keeping safe. Each person had their own visual guides about moving in, who the staff are and how to raise anything if they were unhappy, they also had visual guides about any other people moving into the home.

A staff member told us, "[Registered manager's name] is very pleasant, polite and supportive. They don't ask us to do anything they wouldn't be prepared to do themselves." Another staff member said "The encouragement from the managerial team was phenomenal. I have been encouraged and supported to take on extra responsibilities and before I knew it, I was promoted. Both managers are very supportive and approachable". "[Manager Name]'s knowledge is very good, they know the service users. They have so much information and advice."

The registered manager and the senior management team were involved with the staff team and would step in to act as care staff themselves. A well-developed staff mentoring plan was in place so that staff were clear about their responsibilities from the start of their employment, and ongoing support was present for staff. A clear statement was given to staff within the mentoring pack which said, 'as an investor in people we see training as our key responsibility in your career development, regardless of age or ability'.

The provider had been given a silver 'Investors in People' award, to acknowledge the strong sense of development and opportunity within the staff team. The provider also ran a 'staff of the month' scheme where staff could nominate others and five were chosen because of individual qualities and given an additional £100 in their wage.

The ethos of the service to deliver a bespoke service within a small 'family' home setting was at the forefront

of staff values. All observations and conversations with staff, people and their relatives demonstrated that the service was delivering care based according to their ethos and philosophy. The management team and staff did everything they could to support people's growth and personal experiences. Within a nine-month period the provider had supported two people to fulfil their goals of independence by both people moving into a more independent living setting and continuing to develop and learn through using the adult development programme.

The service had a drive and ethos to provide good quality, person centred care to people with learning disabilities and autism. The service had developed many of its staff into senior roles and provided specialist training to staff so that expertise was at hand across many of the services. Staff at all levels had a strong belief they were providing the best possible care for people and were confident and empowered in their roles because of the strong leadership and management across the organisation.

The registered manager worked to form meaningful links with the local community and resource centres to integrate people with the local community as much as possible. For example, a person wanted to promote their faith and gain employment. The service made links with the local mosque and facilitated the person to gain employment within the mosque.

The ethos of the service was inclusive which supported people, relatives and any other significant person to be involved in their care and support, this was evidenced through people's involvement in their care planning, and their choices being supported. Records showed that people living at the service had a wide range of activities offered and staffing was arranged to facilitate these choices of activities. The provider used a wide range of techniques to facilitate individual choices.

The service offers feedback forms to relatives after every visit or after people have been on a home visit. These forms are collated to gain any information that will improve the support people are receiving. People were continuously encouraged to engage with management and provide feedback on all aspects of the service, by use of relative feedback forms, stakeholder satisfaction forms, residents house meetings and staff meetings. The provider had innovative and creative ways to enable people to be empowered and voice their opinions.

People and relatives were kept informed about developments within the service. The provider produced a newsletter which people and staff contributed towards, detailing what developments had happened within the service and any future plans. The newsletter included photos of people completing tasks and engaging in activities. It also explained to people why such developments had taken place and what outcomes they were hoping to achieve.

Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels. This was shown through the work the provider completed with people and professionals to ensure that people could access the appropriate healthcare and activities. The provider had risk assessments and guidelines in place to ensure that people could be supported to be involved with community activities safely.

The provider is reputable with other professionals for providing high quality support for People based on current good practice. For the second time running, the managing director had been awarded the Marion Cornick Award for Innovative Practice.

The provider used a nationally recognised, low arousal, proactive approach in dealing with challenging behaviour, called PROACT-SCIPr-UK, which stands for Positive Range of Options to Avoid Crisis using

Therapy and Strategies for Crisis Intervention and Prevention. The philosophy of PROACT-SCIPr-UK focused on person centred planning, empowering and assisting people to maintain self-control. The Alderwood organisation has also been recognised for utilising the philosophy of TEACCH (Treatment and Education for Autistic and related Communication Handicapped Children) and had their own dedicated TEACCH resources team to ensure that care was individualised.

We saw this approach had successfully been used. For example, one person sometimes struggled with transitions. The staff worked closely with the person and their relatives to devise a coping tool to relieve their anxiety and reduce any behaviours that challenge. The person is now able to access more of their interests and be involved in the local community as they are able to cope with changes, therefore they have more meaningful and person-centred activities.

The provider was committed to championing human rights and participated in the 'stopping the overmedication of People' (STOMP) initiative. This was aimed at enabling people with learning disabilities and complex needs to be empowered to live the life they choose. To forge strong community links and break down possible barriers with people. The service received regular updates from autism related organisations, such as, the British Institute for People with Learning Disabilities (BILD). They also received regular Skills for Care and Care Quality Commission (CQC) newsletters. This information enabled staff to ensure they continually worked in line with current government legislation and policies. All this was undertaken with the aim of driving self-improvement and providing the best possible quality of care to enhance people's lives.

We found that staff were passionate about continuously providing an increased quality of life for people, with a strong focus on inclusion and positive risk taking. From observations made during the inspection it was evident the staff were confident in their roles and acted as a good role model to all.

People's records remained of excellent quality; they were totally person-centred, fully included the people they were about, and were detailed and reflective of their current individual needs. They informed staff how to meet needs according to their preferences and choices.

The registered manager was very knowledgeable about new and existing relevant legislation, for example, the duty of candour and Mental Capacity Act

There was evidence of staff meetings and we could see that staff engaged in them. It was clear from records that staff meetings were positive and open. At the last staff meeting staff discussed safeguarding concerns, training, health and safety and people's targets.

Strong quality assurance and audit systems were in place and the policies, procedures and practice were regularly reviewed. We saw copies of regular audits, completed action plans and where required identified areas for improvement. This showed the management team had a good overview of how the service was operating and that the service strived to achieve outstanding quality.

The provider ensured that any changes in legislation were shared with the whole of the staff team and policies and procedures were updated. The service was forward thinking and responded well to any anticipated future needs for people, by reviewing care plans, behaviour plans and involving the person to set goals for the future.

The registered manager promoted accountability for all staff. When staff identified a problem or concern, they became part of the 'problem-solving group'. This allowed staff ownership of the problem and

generated improvements through their suggestions. The registered manager ensured learning was completed through competency checks, reflection logs, supervision and personal improvement plans. This process promoted continuous improvement in the service.

Extensive governance systems were in place to facilitate reviewing and learning. For all accidents, incidents, complaints and near misses that were reported, the registered manager completed thorough investigations, to identify and eliminate factors that contributed to the problem.